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

RECEIVED Print Form
 FEB - 3 2017

| | | | |
|---|---|--|---|
| Date of Notification (1) 2/2/17 | | Name of Building Owner/Operator (2) The Langfan Company | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 119 W 57th Street, #906 |
| | City, State, Zip Code New York, NY 10019 | | Name of Contact Jennifer Gaboff |
| | | Telephone Number | |

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

| | | | |
|---|-------------------------------------|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) Former Marshall's Store | | 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 1139 - 1151 Hamburg Turnpike | | Square Feet 35,000 | # of Floors 2 |
| City (5) Wayne | | Bldg. Age 50 | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) unoccupied | |

| | | | | |
|--|--|---|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Acer Associates | | ASCM No. | Name of Abatement Contractor (9) ecoservices, LLC | |
| Street Address 1012 Industrial Drive | | Street Address 407 West Lincoln Highway, Suite 500 | | |
| City, State, Zip Code West Berlin, NJ 08091 | | City, State, Zip Code Exton, PA 19341 | | |
| Project Manager for Monitoring Firm Matt DePalma | | Telephone No. 856-809-1202 | Telephone No. 484-872-8884 | License No. 01161 |

| | | | |
|--|--|--|--|
| Start Date (10) 12/16/16 | Scheduled Completion Date (11) 3/3/17 | Name of OSHA Monitor EMSL | |
| 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 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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

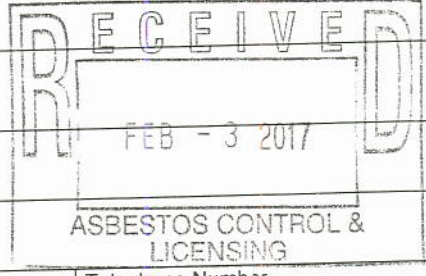
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Retail Area | | | X | Ceiling Tile | 28,000 SF | X | | | |
| Retail Area | | | X | Floor tile mastic | 31,000 SF | X | | | |
| Back Offices | | | X | Floor tile mastic | 23 SF | X | | | |

| | | | | | |
|---|--|------------------------------|---------------------------------|---|----------------|
| Name of Registered Waste Hauler Waste Management of Central NJ | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 150 | Name of Registered Landfill GROWS via Mercer Scale | |
| City, State Trenton, NJ | | Disposal Date TBD | | City, State Morrisville, PA | |
| Completed by Jack Bailly | | Title Sr. Project Manager | Signature <i>Jack Bailly</i> | | Date 2/2/17 |

NO CK

DOL

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



| | | | |
|--|---|---|------------------|
| Date of Notification (1) 01 / 31 / 2017 | | Name of Building Owner/Operator (2) ERE Property Trust | |
| 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 1545 Route 22 East | |
| | | City, State, Zip Code Annandale, New Jersey 07002 | |
| | | Name of Contact Alek Heilstedt | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|--|---|
| Name of Facility Where Abatement is Taking Place (3) Runyon Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1,326 | # of Floors 2 |
| City (5) Annandale | | Bldg. Age 66 Years | |
| County (6) Hunterdon | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Unoccupied | |
| Name of Monitoring Firm Hired by Building Owner (8) Kleinfelder | | ASCM No. | Name of Abatement Contractor (9) Terra Contracting Services, LLC |
| Street Address 3 AAA Drive, First Floor | | Street Address 5100 West Michigan Avenue | |
| City, State, Zip Code Hamilton, NJ 08691 | | City, State, Zip Code Kalamazoo, MI 49006 | |
| Project Manager for Monitoring Firm Erik Colonna-Romano | | Telephone No. (609)-584-5271 | Telephone No. (269) 375-9595 |
| | | | License No. 01208 |
| Start Date (10) 02 / 14 / 2017 | Scheduled Completion Date (11) 02 / 14 / 2017 | Name of OSHA Monitor Green Path Environmental, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 79 Glover Street | |
| | | City, State, Zip Code Staten Island, NY 10308 | |

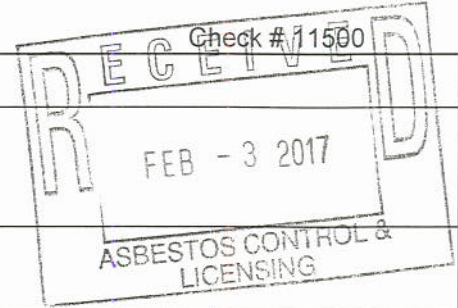
Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> 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 |
| Building Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <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 checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|-------------------------|-----------------------------------|-------------------------------|--|--|
| Name of Registered Waste Hauler Hazmat Environmental Group | | NJDEP Waste Hauler ID No. 1665 | Cubic Yards of Waste 10 CY | Name of Registered Landfill High Acres Landfill | |
| City, State Buffalo, NY | | Disposal Date | | City, State Fairport, NY | |
| Completed By (Print or Type) Steve Dixon | Title Vice President | Signature | | Date 01/31/2017 | |

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



| | | | |
|--|--|---|------------------|
| Date of Notification (1) January 31, 2017 | | Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center | |
| Agencies Notified | Type Notification | Street Address | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #_ <input type="checkbox"/> Cancellation | 1925 Pacific Avenue | |
| | | City, State & Zip Code Atlantic City, NJ 08401 | |
| | | Name of Contact William Malazita | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center | | Type of Facility (4) | |
| Street Address 1925 Pacific Avenue | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.) | |
| City (5) Atlantic City, NJ | | Square Feet | # of Floors |
| County (6) Atlantic | | Bldg. Age 118 Years | |
| County Code (7) USE ONLY | | Current Use (Prior if being demolished) Hospital | |
| Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc. | | ASCM No. | Name of Abatement Contractor (9) Synatech, Inc. |
| Street Address 1600 Route 22 East, Ste 107 | | Street Address 829 Radio Road | |
| City, State & Zip Code Union, NJ 07083 | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| Project Manager for Monitoring Firm Stephen Cherepany | Telephone Number 908-688-7800 | Telephone Number 609-296-6916 | License Number 00817 |
| Scheduled Start Date (10) February 10, 2017 | Scheduled Completion Date (11) March 10, 2017 | Name of OSHA Monitor Synatech, Inc. | |
| Occupancy Status During Abatement (Check only one) | | Street Address 829 Radio Road | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours | | | |
| <input type="checkbox"/> Other - Describe: | | | |
| <input type="checkbox"/> Facility Occupied During Abatement | | | |

Scope of Work (Check all that apply)

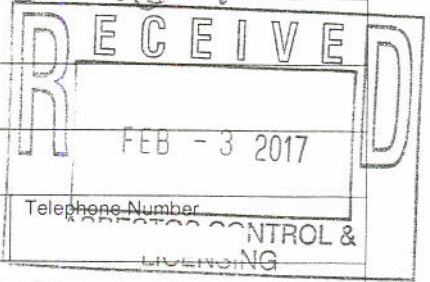
| | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <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) 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 |
| Corridor Outside Elevator | | | X | Floor Tile and Mastic | 80 SF | X | | | |
| North End of Corridor | | | X | Floor Tile and Mastic | 85 SF | X | | | |
| South End of Corridor | | | X | Floor Tile and Mastic | 350 SF | X | | | |
| Hallway Access Panels | | | X | Fitting Insulation | 15 LF | X | | | |

| | | | |
|--|---|--|--|
| Name of Registered Waste Hauler Synatech, Inc. | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 10 | Name of Registered Landfill Fairless Hills |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date March 13, 2017 | City, State Morrisville, PA |
| Completed By Diane Aloia | Title Executive Administrator | Signature <i>Diane Aloia</i> | Date January 31, 2017 |

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

Check 16093



| | | | |
|--|--|---|--------------------------------|
| Date of Notification (1) 1/30/17 | | Name of Building Owner/Operator (2) Alex Thomson | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code Rutherford, NJ 07070 | |
| | | Name of Contact Alex Thomson | Telephone Number [REDACTED] |

FACILITY INFORMATION

| | | | |
|--|---|---|---|
| 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] | | Square Feet 2100 | # of Floors 2 |
| City (5) Rutherford | | Bldg. Age 71 | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | License No. 703 |
| Start Date (10) 2/8/17 | Scheduled Completion Date (11) 2/28/17 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u> | | Street Address | |
| | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

| | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <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) <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 | 45 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--------------------|------------------------------------|------------------------------|---|--|
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | |
| City, State Freehold, NJ | | Disposal Date TBD | City, State Birdsboro, PA | | |
| Completed by A. Scott Higgins | Title President | Signature | | Date 1/30/17 | |

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



| | | | |
|--|--|---|-------------------------------|
| Date of Notification (1) 1/30/17 | | Name of Building Owner/Operator (2) Pat Cooper | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] |
| | City, State, Zip Code Denville, NJ 07834 | | Name of Contact Pat Cooper |

FACILITY INFORMATION

| | | | |
|---|---|---|---|
| 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] | | Square Feet 2200 | # of Floors 2 |
| City (5) Denville | | Bldg. Age 68 | Current Use (Prior if being demolished) |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | | |

| | | | | |
|---|--|--|---|--------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-764-2276 | License No. 703 |

| | | | |
|---|--|-----------------------|--|
| Start Date (10) 2/9/17 | Scheduled Completion Date (11) 3/1/17 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>attic</u> | | Street Address | |
| | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

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

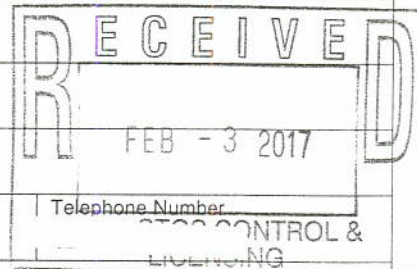
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| upper & lower attics | | | X | vermiculite insulation | 60 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--------------------|------------------------------------|------------------------------|---|--|
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | |
| City, State Freehold, NJ | | Disposal Date TBD | City, State Birdsboro, PA | | |
| Completed by A. Scott Higgins | Title President | Signature | | Date 1/30/17 | |

NO CK

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

Check 16092



| | | | |
|--|---|--|---------------------------|
| Date of Notification (1) 1/27/17 | | Name of Building Owner/Operator (2) JA Neary Excavating | |
| Agencies Notified | Type Notification | Street Address 330 Lincoln Boulevard | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Middlesex, NJ 08846 | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Phil Sabatino | Telephone Number _____ |

FACILITY INFORMATION

| | | | | |
|--|---|---|---|--------------------|
| Name of Facility Where Abatement is Taking Place (3) 1346 Route 23 | | 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) Wayne | | Square Feet 3100 | # of Floors 1 | Bldg. Age 63 |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-764-2276 | License No. 703 |
| Start Date (10) 2/6/17 | Scheduled Completion Date (11) 3/31/17 | Name of OSHA Monitor | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address | | |
| | | City, State, Zip Code | | |

Scope of Work (Check All That Apply)

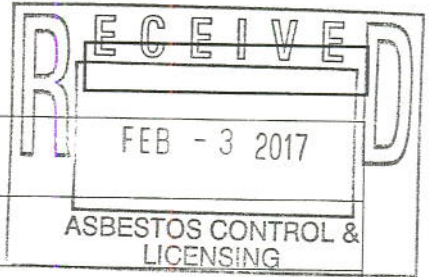
| | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <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 |
| shed north of main building | | | x | roofing | 300 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|-----------------------------|---|-----------------|
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State Birdsboro, PA | |
| Completed by A. Scott Higgins | | Title President | Signature | | Date 1/27/17 |

Check#2703

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



| | | | |
|---|--|---|------------------|
| Date of Notification (1) 01 / 31 / 17 | | Name of Building Owner/Operator (2) Jared Noel | |
| 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 [REDACTED] | |
| | | City, State, Zip Code Union, NJ 07083 | |
| | | Name of Contact Jared Noel | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|----------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet | # of Floors |
| City (5) Union, NJ 07083 | | Bldg. Age | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | |
|---|---------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Gr Tech LLC | |
| Street Address | | Street Address 576 Valley Rd #283 | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 973-638-1777 | License No. 01127 |

| | | | |
|---|--|---|--|
| Start Date (10) 02 / 09 / 17 | Scheduled Completion Date (11) 02 / 11 / 17 | Name of OSHA Monitor Envirovision Consultants, Inc | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 20-21 Wagaraw Road, Bldg. # 35E | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | |

Scope of Work (Check all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Clean up and decontamination with negative pressure |
| <input checked="" type="checkbox"/> > 160 sf or >260 lf | <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"/> Tent with Negative Pressure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Attic | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vermiculite insulation | 560 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

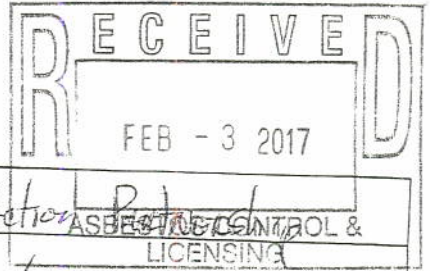
| | | | |
|--|--------------------------------------|------------------------------|---|
| Name of Registered Waste Hauler Gr Tech LLC | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc |
| City, State Wayne, NJ 07470 | Disposal Date TBD | City, State Tullytown, PA | |

| | | | |
|--|----------------|-------------------------------|------------------|
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | Date 01/31/17 |
|--|----------------|-------------------------------|------------------|

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

CK4535

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



| Date of Notification (1) 1-31-17 | | Name of Building Owner/Operator (2) Gate Way Community Action | | | | | | | | |
|---|---|---|--|---|---------------------------|----------------|-----------------|-------------|-----------|--|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 110 CHANSEY STREET | | | | | | | | |
| | | City, State, Zip Code BRIDGEPORT NJ 08302 | | | | | | | | |
| | | Name of Contact MS Ashley Warren | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) STRUCTURE | | 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 10 EAST MADISON | | Square Feet | # of Floors | | | | | | | |
| City (5) PAULS BORO | | Bldg. Age | | | | | | | | |
| County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ANI Joe Abatement Demolition LLC | | | | | | | |
| Street Address | | Street Address 1212 Burlington Ave | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code DELANCO NJ 08015 | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 609-346-0914 | | | | | | | |
| Start Date (10) 2-9-17 | | Scheduled Completion Date (11) 2-15-17 | License No. C1070 | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor | | | | | | | | |
| | | Street Address | | | | | | | | |
| | | City, State, Zip Code | | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable 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 | |
| Kitchen | | | ✓ | ACM Floor tile | 150SF | ✓ | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler ANI JOE LLC | | NJDEP Waste Hauler ID No. 20847 | Cubic Yards of Waste 1cy | Name of Registered Landfill WM of PA | | | | | | |
| City, State Delanco NJ | | Disposal Date T.B.D | | City, State Pittsford PA | | | | | | |
| Completed by Joseph T Hill | | Title V. President | | Signature | | | Date 1-31-17 | | | |

CK 4534

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

RECEIVED
FEB - 3 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/31/17

Name of Building Owner/Operator (2) Dineland Construction

Street Address 300 77th Street

City, State, Zip Code Sea Isle NJ

Name of Contact Frank

Telephone Number _____

Agencies Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amended, Amendment # _____, Emergency (including justification), Cancellation

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

Street Address [Redacted]

City (5) Sea Isle City

County (6) Cape May

County Code (7) (STATE USE ONLY) _____

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

Square Feet 3000, # of Floors 2, Bldg. Age 70yrs

Current Use (Prior if being demolished) _____

Name of Monitoring Firm Hired by Building Owner (8) _____

ASCM No. _____

Name of Abatement Contractor (9) Ann Joe Abatement Demolition LLC

Street Address 1212 Burlington Ave

City, State, Zip Code Delanco NJ 08025

Telephone No. 609-346-0914, License No. 01070

Project Manager for Monitoring Firm _____

Telephone No. _____

Start Date (10) 2/9/17, Scheduled Completion Date (11) 2/28/17

Name of OSHA Monitor _____

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

Street Address _____

City, State, Zip Code _____

Scope of Work (Check All That Apply): ≥ 3 sf or ≥ 3 lf, ≥ 160 sf or ≥ 260 lf, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | 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 |
| <u>Outside</u> | | | <input checked="" type="checkbox"/> | <u>Siding</u> | <u>2,400 sqft</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Name of Registered Waste Hauler ANN JOE LLC

City, State Delanco NJ

NJDEP Waste Hauler ID No. 20547

Cubic Yards of Waste _____

Name of Registered Landfill WM of PA

City, State Pittstown PA

Disposal Date TBD

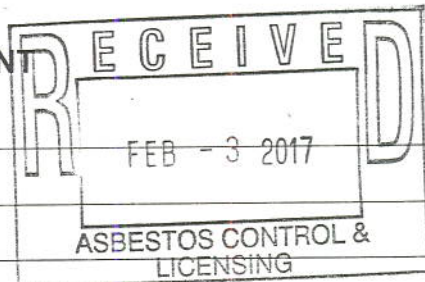
Completed by Joseph T Hill, Title V. President

Signature [Signature], Date 1/31/17

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

ck
2578

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



| | | | |
|--|---|--|---------------------------|
| Date of Notification (1) 02-01-2017 | | Name of Building Owner / Operator (2) Eastern Construction & Electric, Inc. | |
| 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 18 Georgetown Road | |
| | | City, State & Zip Code Wrightstown, NJ 08562 | |
| | | Name of Contact Mr. Luis Bolanos or Mandi Buker | Telephone Number _____ |

FACILITY INFORMATION

| | | | | | |
|--|--|------------------|---|-------------------------|---------------------|
| Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling Street Address [REDACTED] | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| City (5) Ocean City, NJ 08740 | County (6) Cape May | County Code (7) | Square Feet 2,500 | # of Floors 3 | Bldg. Age 57 yrs |
| Name of Monitoring Firm Hired by Building Owner (8) | | | Name of Abatement Contractor (9) Resource Management Group, LLC | | |
| Street Address | | | Street Address 2115 Hamilton Ave, Suite 202 | | |
| City, State & Zip Code | | | City, State & Zip Code Trenton, NJ 08619 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 609-914-4279 | License Number 01185 | |
| Scheduled Start Date (10) 02-14-2017 | Scheduled Completion Date (11) 02-17-2017 | | Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30pm-5:30pm <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083 | | |

Scope of Work (Check all that apply)

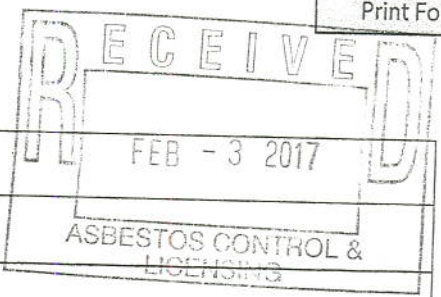
| | | |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 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 | Encapsulat | Enclosure |
| Exterior of Dwelling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Siding | 3,000 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 Resource Management Group, LLC | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill |
| City, State Trenton, NJ 08619 | | Disposal Date TBD | City, State Morrisville, PA |
| Completed By (Print or Type) Mr. Brian Haney | | Title President | Signature |
| | | | Date 02/01/2017 |

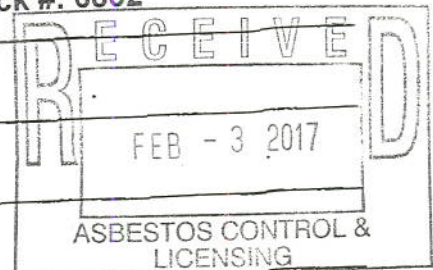
NO CK

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



| Date of Notification (1) 1/31/17 | | Name of Building Owner/Operator (2) Richard Worrell | | | | | | | |
|---|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| 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 [REDACTED] | | | | | | |
| | City, State, Zip Code Glassboro, NJ, 08028 | | Name of Contact Rich Worrell | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Vacant building | | Type of Facility (4) | | | | | | | |
| Street Address 19 Georgetown Rd | | <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) Glassboro | | Square Feet 1600 | # of Floors 2 | | | | | | |
| County (6) Gloucester | | County Code (7) (STATE USE ONLY) | Bldg. Age 55 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants | | ASCM No. n/a | Name of Abatement Contractor (9) Silt Asbestos Abatement | | | | | | |
| Street Address 413 N Black Horse Pike | | Street Address 1800 Federal Street | | | | | | | |
| City, State, Zip Code Runnemede, NJ, 08078 | | City, State, Zip Code Camden, NJ, 08105 | | | | | | | |
| Project Manager for Monitoring Firm Howard Zenobi | | Telephone No. 8564821311 | Telephone No. 8566303288 | | | | | | |
| Start Date (10) 2/11/17 | | Scheduled Completion Date (11) 2/12/17 | License No. 01303 | | | | | | |
| Name of OSHA Monitor Self monitor | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | <input 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 |
| Basement | | | X | Duct Insulation | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Champion Disposal | | NJDEP Waste Hauler ID No. 32707 | Cubic Yards of Waste 7.5 | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State Hainsport, NJ | | Disposal Date Ongoing | City, State Morrisville, PA | | | | | | |
| Completed by Jeff Yekenchik | | Title Owner | Signature | | Date 1/24/17 | | | | |

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



Date of Notification (1)
 0 | 1 | / | 3 | 0 | / | 1 | 7 |

Name of Building Owner/Operator (2)
 Verona Board of Education

Street Address
 121 Fairview Ave.
 City, State, Zip Code
 Verona, NJ 07044

Name of Contact
 Joe Trause

Agencies Notified Type Notification
 EPA
 DEP
 DGL
 DOH
 DCA

Initial Notification
 Amended Notification
 Cancellation

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Verona High School

Street Address
 151 Fairview Ave.
 City (5)
 Verona, NJ 07044

County (6)
 Essex

County Code (7)
 (STATE USE ONLY)

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

Square Feet
 30000

of Floors
 2

Bldg. Age
 80

Current Use (Prior if being demolished)
 School Building

Name of Monitoring Firm Hired by Building Owner (8)
 Whitman Companies, Inc.

Street Address
 116 Tices Lane, Unit B-1
 City, State, Zip Code
 East Brunswick, NJ 08816

ASCM No.
 00110

Name of Abatement Contractor (9)
 Four Strong Builders, Inc.

Street Address
 180 Sargeant Avenue
 City, State, Zip Code
 Clifton, NJ 07013-1935

Telephone Number
 973-614-0377

License Number
 00807

Name of OSHA Monitor
 Four Strong Builders, Inc.

Street Address
 180 Sargeant Avenue
 City, State, Zip Code
 Clifton, NJ 07013

Project Manager for Monitoring Firm
 Kevin Lovely

Telephone Number
 732-390-5858

Scheduled Start Date (10)
 0 | 2 | / | 1 | 0 | / | 1 | 7 |

Sched. Completion Date (11)
 0 | 2 | / | 1 | 4 | / | 1 | 7 |

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe:
 Other - Describe:

Scope of Work (Check all that apply)

Demolition
 >3 sf or >3 lf
 >160 sf or >260 lf

Renovation

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
|--|--|--|---------------------------|--|----------------------------|---|---|--|
| | | | | R E M O V E M E N T | R E P A I R | E N C A P S U L E | E N C I O S U R E | |
| First Floor Hallway | X | Pipe insulation - Wrap & Cut | 10 LF | X | | | | |
| | | | | | | | | |

Name of Registered Waste Hauler
 Four Strong Builders, Inc.

NJDEP Waste Hauler ID No.
 12609

Cubic Yards of Waste

Name of Registered Landfill
 G.R.O.W.S., Inc.

City, State
 Tullytown, PA

Disposal Date

Completed By (Print or Type)
 Bilyana Kulakovska

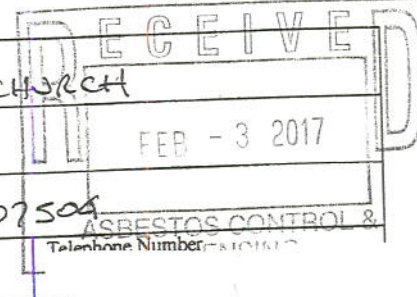
Title
 Office Administrator

Signature

Date
 1/30/17

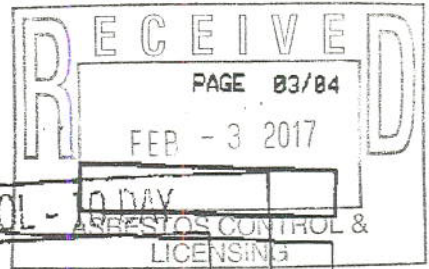
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

ck 3943



| | | | | | | | | | | |
|--|---|--|---|---|---|----------------|--------|-------------|-----------|--|
| Date of Notification (1) 1/31/2017 | | Name of Building Owner/Operator (2) FRIENDSHIP BAPTIST CHURCH | | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 433 PARK AVE | | | | | | | | |
| | | City, State, Zip Code PATERSON, NJ. 07504 | | | | | | | | |
| | | Name of Contact FR. RAFAEL CASTRO | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) FRIENDSHIP BAPTIST 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 433 PARK AVE | | Square Feet 10,000 | # of Floors 2 | | | | | | | |
| City (5) PATERSON | | Bldg. Age 1900 | | | | | | | | |
| County (6) PASSAIC | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) CHURCH | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | | | | |
| Street Address | | Street Address 450 South River Street | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, NJ 07601 | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-329-7444 | License No. 00388 | | | | | | | |
| Start Date (10) 2/13/17 | Scheduled Completion Date (11) 2/14/17 | Name of OSHA Monitor Omega Environmental | | | | | | | | |
| 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: 8:00 AM TO 5:00 PM | | Street Address 280 Huyler Street | | | | | | | | |
| | | City, State, Zip Code South Hackensack, NJ 07606 | | | | | | | | |
| 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) In Facility (13) TO BE ABATED | 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) 75 LF | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| BASEMENT/CRAWL SPACE | | | | THERMAL SYSTEM INSULATION | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 24209 | Name of Registered Landfill Minverva Enterprises, LLC | | | | | | |
| City, State Hackensack, NJ 07601 | | Disposal Date 2/14/17 | City, State Waynesburg, OH 44688 | | | | | | | |
| Completed by J. Maiorano | Title Estimator | Signature <i>J. Maiorano</i> | | Date 1/31/17 | | | | | | |

81/38/2017 89:17AM 9736381778



MO#24219182575

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

Date of Notification (1)
01 / 30 / 17

Name of Building Owner/Operator (2)
Leon Surgeon
 Street Address
 [REDACTED]
 City, State, Zip Code
Orange, NJ 07050
 Name of Contact
Ryan McClutchy
 Telephone Number

Agencies Notified
 EPA
 DOLWD
 DHSB
 DCA (NJAC 8:23-8)

Type Notification
 Initial
 Amended Amendment #
 Emergency (Including justification)
 Cancellation

DOL - ARBESTOS CONTROL & LICENSING

WAVE APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house
 Street Address
 [REDACTED]
 City (5)
Orange, NJ 07050
 County (6)
Essex

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

Square Feet # of Floors Bldg. Age

County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
Essex
 Street Address
 City, State, Zip Code

ASCM No. Name of Abatement Contractor (9)
Gr Tech LLC
 Street Address
576 Valley Rd #283
 City, State, Zip Code
Wayne, NJ 07470
 Telephone No. License No.
973-638-1777 01127

Start Date (10) 01 / 31 / 17 Scheduled Completion Date (11) 02 / 11 / 17

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ PM _____ AM

Name of OSHA Monitor
Envirovision Consultants, Inc
 Street Address
20-21 Wagaraw Road, Bldg # 35E
 City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

>3 of or >3 lf
 > 180 sf or >250 lf

Renovation
 Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | 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 |
| 2nd floor-bedroom#1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceiling and wall plaster | 440 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd floor-bedroom#2 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceiling plaster | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd floor-bathrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceiling plaster | 60 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd floor-storage room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceiling and wall plaster | 500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Registered Waste Hauler
Gr Tech LLC
 City, State
Wayne, NJ 07470

NJDEP Waste Hauler ID No. **0033785** Cubic Yards of Waste **TBD** Name of Registered Landfill
T.R.R.F. Inc
 City, State
Tullytown, PA.

Disposal Date **TBD**

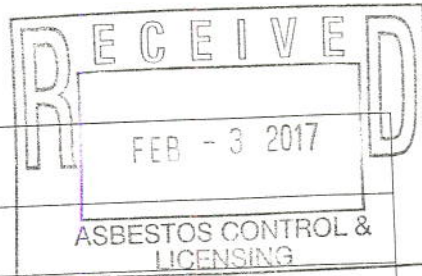
Completed By (Print or Type) **N.Jevtic** Title **Owner** Signature *N.Jevtic* Date **01/30/17**

MAY 11

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

CK 3712

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



| | | | |
|--|--|--|------------------|
| Date of Notification (1) 1 / 31 / 17 | | Name of Building Owner/Operator (2) State of New Jersey | |
| 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 20 West State Street | |
| | | City, State, Zip Code Trenton, NJ 08625 | |
| | | Name of Contact John Farrell - Haverstick-Borthwick | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Mary Roebing Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 20 West State Street | | Square Feet 100,000 | # of Floors 10 |
| City (5) Trenton | | Bldg. Age 80 | |
| County (6) Mercer | County Code (7) [STATE USE ONLY] | Current Use (Prior if being demolished) Office Building | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc. | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC |
| Street Address 344 West State Street | | Street Address 623 Cutler Avenue | |
| City, State, Zip Code Trenton, NJ 08618 | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Project Manager for Monitoring Firm John Duggan | Telephone No. 609-656-8101 | Telephone No. 856-755-0099 | License No. 00842 |
| Start Date (10) 04 / 12 / 17 | Scheduled Completion Date (11) 04 / 28 / 17 | 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)

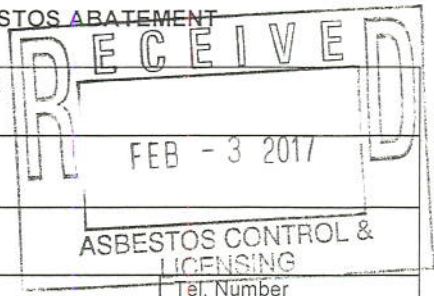
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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 |
| Elevator Equipment Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Break Pads | 9 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 1 | Name of Registered Landfill GROWS North Landfill |
| City, State Freehold, NJ | Disposal Date 04/28/2017 | City, State Morrisville, PA | |
| Completed By (Print or Type) Christina Lynch | Title Vice President of Operations | Signature | Date 1/31/17 |

CK000473

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT



| | | | |
|---|---|--|-------------|
| Date of Notification (1) 01/30/2017 | | Name of Building Owner/Operator (2) John and Jennie Byram | |
| Agencies Notified | Type of Notification | Street Address | |
| (X) USEPA (X) NJDEP (X) NJDOL (X) DOH () DCA | (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation | [Redacted] | |
| | | City, State, Zip Code Morristown, NJ 07960 | |
| | | Name of Contact John and Jennie Byram | Tel. Number |

FACILITY INFORMATION

| | | | |
|--|--|-------------------------------------|--|
| Name of Facility Where Abatement is Taking Place (3) | | | Type of Facility (4) |
| Street Address | | | () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) |
| City (5) Morristown | County (6) Morris | County Code (7) (State Use Only) | Sq. Feet: 1500 # of Floors 3 Bldg. Age 80 |
| Name of Monitoring Firm Hired by Bidg. Owner (8) ISES, Inc. | | | Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc. |
| Street Address 3300 Hudson Avenue | | | Street Address 3300 Hudson Avenue |
| City, State, Zip Code Union City, NJ | | | City State, Zip Code Union City, NJ 07087 |
| Project Manager for Monitoring Firm David Camacho | Telephone Number 201 325-0055 | Telephone Number (201)325-0055 | License Number 01124 |
| Scheduled Start Date (10) 01/30/2017 | Scheduled Completion Date (11) 02/01/2017 | Name of OSHA Monitor ISES, Inc. | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Other - Describe: | | | Street Address 3300 Hudson Avenue |
| | | | City, State, Zip Code Union City, NJ 07087 |

| | | | |
|---|--|--|--|
| Source of Work (Check all that apply) () Demolition (x) Renovation | | | |
| () Minor Project (< 25 SF or < 10 LF ACM) | | () Full Containment with Negative Pressure | |
| () Small Project (>25 <160 SF or >10 <260 LF ACM) | | () Mini-Enclosure with Negative Pressure | |
| (X) Large Project (>160 SF or > 260 LF ACM) | | () Glove-bag Procedure and Wrap and cut procedure | |
| (X) 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 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 | Mastic and tile residue | ~ 347 SFT | X | | | |
| Lower level | | | X | VAT and Mastic | ~ 170 SFT | X | | | |
| | | | | | | | | | |

| | | | |
|---|----------------------------------|-----------------------------|--|
| Name of Reg. Waste Hauler Atlas Disposal Options, Inc. | NJDEP Waste Hauler ID # 50452 | Cubic Yards of Waste ~ 5 | Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road |
| City, State 311 East Blackwell Street, Dover, NJ 07801 | | Disp. Date 02/01/2016 | City, State Pen Argyl, PA 18072 |
| Completed by (Print or Type) David Camacho | Title Project Supervisor | Signature | Date 01/31/2017 |

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

check 110891

| | | | | |
|---|--|---|--|--|
| Date of Notification (1) <u>2</u> / <u>1</u> / <u>17</u> | | Name of Building Owner/Operator (2) Delaware River Partners LLC | | <div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <p>FEB - 3 2017</p> <p>ASBESTOS CONTROL & LICENSING</p> |
| 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) | | Street Address Repauno Site - 200 N Repauno Ave | | |
| Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code Gibbstown, NJ 08027 | | |
| | | Name of Contact | | |

FACILITY INFORMATION

| | | | | | |
|---|--|---------------------------------|--|---------------------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Repauno Site | | | 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 200 N Repauno Ave | | | | | |
| City (5) Gibbstown | | | Square Feet N/A | # of Floors N/A | Bldg. Age N/A |
| County (6) Gloucester | | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Port Terminal | | |

| | | | | | |
|--|--|--|---|-----------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc | | ASCM No. | Name of Abatement Contractor (9) Controlled Environmental Systems | | |
| Street Address 760 Pulaski Highway | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | |
| City, State, Zip Code Bear, Delaware 197001 | | City, State, Zip Code Spring House, PA 19477 | | | |
| Project Manager for Monitoring Firm Duane Reese | | Telephone No. 302 326 2333 | Telephone No. 215 542 7000 | License No. 00847 | |

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Start Date (10) <u>2</u> / <u>13</u> / <u>17</u> | Scheduled Completion Date (11) <u>3</u> / <u>10</u> / <u>17</u> | Name of OSHA Monitor CES | | | |
|---|--|------------------------------------|--|--|--|

| | | | | | |
|--|--|--|--|--|--|
| 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: 7:00AM-5:00PM / ____PM-____AM | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | |
| | | City, State, Zip Code Spring House, PA 19477 | | | |

Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> 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 pump | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Mastic White Vinyl | 20 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior pipes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation - Tar paper | 15 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior Light | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Light Gasket | 5 EA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior Flanges | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Flange Gasket | 42 EA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|---|-----------------------------------|--|--|
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 10 | Name of Registered Landfill Grows/Tullytown Landfill | |
| City, State Fairless Hills, PA | | | Disposal Date | City, State Morrisville, PA | |

| | | | |
|---|--------------------------------|------------------------------------|-----------------------|
| Completed By (Print or Type) Patricia Visco | Title Office Manager | Signature <i>Patricia Visco</i> | Date 1/2/17 |
|---|--------------------------------|------------------------------------|-----------------------|

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