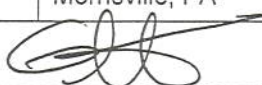


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Ch#3994

| | | | | | | | | | |
|--|---|--|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02/02/2016 | | Name of Building Owner/Operator (2) Union Congregational Church | | | | | | | |
| Agencies Notified | Type Notification | Street Address 176 Cooper Ave | | | | | | | |
| <input 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 | City, State, Zip Code Montclair, NJ 07042 | | | | | | | |
| | | Name of Contact Ann Ayre | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Union Congregational 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 176 Cooper Ave | | Square Feet | # of Floors | | | | | | |
| City (5) Montclair | | Bldg. Age | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) church | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address 300 Grand Ave | | Street Address 606 McBride Ave | | | | | | | |
| City, State, Zip Code Englewood, NJ 07631 | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm Anthony Valentine | | Telephone No. 201-569-6708 | Telephone No. 973-225-8400 | | | | | | |
| | | License No. 01104 | | | | | | | |
| Start Date (10) 02/16/2016 | Scheduled Completion Date (11) 02/18/2016 | Name of OSHA Monitor J&S Environmental Laboratories, LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 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 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) <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 |
| bathroom | | | x | VAT&mastic | 75 SF | x | | | |
| archive room | | | x | VAT&mastic | 60 SF | x | | | |
| archive building | | | x | pipe insulation | 10 LF | x | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 1yd | Name of Registered Landfill GROWS, Landfill | | | | | |
| City, State Woodland Park, NJ | | Disposal Date | | City, State Morrisville, PA | | | | | |
| Completed by Momo Glavatovic | | Title vice president | | Signature  | | Date 02/02/2016 | | | |

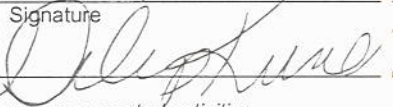
No CK

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

RECEIVED

2014 FEB -5 AM 10:02

ASBESTOS CONTROL
LICENSING

| | | | | | | | | | | |
|--|---|---|---|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Date of Notification (1) 04 / 13 / 15 | | Name of Building Owner/Operator (2) New Jersey Schools Development Authority | | | | | | | | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 003 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 32 E. Front Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Robert Zeiders Telephone Number --- | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Trenton Central High School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | | |
| Street Address 400 Chambers Street | | Square Feet 450000 # of Floors 2 Bldg. Age +/- 85 | | | | | | | | |
| City (5) Trenton | County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) CB&I Government Solutions, Inc. | | ASCM No. | Name of Abatement Contractor (9) USA Environmental Management, Inc. | | | | | | | |
| Street Address 200 Horizon Center Boulevard | | Street Address 8436 Enterprise Avenue | | | | | | | | |
| City, State, Zip Code Trenton, NJ 08691 | | City, State, Zip Code Philadelphia, PA 19153 | | | | | | | | |
| Project Manager for Monitoring Firm Mike Vollo | Telephone No. 609-584-8900 | Telephone No. 215-365-5810 | Licens. No. 00156 | | | | | | | |
| Start Date (10) 04 / 16 / 15 | Scheduled Completion Date (11) 2 / 29 / 16 | Name of OSHA Monitor 2USA Environmental Management, 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: 7:00 AM-3:30 PM / PM - AM | | Street Address 8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153 | | | | | | | | |
| 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"/> 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) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| SEE ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 250 | Name of Registered Landfill GROWS | | | | | | |
| City, State New Castle, DE | | Disposal Date 12/31/2015 | City, State Morrisville, PA | | | | | | | |
| Completed By (Print or Type) Dilip Kumar | Title Program Manager | Signature  | Date 1/29/14 | | | | | | | |

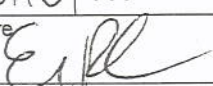
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|--|--|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 2/2/2016 | | Name of Building Owner/Operator (2) SOUNDVIEW PAPER COMPANY | | | | | | | |
| Agencies Notified | Type Notification | Street Address ONE MARKET 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 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 ELMWOOD PARK, NJ 07407 | | | | | | | |
| | | Name of Contact ED KNAPICK | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) SOUNDVIEW PAPER COMPANY - BUILDING 41 | | 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 ONE MARKET STREET | | Square Feet | # of Floors | | | | | | |
| City (5) ELMWOOD PARK | | Bidg. Age | | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING | | | | | | |
| Street Address | | Street Address 11 VREELAND AVENUE | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code TOTOWA, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-956-8700 | Licence No. 0044 | | | | | | |
| Start Date (10) 2/13/2016 | Scheduled Completion Date (11) 2/17/2016 | Name of OSHA Monitor SAME AS (9) ABOVE | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Viable 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 |
| MEZZANINE | | X | | PIPE | 40 LF | X | | | |
| | | | | (WRAP & CUT) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | | NJDEP Waste Hauler ID No. 18743 | Cubic Yards of Waste 2 | Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. | | | | | |
| City, State TOTOWA, NJ | | | Disposal Date 2/17/2016 | City, State MORRISVILLE, PA | | | | | |
| Completed by VIVECA RAMOS | | Title PROJECT COORDINATOR | Signature <i>Viveca Ramos</i> | | | Date 2/2/2016 | | | |

RECEIVED
2016 FEB - 11 AM 10:02
ASBESTOS CONTROL & LICENSING

CK 2261

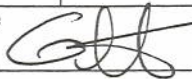
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|--|--|---|---|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 2/1/16 | | Name of Building Owner/Operator (2) Potters Industries, LLC | | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2016 FEB -5 AM 10:03 ASBESTOS CONTROL & LIAISON </div> | | | | | |
| Agencies Notified | Type Notification | Street Address 600 Industrial Rd. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Carlstadt, NJ 07072 | | | | | | | |
| | | Name of Contact Eric Plackis | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Potters Industries, LLC | | | 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 600 Industrial Rd. | | | Square Feet | # of Floors 2 | Bldg. Age | | | | |
| City (5) Carlstadt | | | | | | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Industrial | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Brick Industries Inc. | | | | | | |
| Street Address | | Street Address P.O. Box 915 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Brick, New Jersey 08723 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. (732)899-7499 | License No. 01196 | | | | | |
| Start Date (10) 2/2/16 | | Scheduled Completion Date (11) 2/9/16 | | Name of OSHA 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 <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 type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable 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 |
| | | | | Floor tile | 1800 SF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 6 | Name of Registered Landfill GROWS Inc. | | | | | |
| City, State Brick, New Jersey | | | Disposal Date 2/10/16 | City, State PA | | | | | |
| Completed by Eric Plackis | | Title President | Signature  | | Date 2/1/16 | | | | |

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

RECEIVED

Ch#3993

| | | | | | | | | | |
|---|--|--|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02/01/2016 | | Name of Building Owner/Operator (2) International Flavors&Fragrance | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1515 State Highway 36 | | | | | | | |
| <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 Union Beach, NJ 07735 | | | | | | | |
| | | Name of Contact Garry Stapperfenne | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) International Flavors&Fragrance | | 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 1515 State Highway 36 | | Square Feet | # of Floors | | | | | | |
| City (5) Union Beach | | Bldg. Age | | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) factory | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address 555 S. Broad Street | | Street Address 606 McBride Ave | | | | | | | |
| City, State, Zip Code Glen rock, NJ 07452 | | City, State, Zip Code Woodland park, NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm Lauren Adrion | | Telephone No. 201-652-1119 | Telephone No. 973-225-8400 | | | | | | |
| | | Licens. No. 011104 | | | | | | | |
| Start Date (10) 02/12/2016 | Scheduled Completion Date (11) 02/16/2016 | Name of OSHA Monitor J&S Environmental Laboratories, LLC | | | | | | | |
| 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: fri, sat, mon unoccupied | | 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 type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> partial containment <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-F | | | | | | | |
| 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 |
| lab area | | | x | VAT | 300 SF | x | | | |
| lab area | | | x | transite panels | 75 SF | x | | | |
| lab area | | | x | elbows | 6ea | x | | | |
| lab area | | | x | duct | 30 LF | x | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste | Name of Registered Landfill GROWS, Landfill | | | | | |
| City, State Woodland Park, New Jersey | | | Disposal Date n/a | City, State Morrisville, PA | | | | | |
| Completed by Momo Glavatovic | | Title vice president | Signature  | | | Date 02/01/2016 | | | |

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

| | | | | | |
|---|--|---|--|---|------------------|
| Date of Notification (1) February 1, 2016 | | Name of Building Owner/Operator (2) Palisade Partners | | 28820 | |
| Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA | Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation | Street Address One University Plaza, Suite 407 | | | |
| | | City, State, Zip Code Hackensack, NJ 07601 | | | |
| | | Name of Contact Elliot Schechter | Telephone Number | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Apartment Building | | Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private, commercial buildings, homes, etc.) | | | |
| Street Address 59 Garrison Avenue | | | | | |
| City Jersey City | County (6) Hudson | County Code (7) (STATE USE ONLY) | Square feet 10,000 sf | # of Floors 3 | Bldg. Age 80 |
| | | Current Use (Prior if being demolished) Apartment Building | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | |
| City, State, Zip Code Toms River, NJ 08755 | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | Telephone Number 732-349-9932 | Telephone Number 732-349-9932 | License Number 01624 | | |
| Scheduled Start Date (10) 2/2/16 | Scheduled Completion Date (11) 2/4/16 | Name of OSHA Monitor E.M.S.L. Analytical | | | |
| 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 1056 Stelton Road | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | |
| Scope of Work (Check all that apply) [x] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf | | [] Full Containment with Negative Pressure [] Mini-Enclosure [x] Glovebag Procedure [] Non-Exempted (*) and Non-Viable Procedure | | | |
| [x] Renovation [] Demolition | | | | | |
| 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 A L R E P A I R E N C A P S U L E E N C L O S U R E | |
| Basement | X | Asbestos pipe insulation | 200 lf | X | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 5 | Name of Registered Landfill T.R.R.F. | | |
| City, State Toms River, New Jersey | Disposal Date 2/5/16 | City, State Tullytown, Pennsylvania | | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | | | Date 2/1/2016 |

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

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

RECEIVED

2016 FEB -5 AM 10:04

ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 02/02/16 | | Name of Building Owner/Operator (2) SUN UNION, LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 31 WEST 34TH STREET, SUITE 1012 | | | | | | | |
| <input 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 NEW YORK, NY 10001 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact ZVI PINTER | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) SHOPPING CENTER | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 1-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1235 WEST CHESTNUT STREET | | Square Feet 100,000 SF | # of Floors 1 | | | | | | |
| City (5) UNION, NJ | | Bldg. Age | | | | | | | |
| County (6) UNION COUNTY | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) SHOPPING CENTER | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | Licenses No. 1200 | | | | | | |
| Start Date (10) 02/12/16 | Scheduled Completion Date (11) 04/29/16 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| 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 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable 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 |
| SKATING RING KITCHEN | | | | LAMINATE FLOORING | 2,000 SF | X | | | |
| FURNITURE STORE CEILING | | | | PIPE INSULATION | 20 LF | X | | | |
| EXTERIOR | | | | ROOFING / CAULKING | 93,000 SF | X | | | |
| HALLOWEEN STORE | | | | MASTIC UNDER TILE | 9,000 SF | X | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 300 YARDS | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 04/29/16 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 02/02/16 | | | |

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

RECEIVED
16 FEB -5 AM 10: 04

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

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

B & G proj. #: 2016-20

*** EMERGENCY ***

Check # 7672

| | | | |
|---|---|--|------------------|
| Date of Notification (1) <u>01/11/2019</u> | | Name of Building Owner/Operator (2) Elizabeth Hughson | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code Netcong, NJ 07857 | |
| | | Name of Contact Elizabeth Hughson | Telephone Number |

RECEIVED
 2016 FEB -5 AM 9:56
 ASBESTOS CONTROL
 & LICENSES

FACILITY INFORMATION

| | | | | |
|--|---|--|--|-------------|
| Name of facility where abatement is taking place (3) Elizabeth Hughson | | | 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 |
| City (5) Netcong, NJ 07857 | | | Bldg. Age | |
| County (6) Morris | County Code (7) (State use only) | Current Use (prior if being demolished) residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) n/a | | ASCM No. | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | Phone Number | Telephone Number (973)696-6869 | License Number 00378 | |
| Scheduled Start Date (10) 02/01/2016 | Sched. Completion Date (11) 02/02/2016 | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | Street Address 105 Ryerson Road | | |
| | | City, State, Zip Code LincolnPark, NJ 07035 | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| boiler room | | | <input checked="" type="checkbox"/> | pipe insulation | 65 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| crawl space | | | <input checked="" type="checkbox"/> | pipe insulation | 33 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 27 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"/> |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 02/02/2016 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 01/29/2016 |

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

check # 6011

**RECEIVED
2016 FEB 11 AM 9:55
ASBESTOS CONTROL**

| | | | | | | |
|--|---|--|---|--|--------|-----------|
| Date of Notification (1) 2-2-16 | | Name of Building Owner/Operator (2) GINA KOURTESIS | | | | |
| Agency 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 GLEN ROCK, NJ 07452 | | | |
| | | Name of Contact GINA KOURTESIS | Telephone Number | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) GINA KOURTESIS | | 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 1560 | # of Floors 2 | | | |
| City, State, Zip Code GLEN ROCK | | Bldg. Age 1935 | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | |
| Street Address | | Street Address 450 South River St | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | |
| Start Date (10) 2-12-2016 | Scheduled Completion Date (11) 2-13-2016 | 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 AM 5 PM | | Street Address 280 Huyler St | | | | |
| 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable procedure | | City, State, Zip Code S. Hackensack, N.J. 07606 | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | | | | Removal | Repair | Enclosure |
| BASEMENT | X | THERMAL INSULATION | 125 LF | X | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 1 1/2 YDS | Name of Registered Landfill Minerva Enterprises, LLC | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 2-13-16 | City, State Waynesburg, OH 44688 | | | |
| Completed by R. Veldran | Title Estimator | Signature R. Veldran | Date 2-2-16 | | | |

ASB-41

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

Jan 29 2016 02:40pm

P001/001

CH 22 # 8974


FEB 5 2016

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

| | | | | | |
|---|--|--|--|---|--|
| Date of Notification (1) 1/29/16 | | Name of Building Owner/Operator (2) VERIZON WIRELESS | | APPROVED Agent of Health & Senior Services Paul C. Harnes (signature) Date: 1/29/16 Time: 2:30 PM | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address Route 9 East City, State, Zip Code SALEMVILLE, N.J. 08872 Name of Contact JORDAN O'NEALS Telephone Number | |
| Name of Facility Where Abatement is Taking Place (3) CELL TOWER | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address ROUTE 9 EAST / 491 ERNSTON RD | | | | Square Feet 650 | |
| City (5) SALEMVILLE | | | | # of Floors 1 | |
| County (6) MIDDLESEX | | | | Bldg. Age 456 | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) CELL TOWER EQUIPMENT ROOM | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) A.MAC Contracting Inc. | |
| Street Address | | Street Address 105 Lowell Road | | City, State, Zip Code Glen Rock, NJ 07452 | |
| City, State, Zip Code | | Telephone No. (201)262-5841 | | License No. 00156 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Start Date (10) 2/01/16 | | Scheduled Completion Date (11) 2/14/16 | | Street Address 280 Huyler Street | |
| 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: | | City, State, Zip Code Hackensack, NJ 07605 | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 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) 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 system insulation, surfacing, VAT, or other miscellaneous) | |
| CELL TOWER ROOM | | N/A | | VAT | |
| | | | | Amount (Spec. SF or LF) 4055 | |
| | | | | Abatement Type Removal Repair Encapsulate Enclosure | |
| Name of Registered Waste Hauler Rovic Transport | | NJDEP Waste Hauler ID No. 20785 | | Cubic Yards of Waste 1 | |
| City, State Riverdale, NJ 07457 | | Disposal Date 2/01/16 | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. City, State Bethlehem, PA 18015 | |
| Completed by Joseph Vocaturo | | Title Vice President | | Signature J. Vocaturo Date 1/29/16 | |


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

Emergency

| | | | | | | | | | |
|--|---|--|--|---|----------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 2/1/16 | | Name of Building Owner/Operator (2) Joe Mancini Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Beach Haven NJ 08008 | | | | | | | |
| | | Name of Contact Joe | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Joe Mancini Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Beach Haven NJ 08008 | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House & Garage | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 01727 | | | | | | |
| Start Date (10) 2/2/16 | Scheduled Completion Date (11) 2/5/16 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 2000 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 4 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 2/5/16 | | City, State Morrisville NJ 03091 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | Date 2/1/16 | | | |

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

CK 5334

| Date of Notification (1) 2/2/16 | | Name of Building Owner/Operator (2) James Price Private Home | | | | | | | |
|--|---|--|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Little Egg Harbor NJ 08087 | | | | | | | |
| | | Name of Contact James | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) James Price Private Home | | 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 [REDACTED] | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| City (5) Little Egg Harbor NJ 08087 | | Bldg. Age 35+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856-753-9800 | License No. 0727 | | | | | | |
| Start Date (10) 2/3/16 | Scheduled Completion Date (11) 2/8/16 | Name of OSHA Monitor same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 120 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | | Disposal Date 2/8/16 | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature  | | | Date 2/2/16 | | | |

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

| | | | | | |
|---|---|--|-----|---|---|
| Date of Notification (1) 02/01/2016 | | Name of Building Owner/Operator (2) Mark Forman | | FEE 9 2016 | |
| Agencies Notified | | Type Notification | | Street Address | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | [REDACTED] City, State, Zip Code South Orange, NJ, 07079 Name of Contact Donna | |
| | | | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mark Forman | | | | 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) 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 AVE | |
| City, State, Zip Code | | | | City, State, Zip Code TOTOWA, NJ, 07512 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 973-345-8685 | License No. 00675 |
| Start Date (10) 02/12/2016 | | Scheduled Completion Date (11) 02/13/2016 | | Name of OSHA Monitor D&S ABATEMENT INC. | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 11 ROSENGREN 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: OCCUPIED | | | | 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 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 L ³) |
| | Yes | No | N/A | | |
| BASEMENT | | X | | pipe&pipe fitting insulation | 72 L |
| | | | | | |
| | | | | | |
| | | | | | |
| 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 TULLYTOWN, PA | |
| Completed by Oliver Hegedis | | Title Project Manager | | Signature | Date 02/01/2016 |


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

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|--|---|--|-------------------------------------|---|---------------------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1) 2/4/16 | | Name of Building Owner/Operator (2) Value Industry, Inc. | | | | | | | |
| 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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 349 Avenue W | | City, State, Zip Code Brooklyn, NY 11223 | | | | | | | |
| Name of Contact Sam Turkieh | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Reichhold Chemical | | 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 400 Doremus Avenue | | Square Feet 120,000 | # of Floors 5 | | | | | | |
| City (5) Newark | | Bldg. Age 50+ | | | | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technology | | ASCM No. | | | | | | | |
| Street Address 28 Pennell Road | | Name of Abatement Contractor (9) ecoservices, LLC | | | | | | | |
| City, State, Zip Code Lima, PA | | Street Address 407 West Lincoln Highway Suite 500 | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | City, State, Zip Code Exton, PA 19341 | | | | | | | |
| Telephone No. | | Telephone No. 484-872-8884 | License No. 01161 | | | | | | |
| Start Date (10) 2/22/16 | Scheduled Completion Date (11) 3/4/16 | | 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 South | | | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code Cinnaminson, NJ | | | | | | | |
| 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 13 Roof | | | X | Roof Flashing | 560 SF | X | | | |
| Guard Shack Roof | | | X | Roofing Material | 300 SF | X | | | |
| Building 32/31 | | | X | Caulk | 200 SF | X | | | |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 10 | 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 2/4/16 | | | |

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

| | | | | | | | | | | | | |
|--|--|--|---|--|--|------------|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------|
| Date of Notification (1) <div style="text-align: center;">2 / 2 / 16</div> | | | Name of Building Owner/Operator (2) PSE&G / Job # 1509-4953 Check # | | | FEE 5 2016 | | | | | | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 4000 Hadley Road | | | | | | | | |
| | | | | | City, State, Zip Code South Plainfield, NJ 07080 | | | | | | | |
| | | | | | Name of Contact Matt Dandurand | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G New Freedom | | | | | 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 552 Erial Road | | | | | Square Feet | | # of Floors | | | | | |
| City (5) Sicklerville, NJ 08081 | | | | | | | Bldg. Age | | | | | |
| County (6) Camden | | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Switching Station | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety | | | ASCM No. | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | | |
| Street Address PO Box 365 | | | | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Berlin, NJ 08009 | | | | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | | Telephone No. 856-452-1311 | | Telephone No. 609-265-2107 | | License No. 00529 | | | | | |
| Start Date (10) <div style="text-align: center;">1 / 25 / 16</div> | | Scheduled Completion Date (11) <div style="text-align: center;">2 / 5 / 16</div> | | Name of OSHA Monitor EMSL Analytical | | | | | | | | |
| 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 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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 |
| Control House | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window Caulk | | 50 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Butler Building | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window Caulk | | 34 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Butler Building | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door Caulk | | 32 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"/> | |
| Name of Registered Waste Hauler Waste Management | | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 26 | | Name of Registered Landfill G.R.O.W.S. Landfill | | | | | |
| City, State Camden, NJ | | | Disposal Date 2/5/16 | | City, State Tullytown, PA | | | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | | Signature  | | | Date 2/2/16 | | | | |

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

| | | | | | | | | | |
|--|---|---|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>1</u> / <u>28</u> / <u>16</u> | | | Name of Building Owner/Operator (2) IAT Project Development LLC/ Job #1510-4960 Check # <u>5</u> 2016 | | | | | | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 746 E Winchester, Suite 150 City, State, Zip Code Murray, UT 84107 Name of Contact Tammy Sweeris, VP- Construction Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Trenton Times 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 500 Perry Street | | | Square Feet | | | | | | |
| City (5) Trenton | | | # of Floors | | | | | | |
| County (6) Mercer | | | County Code (7) (STATE USE ONLY) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Acer | | | ASCM No. | | | | | | |
| Street Address 1012 Industrial Drive | | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| City, State, Zip Code West Berlin, NJ 08091 | | | Street Address 30 Maple Ave. PO Box 25 | | | | | | |
| Project Manager for Monitoring Firm Matthew DePalma | | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | |
| Telephone No. 856-809-1202 | | | Telephone No. 609-265-2107 | | | | | | |
| Start Date (10) <u>10</u> / <u>26</u> / <u>15</u> | | | License No. 00529 | | | | | | |
| Scheduled Completion Date (11) <u>2</u> / <u>29</u> / <u>16</u> | | | Name of OSHA Monitor EMSL Analytical | | | | | | |
| 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 Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM | | | Street Address 200 Route 130 North | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Throughout | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Glue Dots | 250 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fire Doors | 100 total | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window Caulk & Glazing | 2,500 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Boiler Insulation | 30 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Service Transport | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste 20 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | |
| City, State New Castle, DE | | Disposal Date 2/29/16 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature <i>gmt</i> | | Date 1/28/16 | | | |

CK#25043

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


FEB 5 2016

| | | | | | | | | | |
|--|--|--|--|--|----------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1) <u>2/2/16</u> | | Name of Building Owner/Operator (2) <u>The Hun School</u> | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>176 Edgerstoune Rd.</u> | | | | | | | |
| | | City, State, Zip Code <u>Princeton, NJ 08542</u> | | | | | | | |
| | | Name of Contact <u>Mr. Matt Sozio</u> | Telephone Number <u> </u> | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Buck Building- Middle School</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address <u>176 Edgerstoune Rd.</u> | | Square Feet <u>10000</u> | # of Floors <u>2</u> | | | | | | |
| City (5) <u>Princeton, NJ 08542</u> | | Bldg. Age <u>55+/-</u> | | | | | | | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) <u> </u> | | Current Use (Prior if being demolished) <u> </u> | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | | ASCM No. <u> </u> | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | | | | | | | |
| City, State, Zip Code <u>Crosswick, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | | |
| Project Manager for Monitoring Firm <u>William Weisgarber</u> | | Telephone No. <u>(609) 298-4070</u> | License No. <u>00493</u> | | | | | | |
| Start Date (10) <u>3/7/16</u> | Scheduled Completion Date (11) <u>3/18/16</u> | | Name of OSHA Monitor <u>MECS</u> | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address <u>PO Box 341</u> | | | | | | | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 |
| <u>Exterior</u> | | | <u>X</u> | <u>Exterior Transite Panels</u> | <u>800 sf</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>6 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> | | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>3/18/16</u> | City, State <u>Morrisville, PA</u> | | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | | Title <u>Project Manager</u> | Signature <u>[Signature]</u> | | | Date <u>2/2/16</u> | | | |

CK 5502

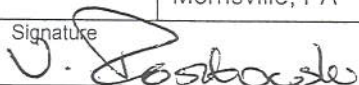
Print Form

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

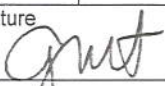
| | | | | | | | | | |
|--|---|--|--|--|--|------------------|--------|-------------|-----------|
| Date of Notification (1) 02/03/16 | | Name of Building Owner/Operator (2) Glenwood Apartments & County Club | | FEB 5 2016 | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input 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 1 Cherry Hill Lane | | | | | |
| | | City, State, Zip Code Oldbridge, NJ 08857 | | | | | | | |
| | | Name of Contact Bernadette Poppel | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Glenwood 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 & commercial buildings, homes, etc.) | | | | | |
| Street Address 2-4 Aspen Mall | | | | Square Feet 2,000 | | | | | |
| City (5) Oldbridge, NJ | | | | # of Floors 2 | | | | | |
| County (6) | | | | Bldg. Age 65+ | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | | | Current Use (Prior if being demolished) Apartment | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | ASCM No. | | Name of Abatement Contractor (9) DIA General Construction, Inc. | | | | |
| Street Address | | | Street Address 1360 Clifton Avenue, PMB Suite 218 | | | | | | |
| City, State, Zip Code | | | City, State, Zip Code Clifton, NJ 07012 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephone No. 973-389-0089 | | License No. 00633 | | | | |
| Start Date (10) 02/18/16 | | Scheduled Completion Date (11) 02/22/16 | | Name of OSHA Monitor DIA General Construction, Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Street Address 1360 Clifton Avenue, PMB Suite 218 | | | | | |
| | | | | City, State, Zip Code Clifton, NJ 07012 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 2 A-D Aspen Mall-Crawl Space | x | | | Pipe/Elbow Insulation | 180 LF | x | | | |
| 4 A-D Aspen Mall- Crawl Space | x | | | Pipe/Elbow Insulation | 150 LF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group | | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 6 CY | Name of Registered Landfill Minerva Landfill | | | | |
| City, State New Castle, DE 19720 | | | | Disposal Date 02/22/16 | City, State Waynesburg, OH 4688 | | | | |
| Completed by Krutarth Jagad | | | Title President | Signature  | | Date 02/03/16 | | | |

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

ck 44602

| | | | | | | | | | |
|---|---|---|-----|---|--------------------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 02/02/2016 | | Name of Building Owner/Operator (2) Perth Amboy BOE | | FEB 5 2016 | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | | | | |
| <input 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 | | 178 Barracks Street | | | | | |
| | | | | City, State, Zip Code Perth Amboy, NJ 08861 | | | | | |
| | | Name of Contact Mario Cofini | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Perth Amboy High School | | | | Type of Facility (4) | | | | | |
| Street Address 300 Eagle Avenue | | | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K 12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) Perth Amboy | | | | Square Feet | # of Floors | | | | |
| | | | | | Bldg. Age | | | | |
| County (6) Middlesex | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) School | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc. | | ASC No. 00057 | | Name of Abatement Contractor (9) VMC Company Inc. | | | | | |
| Street Address PO Box 385 | | | | Street Address 208 Piaget Avenue | | | | | |
| City, State, Zip Code Oceanville, NJ 08231 | | | | City, State, Zip Code Clifton, NJ 07011 | | | | | |
| Project Manager for Monitoring Firm Joseph Capone | | Telephone No. 609-652-1833 | | Telephone No. 973-253-8828 | License No. 00704 | | | | |
| Start Date (10) 02/12/2016 | | Scheduled Completion Date (11) 02/15/2016 | | Name of OSHA Monitor VMC Company Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3pm Friday start thru wknd | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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 |
| Room 224 | | x | | Pipe fitting insulation | 15 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste | Name of Registered Landfill GROWS | | | | |
| City, State Newark, NJ | | | | Disposal Date | City, State Morrisville, PA | | | | |
| Completed by Voytek Roszkowski | | Title President | | Signature  | | Date 2/02/2016 | | | |

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

| | | | | | | | | | |
|---|---|--|-------------------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">2 / 3 / 16</div> | | Name of Building Owner/Operator (2) Westward Pharmaceuticals/ Job #1602-4988 Check #7950 | | | | | | | |
| 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 2 Esterbrook Lane City, State, Zip Code Cherry Hill, NJ 08003 Name of Contact John Reber | | | | | |
| | | | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Westward Pharmaceuticals | | | | 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 2 Esterbrook Lane | | | | | | | | | |
| City (5) Cherry Hill, NJ 08003 | | | | Square Feet | # of Floors | | | | |
| | | | | Bldg. Age | | | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) | | Current Use (Prior to being demolished) Office Building | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health | | ASCM No. | | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | |
| Street Address 140 South Village Ave, Suite 130 | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Exton, PA 19341 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Brian Hovendon | | Telephone No. 610-524-5525 | | Telephone No. 609-265-2107 | License No. 00529 | | | | |
| Start Date (10) <div style="text-align: center;">2 / 16 / 16</div> | | Scheduled Completion Date (11) <div style="text-align: center;">2 / 29 / 16</div> | | Name of OSHA Monitor EMSL Analytical | | | | | |
| 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 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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| Throughout | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Epoxy, floor tile & mastic | 2,800 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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | |
| City, State Lumberton, NJ | | Disposal Date 2/29/16 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature  | | Date 2/3/16 | | | |

EMERGENCY

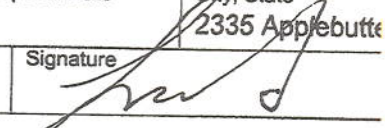
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 10418

| | | | | | | | | | |
|--|---|--|--------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 2 / 4 / 16 | | Name of Building Owner/Operator (2) City of Camden | | | | | | | |
| 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 PO Box 95120 City, State, Zip Code Camden, NJ 08101 Name of Contact John Bond Telephone Number | | | | | | | |
| FEB 5 2016 | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) ROWE STREET RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet varies | | | | | | | |
| City (5) Camden | | # of Floors varies | Bldg. Age 50+ | | | | | | |
| County (6) CAMDEN | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | ASCM No. 117 | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | | | |
| Street Address PO Box 365 | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| City, State, Zip Code Berlin, NJ 08009 | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | Telephone No. C 609-839-2432 | Telephone No. 215 542 7000 | License No. 00847 | | | | | | |
| Start Date (10) 2 / 5 / 16 | Scheduled Completion Date (11) 3 / 15 / 16 | 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| SEE ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE ATTACHED | 200 YD per res | <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 Waste Management of NJ | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 200/residenc | Name of Registered Landfill GROWS | | | | | | |
| City, State Fairless Hills, PA | Disposal Date 3/15/16 | City, State Tullytown PA | | | | | | | |
| Completed By (Print or Type) Patricia Visco | Title Office Manager | Signature Patricia Visco | | | | | Date 2/4/16 | | |

OK 378

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

| Date of Notification (1) 2/1/2016 | | Name of Building Owner/Operator (2) Concord Properties | | | | | | | |
|---|--|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 298 Delancy Street | | | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Newark NJ | | | | | | | |
| | | Name of Contact Mario Ferreira | Telephone Number 973 901-2233 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private 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 & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 4200 | # of floors 3 | | | | | | |
| City (5) Elizabeth NJ 07202 | | Bldg. Age +50 | | | | | | | |
| County (6) Clerk County | 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. N/A | Name of Abatement Contractor (9) Dinago Environment LLC | | | | | | |
| Street Address N/A | | Street Address 339 Lafayette St | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Newark NJ 07015 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | Telephone No. 973-491-0877 | | | | | | |
| Start Date (10) 2/10/2016 | | Scheduled Completion Date (11) 2/15/2016 | License No. (1240) | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor J&S Environmental Corp | | | | | | | |
| <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 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 checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | pipe insulation | 150 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem landfill | | | | | |
| City, State Po Box 5670 Newark NJ 07105 | | | Disposal Date | City, State 2335 Applebutter rd Bethlehem PA | | | | | |
| Completed by Carlos Gomes | | Title President | Signature  | Date 2/1/2016 | | | | | |