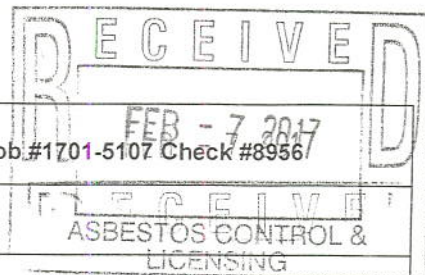


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| | | | |
|---|---|--|------------------|
| Date of Notification (1) 1 / 27 / 17 | | Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1701-5107 Check #8956 | |
| 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address One Robert Wood Johnson Place | |
| | | City, State, Zip Code New Brunswick, NJ 08901 | |
| | | Name of Contact Kristen Bell | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital | | 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 One Robert Wood Johnson Place | | Square Feet | # of Floors |
| City (5) New Brunswick | | Bldg. Age | |
| County (6) Middlesex | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hospital | |

| | | | |
|--|-------------------------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address 280 Huylar Street | | Street Address 30 Maple Ave. PO Box 25 | |
| City, State, Zip Code South Hackensack, NJ 07606 | | City, State, Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm Geiser Fajardo | Telephone No. 201-489-8700 | Telephone No. 609-265-2107 | License No. 00529 |

| | | | |
|---|--|--|--|
| Start Date (10) 1 / 25 / 17 | Scheduled Completion Date (11) 2 / 3 / 17 | 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 checked="" 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)

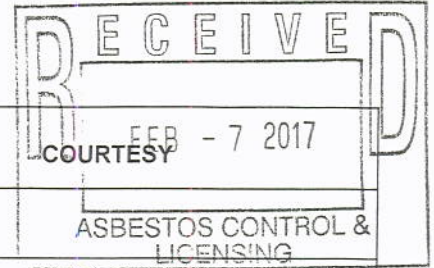
| | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) <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 |
| Auditorium Closets | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile & mastic | 240 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| French St. Level South Bldg | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2x layer floor tile & Mastic | 150 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|------------------------------------|---------------------------------|--|
| Name of Registered Waste Hauler AbateTech, Inc. | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 20 | Name of Registered Landfill G.R.O.W.S. Landfill |
| City, State Lumberton, NJ | Disposal Date 2/3/17 | City, State Tullytown, PA | |
| Completed By (Print or Type) Gwendolyn Trumbetti | Title Operations Coordinator | Signature <i>G Trumbetti</i> | Date 1/27/17 |

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



| | | | |
|--|--|--|------------------|
| Date of Notification (1) 1 / 30 / 17 | | Name of Building Owner/Operator (2) Aldi, Inc. / Job #1701-5108 | |
| 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 2700 Saucon Valley Road | |
| | | City, State, Zip Code Center Valley, PA 18034 | |
| | | Name of Contact William Turner | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Aldi Super Market | | 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 50 Racetrack Road | | Square Feet | # of Floors |
| City (5) East Brunswick, NJ 08816 | | Bldg. Age | |
| County (6) Middlesex | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Super Market | |
| Name of Monitoring Firm Hired by Building Owner (8) NA | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address | | Street Address 30 Maple Ave. PO Box 25 | |
| City, State, Zip Code | | City, State, Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 609-265-2107 | License No. 00529 |
| Start Date (10) 2 / 1 / 17 | Scheduled Completion Date (11) 2 / 1 / 17 | 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 | |

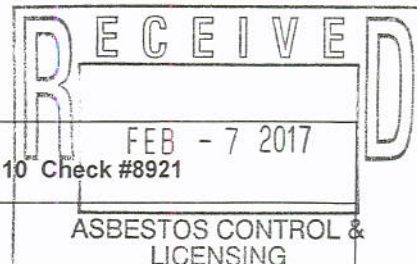
Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Asbestos Containing Concrete Pipe | 110 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|------------------------------------|---------------------------------|--|
| Name of Registered Waste Hauler AbateTech, Inc. | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 20 | Name of Registered Landfill G.R.O.W.S. Landfill |
| City, State Lumberton, NJ | | Disposal Date 2/1/17 | City, State Tullytown, PA |
| Completed By (Print or Type) Gwendolyn Trumbetti | Title Operations Coordinator | Signature <i>G Trumbetti</i> | Date 1/30/17 |

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



| | | | |
|--|--|---|------------------|
| Date of Notification (1) <u>2</u> / <u>2</u> / <u>17</u> | | Name of Building Owner/Operator (2) State of New Jersey / Job #1702-5110 Check #8921 | |
| 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 20 E State Police Drive | |
| | | City, State, Zip Code West Trenton, NJ | |
| | | Name of Contact James Larkins | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) Philip Alampi Beneficial Insect Rearing Laboratory | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 20 Cozy Drive | | Square Feet | # of Floors |
| City (5) West Trenton, NJ | | Bldg. Age | |
| County (6) Mercer | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Laboratory | |

| | | | |
|--|-------------------------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies | ASCM No. | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address 7 Pleasant Hill Road | | Street Address 30 Maple Ave. PO Box 25 | |
| City, State, Zip Code Cranbury, NJ 08512 | | City, State, Zip Code Lumberton, NJ 08048 | |
| Project Manager for Monitoring Firm Kevin Lovely | Telephone No. 732-390-5858 | Telephone No. 609-265-2107 | License No. 00529 |

| | | | |
|--|--|--|--|
| Start Date (10) <u>2</u> / <u>13</u> / <u>17</u> | Scheduled Completion Date (11) <u>2</u> / <u>13</u> / <u>17</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 | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

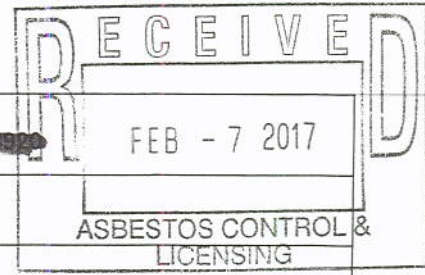
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation with Mastic & Plumbers Paste | 45 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|------------------------------------|---|--|
| Name of Registered Waste Hauler AbateTech, Inc. | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 12 | Name of Registered Landfill G.R.O.W.S. Landfill |
| City, State Lumberton, NJ | | Disposal Date 2/13/17 | City, State Tullytown, PA |
| Completed By (Print or Type) Gwendolyn Trumbetti | Title Operations Coordinator | Signature <i>Gwendolyn Trumbetti</i> | Date 2/2/17 |

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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>2</u> / <u>1</u> / <u>17</u> | | Name of Building Owner/Operator (2) PSE&G / Job #1701-5103 | |
| 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>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 4000 Hadley Road | City, State, Zip Code South Plainfield, NJ |
| | | Name of Contact Greg Marone | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|---------------------------------|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) PSE&G- Union | | 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 1133 Springfield Road | | Square Feet | # of Floors |
| City (5) Union, NJ 07083 | | Bldg. Age | |
| County (6) Union | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Substation | |

| | | | |
|--|---|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | 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) <u>1</u> / <u>19</u> / <u>17</u> | Scheduled Completion Date (11) <u>2</u> / <u>24</u> / <u>17</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 | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

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

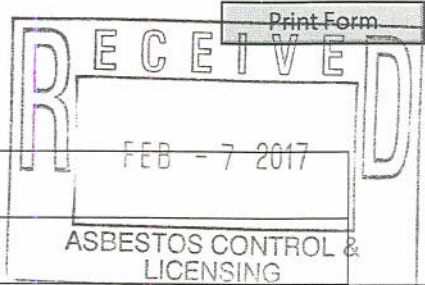
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stucco | 25 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 12 | Name of Registered Landfill G.R.O.W.S. Landfill |
| City, State Lumberton, NJ | | Disposal Date 2/24/17 | City, State Tullytown, PA |
| Completed By (Print or Type) Gwendolyn Trumbetti | Title Operations Coordinator | Signature <i>Gwendolyn Trumbetti</i> | Date 2/1/17 |

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

Ch 10831

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



| | | | |
|--|--|--|------------------|
| Date of Notification (1) 02/03/2017 | | Name of Building Owner/Operator (2) Glenwood Apartments & County Club | |
| 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 Eric Prieto | 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 43-49 Apple Tree Ln | | Square Feet 6,000 | # of Floors 2 |
| City (5) Oldbridge, NJ | | Bldg. Age 65+ | |
| County (6) | 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. 00693 |
| Start Date (10) 02/17/2017 | Scheduled Completion Date (11) 02/28/2017 | 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 Ave, PMB Suite 218 | |
| | | City, State, Zip Code Clifton, NJ 07012 | |

Scope of Work (Check All That Apply)

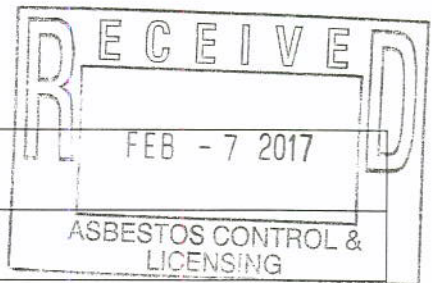
| | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input 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 |
| 43 A-D Apple Tree Ln-Crawl Space | x | | | Pipe/ Elbow Insulation | 160 LF | x | | | |
| 45 A-D Apple Tree Ln-Crawl Space | x | | | Pipe/ Elbow Insulation | 150 LF | x | | | |
| 47 A-D Apple Tree Ln-Crawl Space | x | | | Pipe/ Elbow Insulation | 160 LF | x | | | |
| 49 A-D Apple Tree Ln-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 12 CY | Name of Registered Landfill Minerva Landfill | |
| City, State New Castle, DE 19720 | | Disposal Date 02/28/2017 | | City, State Waynesburg, OH 44688 | |
| Completed by Milan Njezic <i>[Signature]</i> | | Title Vice President | Signature | | Date 02/03/2017 |

CK 25681

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



| | | | |
|---|--|--|------------------|
| Date of Notification (1) <u>02</u> / <u>03</u> / <u>17</u> | | Name of Building Owner/Operator (2) CAPC ASF #1 | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 108 Church Street, 3rd Floor | |
| | | City, State, Zip Code New Brunswick, NJ 08901 | |
| | | Name of Contact Dan Karbownik | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residential Single Family | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Newark | Square Feet 1582 | # of Floors 2 | Bldg. Age 102 |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | |

| | | | |
|--|--------------------------------------|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc. | ASCM No. 00117 | Name of Abatement Contractor (9) Superior Abatement Inc | |
| Street Address PO Box 365 | | Street Address 2 Henderson Drive | |
| City, State, Zip Code Berlin, NJ 08009 | | City, State, Zip Code West Caldwell, NJ 07006 | |
| Project Manager for Monitoring Firm Jim Proctor | Telephone No. 856-452-1311 | Telephone No. (973) 808-1616 | License No. 00411 |

| | | | |
|---|--|---|--|
| Start Date (10) <u>2</u> / <u>14</u> / <u>17</u> | Scheduled Completion Date (11) <u>2</u> / <u>16</u> / <u>17</u> | Name of OSHA Monitor Superior Abatement Inc | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 2 Henderson Drive | |
| | | City, State, Zip Code West Caldwell, NJ 07006 | |

Scope of Work (Check all that apply)

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

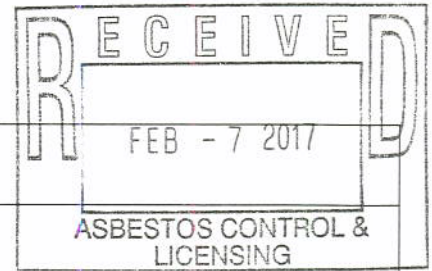
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Attic | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile | 240 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TSI Pipe Insulation | 2 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--|----------------------------------|--|
| Name of Registered Waste Hauler Service Transport Group, Inc | NJDEP Waste Hauler ID No. SW2117 | Cubic Yards of Waste 2 | Name of Registered Landfill Minerva Landfill |
| City, State New Castle, DE | | Disposal Date 2/16/17 | City, State Waynesburgh, OH |

| | | | |
|---|---------------------------|------------------------------------|-----------------------|
| Completed By (Print or Type) Mary Petrovski | Title President | Signature <i>Mary Petrovski</i> | Date 2/3/17 |
|---|---------------------------|------------------------------------|-----------------------|

CK256081

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



| | | | |
|---|--|--|------------------|
| Date of Notification (1) <u>02</u> / <u>03</u> / <u>17</u> | | Name of Building Owner/Operator (2) CAPC ASF #1 | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 108 Church Street, 3rd Floor | |
| | | City, State, Zip Code New Brunswick, NJ 08901 | |
| | | Name of Contact Dan Karbownik | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|---------------------------------|--|---|
| Name of Facility Where Abatement is Taking Place (3) Residential Single Family | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Toms River | Square Feet 1431 | # of Floors 1 | Bldg. Age 67 |
| County (6) Ocean | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc. | | ASCM No. 00117 | Name of Abatement Contractor (9) Superior Abatement Inc |
| Street Address PO Box 365 | | Street Address 2 Henderson Drive | |
| City, State, Zip Code Berlin, NJ 08009 | | City, State, Zip Code West Caldwell, NJ 07006 | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone No. 856-452-1311 | Telephone No. (973) 808-1616 |
| Start Date (10) <u>2</u> / <u>13</u> / <u>17</u> | | Scheduled Completion Date (11) <u>2</u> / <u>15</u> / <u>17</u> | License No. 00411 |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Name of OSHA Monitor Superior Abatement Inc | |
| | | Street Address 2 Henderson Drive | |
| | | City, State, Zip Code West Caldwell, NJ 07006 | |

Scope of Work (Check all that apply)

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

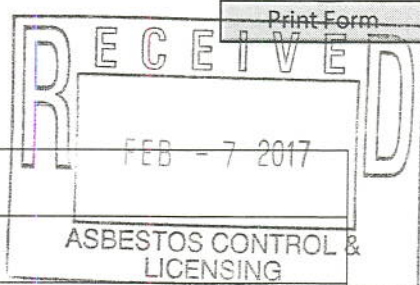
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Kitchen Area | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Linoleum under ceramic tile | 256 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|---------------------------|--|---------------------------------------|--|--|
| Name of Registered Waste Hauler Service Transport Group, Inc | | NJDEP Waste Hauler ID No. SW2117 | Cubic Yards of Waste 3 | Name of Registered Landfill Minerva Landfill | |
| City, State New Castle, DE | | Disposal Date 2/15/17 | City, State Waynesburgh, OH | | |
| Completed By (Print or Type) Mary Petrovski | Title President | Signature <i>Mary Petrovski</i> | Date 2/3/17 | | |

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

Chl 830

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



| | | | |
|--|--|--|------------------|
| Date of Notification (1) 02/03/2017 | | Name of Building Owner/Operator (2) Glenwood Apartments & County Club | |
| 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 Eric Prieto | 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 9-11 White Oak Ln | | Square Feet 2,000 | # of Floors 2 |
| City (5) Oldbridge, NJ | | Bldg. Age 65+ | |
| County (6) | 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. | Telephone No. 973-389-0089 | License No. 00693 |
| Start Date (10) 02/17/2017 | Scheduled Completion Date (11) 02/28/2017 | 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 Ave, 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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input 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 |
| 9 A-D White Oak Ln-Crawl Space | x | | | Pipe/ Elbow Insulation | 180 LF | x | | | |
| 11 A-D White Oak Ln-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 02/28/2017 | City, State Waynesburg, OH 44688 | | |
| Completed by Milan Njezic | Title Vice President | Signature | | Date 02/03/2017 | |

B & G proj. #: 2017-13

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

NON Sub 8

Check # 8229

| | | | | |
|---|--|--|--|--|
| Date of Notification (1) 10/11/13 10/11/17 | | Name of Building Owner/Operator (2) NSA 18th Avenue LLC | | |
| Agencies Notified | Type Notification | Street Address 826 Broadway, 9th floor | | |
| <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"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code NY, NY 10001 | | |
| | | Name of Contact Peter Hantes | | |
| | | Telephone Number | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|--|
| Name of facility where abatement is taking place (3) Former Warehouse Facility | | | 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 571 18th Avenue | | | Square Feet | | |
| City (5) Newark, NJ 07103 | | | County (6) Essex | | Bldg. Age |
| | | | County Code (7) (State use only) | | Current Use (Prior if being demolished) VACANT Building |

| | | | | | |
|--|--|---|---|--|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Companies | | ASCM No. 110 | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 7 Pleasant Hill Road | | City, State, Zip Code Cranbury, NJ 08512 | Street Address 105 Ryerson Road | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Phone Number 732-390-5858 | City, State, Zip Code Lincoln Park, NJ 07035 | | License Number 00378 |
| Scheduled Start Date (10) 02/13/2017 | | Sched. Completion Date (11) 03/17/2017 | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe: | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

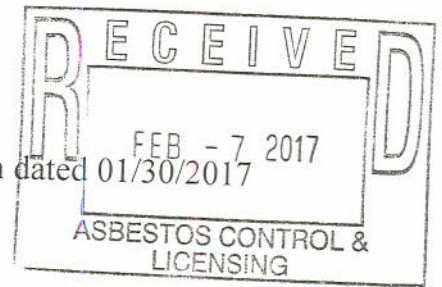
| | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input checked="" 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) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Building C, basement | | | <input checked="" type="checkbox"/> | pipe, elbows & joints (wrap & cut) | 95 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bldg C, basement boiler rm | | | <input checked="" type="checkbox"/> | boiler insulation | 15 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bldg A, 2nd fl boiler room | | | <input checked="" type="checkbox"/> | fire stop | 3 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bldg A, 2nd fl boiler room | | | <input checked="" type="checkbox"/> | Gasket | 6 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bldg A, 2nd fl boiler room | | | <input checked="" type="checkbox"/> | boiler insulation | 5 sf | <input checked="" 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 100 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | | Disposal Date 02/13/17 - 02/17/17 | City, State Tullytown, PA |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 01/30/2017 |

*****See continuation sheet for additional quantities and locations*****

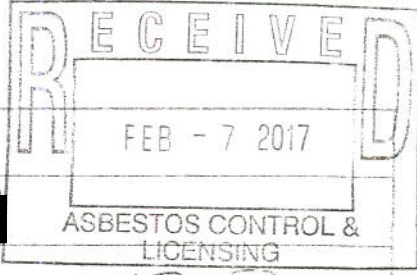
Re: Two page attachment to 14 day initial notification dated 01/30/2017
 for asbestos removal at:
 571 18th Avenue, Newark, NJ 07103
 PROJECT Start date: 02/13/2017



| Location of asbestos-containing material to be abated in facility | Is location normally used solely by maintenance / custodial staff | Description of ACM | Amount (LF or SF) | Remove | Wrap & Cut |
|---|---|----------------------------------|-------------------|--------|------------|
| Bldg. A, 2nd fl. boiler room | NO | Boiler insulation between bricks | 240 sf | X | |
| Bldg. A, 2nd fl. boiler room | NO | Boiler support brick | 240 sf | X | |
| Bldg. A, 2nd fl. boiler room | NO | Fire brick & mortar | 240 sf | X | |
| Bldg. A, 2nd fl. boiler room | NO | Gasket | 2 sf | X | |
| Building C | NO | Roof Flashing | 1,350 lf | X | |
| Building C boiler room roof | NO | Roof shingles & tar paper | 800 sf | X | |
| Building C | NO | VAT & mastic | 2,280 sf | X | |
| Building C | NO | Cove base with mastic | 200 lf | X | |
| Building E | NO | Roof Flashing | 1,300 LF | X | |
| Building A | NO | Roof Flashing | 1,600 LF | X | |
| Bldg. B 4 th fl. roof | NO | Rood flashing | 1,600 LF | X | |
| Bldg. D Roof | NO | Roof flashing | 1,200 LF | X | |
| Bldg. E, interior roof incl. tectum ceiling | NO | Black mastic | 3,000 SF | X | |
| Bldgs. A & C 1 st & 2 nd floors | NO | Pipe insul, elbows & joints | 510 LF | | X |
| Bldgs. A, B, & E | NO | Exterior Window Caulk | 2,850 LF | X | |
| Throughout buildings A, B, C, & E | NO | Fire Doors | 1,200 LF | X | |

CK# 3097

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



Date of Notification (1) 2/2/17

Name of Building Owner/Operator (2) Jason Standard

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

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

Street Address: [REDACTED]

City, State, Zip Code: West Orange, New Jersey 07092

Name of Contact: Jason

Telephone Number: _____

FACILITY INFORMATION

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

Street Address: [REDACTED]

City (5) West Orange

County (6) Essex

County Code (7) (STATE USE ONLY) _____

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

Square Feet: 1800, # of Floors: 2, Bldg. Age: 50+

Current Use (Prior if being demolished) Residence

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

ASCM No. _____

Name of Abatement Contractor (9) Ace Insulation Co., Inc

Street Address: 95 Montrose Rd

City, State, Zip Code: Colts Neck, New Jersey

Project Manager for Monitoring Firm: _____ Telephone No. _____

Telephone No. 732 294 1757 License No. 00029

Start Date (10) 2/11/17 Scheduled Completion Date (11) 2/16/17

Name of OSHA Monitor _____

Occupancy Status During Abatement (Check Only One): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: 7AM-2PM

Street Address: _____

City, State, Zip Code: _____

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

| Location of Asbestos-Containing Material (ACM) <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>basement</u> | | | <input checked="" type="checkbox"/> | <u>floor + low/mo + c</u> | <u>800 lf</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |

Name of Registered Waste Hauler: Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.: 12086

Cubic Yards of Waste: 4

Name of Registered Landfill: Chrins Landfill

City, State: Colts Neck, New Jersey

Disposal Date: 2/16/17

City, State: Easton, PA

Completed by: Bree McGuire

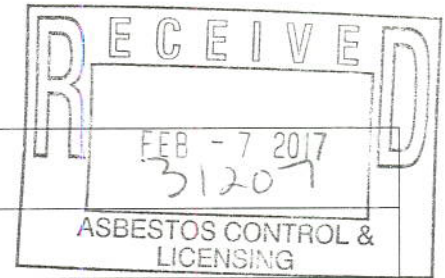
Title: Secretary Treasurer

Signature: [Signature]

Date: 2/2/17

CK 31207

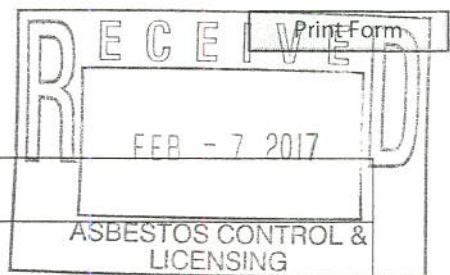
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



| Date of Notification (1) <u>02</u> / <u>02</u> / <u>17</u> | | Name of Building Owner/Operator (2) Lertch Wrecking & Disposal | | | | | | | | |
|---|--|---|----------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 5115 Belmar Blvd. | | | | | | | | |
| | | City, State, Zip Code Wall, NJ 07727 | | | | | | | | |
| | | Name of Contact Doug | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | | |
| City (5) Point Pleasant | Square Feet 1200 | # of Floors 1 | Bldg. Age 65 | | | | | | | |
| County (6) Ocean | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 732-349-9932 | License No. 00624 | | | | | | | |
| Start Date (10) <u>02</u> / <u>14</u> / <u>17</u> | Scheduled Completion Date (11) <u>02</u> / <u>15</u> / <u>17</u> | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton | | | | | | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | | |
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1200 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 02/16/17 | | City, State Tullytown, Pennsylvania | | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | Signature | | | | Date 2/2/17 | | | |

CK 5288

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



| | | | |
|---|--|---|------------------|
| Date of Notification (1) 2/2/17 | | Name of Building Owner/Operator (2) Yoni Spinrad | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | |
| | | Name of Contact Yoni | Telephone Number |

FACILITY INFORMATION

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

| | | | | |
|---|--|---|--|---------------------|
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 732-668-9078 | License No. 1200 |

| | | | | |
|--|---|--|--|--|
| Start Date (10) 2/12/17 | Scheduled Completion Date (11) 2/15/17 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | |

Scope of Work (Check All That Apply)

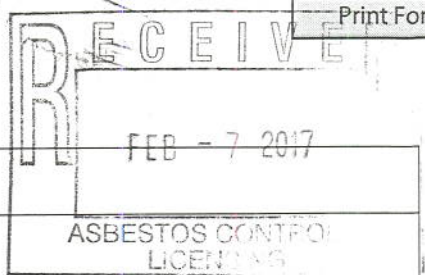
| | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) 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 | 4300SF | x | | | |
| INTERIOR | | | | Piping | 50 LF | x | | | |
| INTERIOR | | | | Boiler Insulation | 20SF | x | | | |

| | | | | | |
|---|--|------------------------------------|----------------------------|-------------------------------------|------|
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 15 | Name of Registered Landfill IESI | |
| City, State NEWARK, NJ | | Disposal Date 2/15/17 | | City, State BETHLEHEM PA | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | Date |

CK 6317

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



| | | | |
|---|--|--|------------------|
| Date of Notification (1) 2/3/2017 | | Name of Building Owner/Operator (2) MORRIS COUNTY GOLF CLUB | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 36 PUNCH BOWL ROAD | |
| | | City, State, Zip Code MORRISTOWN, NEW JERSEY 07960 | |
| | | Name of Contact DAN BROMAGE | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|---|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) MAIN CLUB HOUSE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 36 PUNCH BOWL ROAD | | Square Feet 35,272 | # of Floors 3 |
| City (5) MORRISTOWN | | Bldg. Age 1920 | |
| County (6) MORRIS | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) BUSINESS-GOLF CLUB | |

| | | | | |
|---|-------------------------------|--|--|--|
| Name of Monitoring Firm Hired by Building Owner (8) BIOTERRA ENVIRONMENTAL SOLUTIONS | | ASCM No. | Name of Abatement Contractor (9) INCINIA CONTRACTING, INC | |
| Street Address 1030 CHESTNUT STREET #1224 | | Street Address 1360 CLIFTON AVENUE, UNIT 365 | | |
| City, State, Zip Code UNION, NEW JERSEY 07083 | | City, State, Zip Code CLIFTON, NEW JERSEY 07012 | | |
| Project Manager for Monitoring Firm RICK EUSTAQUIO | Telephone No. 973-494-3762 | Telephone No. 973-450-9500 | License No. 01036 | |

| | | | | |
|--|---|--|--|--|
| Start Date (10) 2/4/2017 | Scheduled Completion Date (11) 2/10/2017 | Name of OSHA Monitor INCINIA CONTRACTING, INC | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 1360 CLIFTON AVENUE, UNIT 365 | | |
| | | City, State, Zip Code CLIFTON, NEW JERSEY 07012 | | |

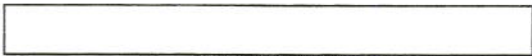
Scope of Work (Check All That Apply)

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

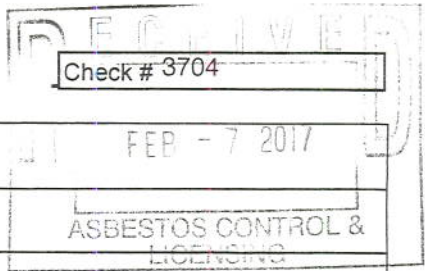
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| FIRST FLOOR CORRIDOR | | X | | SPRAY-ON FIREPROOFING | 400 SF | X | | | |
| MEN'S BATHROOM OFFICE | | X | | SPRAY-ON FIREPROOFING | 400 SF | X | | | |
| MEN'S BATHROOM OFFICE | | X | | GREY PLASTER | 400 SF | X | | | |

| | | | | | |
|---|-----------------------------|------------------------------------|------------------------------|--|--|
| Name of Registered Waste Hauler ATLANTIC CARTING | | NJDEP Waste Hauler ID No. NJ641 | Cubic Yards of Waste 40 | Name of Registered Landfill GRAND CENTRAL SANITARY LANDFI | |
| City, State WAYNE, NEW JERSEY 07470 | | Disposal Date TBD | City, State PEN ARGYL, PA | | |
| Completed by MILENA ZORIC | Title EXECUTIVE DIRECTOR | Signature | Date 2/3/2017 | | |

Project #



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



Check # 3704

| | | | |
|--|--|---|------------------|
| Date of Notification (1) 02/03/2017 | | Name of Building Owner/Operator (2) Lincoln Park BOE | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 92 Ryerson Rd | |
| | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| | | Name of Contact Henry Hernandez | Telephone Number |

| FACILITY INFORMATION | | | |
|---|-------------------------------------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Elementary 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 & commercial buildings, homes, etc.) | |
| Street Address 274 Pine Brook Rd | | Square Feet | # of Floors |
| City (5) Lincoln Park | | Bldg. Age | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | | |
|---|--|---|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental | | ASCM No. | Name of Abatement Contractor (9) Nick Restoration LLC | |
| Street Address 275 Rt 10 East | | Street Address 72 Brookside Rd | | |
| City, State, Zip Code Succassuna, NJ 07876 | | City, State, Zip Code Randolph, NJ 07869 | | |
| Project Manager for Monitoring Firm Michael Berta | | Telephone No. 973-920-9061 | Telephone No. 973933-2550 | License No. 01133 |

| | | | | |
|--|--|--|--|--|
| Start Date (10) 02/16/2017 | Scheduled Completion Date (11) 02/18/2017 | Name of OSHA Monitor IRIS | | |
| 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 2333 Rt 22 West | | |
| | | City, State, Zip Code Union, NJ 07083 | | |

Scope of Work (Check All That Apply)

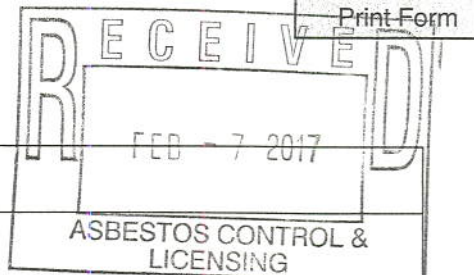
| | | |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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 |
| Gym area | | X | | TSI | 8 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--------------------|--------------------------------------|-----------------------------|--|--|
| Name of Registered Waste Hauler Nick Restoration LLC | | NJDEP Waste Hauler ID No. 0033782 | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W.S | |
| City, State Randolph, NJ | | Disposal Date TBD | | City, State Tullytown, Pa | |
| Completed by Elvira Mrda | Title President | Signature <i>Elvira Mrda</i> | | Date 02/03/2017 | |

CH 5957

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



| | | | |
|--|---|---|------------------|
| Date of Notification (1) 2/3/17 | | Name of Building Owner/Operator (2) Mohamed Njeidi | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 14 Holden Blvd. | |
| | | City, State, Zip Code Staten Island NY 10314 | |
| | | Name of Contact Mohamed | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) Vacant Warehouse | | 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 36 Hyers St | | Square Feet 1000+ | # of Floors 1 |
| City (5) Toms River NJ 08753 | | Bldg. Age 35+ | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) warehouse | |
| 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. 00727 |
| Start Date (10) 2/14/17 | Scheduled Completion Date (11) 2/21/17 | 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)

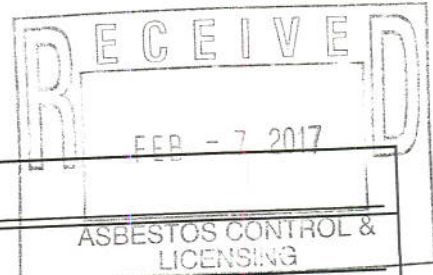
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> 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 | 600 SF | x | | | |
| small flat roof | | | x | Flashing | 100 IF | x | | | |
| loft area | | | x | Floor Tile | 800 SF | x | | | |
| warehouse area | | | x | Transite pipe | 15 LF | x | | | |

| | | | | | |
|--|--|------------------------------------|---------------------------|---|----------------|
| Name of Registered Waste Hauler United Roll Off | | 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 2/21/17 | | City, State Morrisville PA 19067 | |
| Completed by Anthony T Perna | | Title President | Signature | | Date 2/3/17 |

CK 1748

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



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

FACILITY INFORMATION

| | | | |
|--|--|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) <u>Residence</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet <u>1700 SF</u> | # of Floors <u>2</u> |
| City (s) <u>Bellmawr</u> | | Bldg. Age <u>40 yrs</u> | |
| County (6) <u>Camden</u> | County Code(7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>Vacant</u> | |

| | | | | |
|--|--|---|--|--|
| Name of Monitoring Firm Hired by Building Owner (8) _____ | | ASCM No. _____ | Name of Abatement Contractor (9) <u>AEi2, LLC</u> | |
| Street Address _____ | | Street Address <u>361 E. Fleming Pike</u> | | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>Hammonton, NJ 08037</u> | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>609-481-2122</u> | License No. <u>00689</u> | |
| Start Date (10) <u>2/12/17</u> | Scheduled Completion Date (11) <u>2/18/17</u> | | Name of OSHA Monitor <u>AEi2, LLC</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>361 E. Fleming Pike</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 | | City, State, Zip Code <u>Hammonton, NJ 08037</u> | | |

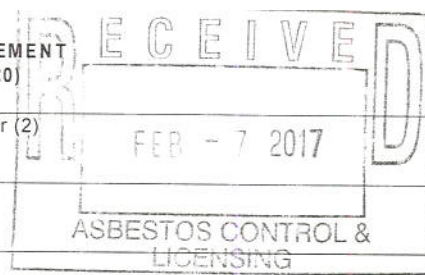
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|----------|--|---------------------------|----------------|--------|---------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulation | Enclosure |
| <u>Basement</u> | | | <u>X</u> | <u>HVAC Ducts</u> | <u>250 LF</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|---|----------------------------------|---|-----------------------|
| Name of Registered Waste Hauler <u>AEi2, LLC</u> | | NJDEP Waste Hauler ID No. <u>21376</u> | Cubic Yards of Waste <u>1</u> | Name of Registered Landfill <u>TBD</u> | |
| City, State <u>Hammonton, NJ</u> | | Disposal Date <u>TBD</u> | | City, State <u>TBD</u> | |
| Completed By <u>Wm. Minnick</u> | | Title <u>Program Mgr.</u> | Signature | | Date <u>2/2/17</u> |

CK 1151

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

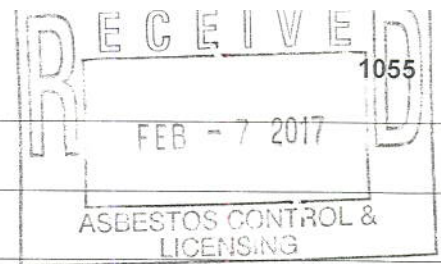


1151

| Date of Notification (1) February 03, 2017 | | Name of Building Owner/Operator (2) KB Newark, LLC | | | | | | | | |
|--|---|---|------------------------------------|--|---------------------------|-------------------------------------|--------|-----------------------|-----------|--|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | | |
| Street Address 6-02 Fair Lawn Ave. | | City, State, Zip Code Fair Lawn NJ 07410 | | | | | | | | |
| Name of Contact Project Manager | | Telephone Number | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) former Cardolite | | 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 500 Doremus | | Square Feet TBD | # of Floors TBD | | | | | | | |
| City (5) Newark, NJ | | Bldg. Age TBD | | | | | | | | |
| County (6) Essex | | County Code (7) <i>(STATE USE ONLY)</i> | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | ASCM No. | | | | | | | | |
| Street Address 907 Doolittle Drive | | Name of Abatement Contractor (9) The MACK Group, LLC. | | | | | | | | |
| City, State, Zip Code Bridgewater, NJ 08807 | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. (908) 218-1108 | License No. 00781 | | | | | | | |
| Start Date (10) 12/05/16 | Scheduled Completion Date (11) 12/05/17 | Name of OSHA Monitor The MACK Group, LLC. | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| Bld 1 | <input checked="" type="checkbox"/> | | | Transite | 360sf | <input checked="" type="checkbox"/> | | | | |
| "- | <input checked="" type="checkbox"/> | | | vessel | 300 s/f | <input checked="" type="checkbox"/> | | | | |
| Bld 2 | <input checked="" type="checkbox"/> | | | pipe | 720 lf | <input checked="" type="checkbox"/> | | | | |
| "- | <input checked="" type="checkbox"/> | | | vessel | 635 s/f | <input checked="" type="checkbox"/> | | | | |
| Name of Registered Waste Hauler Newark Carting / Spartan Environmental | | NJ DEP Waste Hauler ID No. 22253 | Cubic Yards of Waste TBD | Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF | | | | | | |
| City, State Newark, NJ | | Disposal Date 12/05/17 | | City, State Newburg / Imperial / Morrisville, PA | | | | | | |
| Completed by Michael Cooper | | Title President | | Signature | | | | Date 2/3/17 | | |

NO CK

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



| | | | |
|--|--|---|------------------|
| Date of Notification (1) November 15, 2016 | | Name of Building Owner/Operator (2) Phoenix | |
| 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 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 | 333 Broad Street City, State, Zip Code Red Bank, NJ 07701 | |
| | | Name of Contact Project Manager | Telephone Number |

FACILITY INFORMATION

| | | | | |
|--|---|---|--------------------|------------------|
| Name of Facility Where Abatement is Taking Place (3) former Cardolite | | Type of Facility (4) | | |
| Street Address 500 Doremus | | <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) Newark, NJ | | Square Feet TBD | # of Floors TBD | Bldg. Age TBD |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) facility | | |

| | | | | |
|--|--|--|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | ASCM No. | Name of Abatement Contractor (9) The MACK Group, LLC. | |
| Street Address 907 Doolittle Drive | | Street Address 1500 Kings HWY N, STE 209 | | |
| City, State, Zip Code Bridgewater, NJ 08807 | | City, State, Zip Code Cherry Hill, NJ 08034 | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. (908) 218-1108 | Telephone No. (973) 759 - 5000 | License No. 00781 |

| | | | | |
|--|---|--|--|--|
| Start Date (10) 10/30/16 | Scheduled Completion Date (11) 4/30/17 | Name of OSHA Monitor The MACK Group, LLC. | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1500 Kings HWY N, STE 209 | | |
| <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 Cherry Hill, NJ 08034 | | |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u> | 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 |
| Bld 1 | <input checked="" type="checkbox"/> | | | Roofing | 4150 s/f | <input checked="" type="checkbox"/> | | | |
| "-" | <input checked="" type="checkbox"/> | | | vessel | 300 s/f | <input checked="" type="checkbox"/> | | | |
| Bld 2 | <input checked="" type="checkbox"/> | | | pipe | 405 lf | <input checked="" type="checkbox"/> | | | |
| "-" | <input checked="" type="checkbox"/> | | | vessel | 35 s/f | <input checked="" type="checkbox"/> | | | |

| | | | | | |
|---|--|-------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler Newark Carting / Spartan Environmental | | NJ DEP Waste Hauler ID No. 22253 | Cubic Yards of Waste TBD | Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF | |
| City, State Newark, NJ | | Disposal Date 4/30/17 | | City, State Newburg / Imperial / Morrisville, PA | |
| Completed by Michael Cooper | | Title President | Signature | Date 11/15/16 | |

NO CK

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

RECEIVED
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ASBESTOS CONTROL & LICENSING

| | | | |
|--|--|--|------------------|
| Date of Notification (1) November 29, 2016 | | Name of Building Owner/Operator (2) KB Newark, LLC | |
| Agencies Notified | Type Notification | Street Address 6-02 Fair Lawn Ave. | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fair Lawn NJ 07410 | |
| | | Name of Contact Project Manager | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|---|---------------------------|
| Name of Facility Where Abatement is Taking Place (3) former Cardolite | | Type of Facility (4) | |
| Street Address 500 Doremus | | <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) Newark, NJ | | Square Feet TBD | # of Floors TBD |
| County (6) Essex | | Bldg. Age TBD | |
| County Code (7) <i>(STATE USE ONLY)</i> | | Current Use (Prior if being demolished) facility | |


| | | | | |
|---|--|---|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | ASCM No. | Name of Abatement Contractor (9) The MACK Group, LLC. | |
| Street Address 907 Doolittle Drive | | Street Address 1500 Kings HWY N, STE 209 | | |
| City, State, Zip Code Bridgewater, NJ 08807 | | City, State, Zip Code Cherry Hill, NJ 08034 | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. (908) 218-1108 | Telephone No. (973) 759 - 5000 | License No. 00781 |

| | | | |
|---|--|---|--|
| Start Date (10) 12/05/16 | Scheduled Completion Date (11) 5/31/17 | Name of OSHA Monitor The MACK Group, LLC. | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1500 Kings HWY N, STE 209 | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____ | | City, State, Zip Code Cherry Hill, NJ 08034 | |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/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 |
| Bld 1 | <input checked="" type="checkbox"/> | | | Roofing | 4150 s/f | <input checked="" type="checkbox"/> | | | |
| "- | <input checked="" type="checkbox"/> | | | vessel | 300 s/f | <input checked="" type="checkbox"/> | | | |
| Bld 2 | <input checked="" type="checkbox"/> | | | pipe | 405 lf | <input checked="" type="checkbox"/> | | | |
| "- | <input checked="" type="checkbox"/> | | | vessel | 35 s/f | <input checked="" type="checkbox"/> | | | |

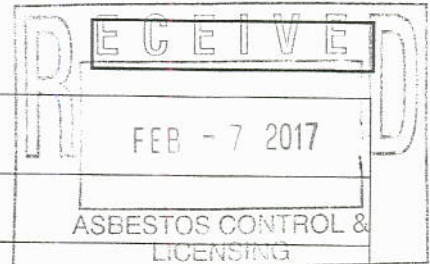
| | | | | | |
|--|--|--|---|--|-------------------------|
| Name of Registered Waste Hauler Newark Carting / Spartan Environmental | | NJ DEP Waste Hauler ID No. 22253 | Cubic Yards of Waste TBD | Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF | |
| City, State Newark, NJ | | Disposal Date 5/31/17 | | City, State Newburg / Imperial / Morrisville, PA | |
| Completed by Michael Cooper | | Title President | Signature  | | Date 11/29/16 |

| 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 |
| Bld 2 | X | | | roofing | 325 s/f | X | | | |
| "- | X | | | transite | 3160 s/f | X | | | |
| Bld 3 | X | | | transite | 880 s/f | X | | | |
| "- | X | | | window caulk | 10lf | X | | | |
| Bld 4 | X | | | transite | 400 s/f | X | | | |
| "- | X | | | roofing | 1500 s/f | X | | | |
| Bld 5 | X | | | transite | 480 s/f | X | | | |
| "- | X | | | pipe | 220 lf | X | | | |
| Bld 1 | X | | | roof caulk | 200 lf | X | | | |
| Bld 7 | X | | | pipe | 100 lf | X | | | |
| Bld 10 | X | | | tar coating on metal panels | 3500 s/f | X | | | |
| Bld 12 | X | | | transite | 1075 s/f | X | | | |
| "- | X | | | pipe | 215 lf | X | | | |
| pipe gaskets | X | | | gaskets | 400 | X | | | |
| Bld 21 | X | | | pipe | 230 lf | X | | | |
| "- | X | | | Vat/Mastic | 200 s/f | X | | | |
| base of tanks | X | | | black sealant | 250 sf | X | | | |
| exterior pipe | X | | | pipe | 970 lf | X | | | |
| misc | X | | | vessel | 400 s/f | X | | | |
| misc structures | X | | | transite | 560 s/f | X | | | |
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 ASBESTOS CONTROL & LICENSING

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

Check#2708



| | | | |
|---|--|---|------------------|
| Date of Notification (1) 02 / 03 / 17 | | Name of Building Owner/Operator (2) "La Property Investment" | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code Bergenfield, NJ 07621 | |
| | | Name of Contact Damaris Posada | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|----------------------------------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet | # of Floors |
| City (5) Bergenfield, NJ 07621 | | Bldg. Age | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

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

| | | | |
|---|--|---|--|
| Start Date (10) 02 / 13 / 17 | Scheduled Completion Date (11) 02 / 14 / 17 | Name of OSHA Monitor Envirovision Consultants, Inc | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM | | Street Address 20-21 Wagaraw Road, Bldg. # 35E | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | |

Scope of Work (Check all that apply)

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

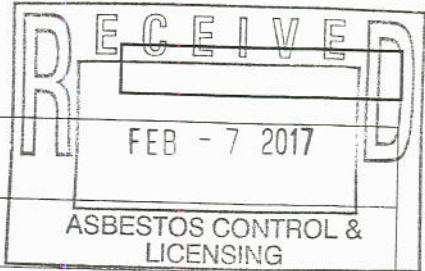
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 45 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------------------|------------------------------------|---|
| Name of Registered Waste Hauler Gr Tech LLC | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | City, State Tullytown, PA |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>Damaris Posada</i> | Date 02/03/17 |

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

Check#2709

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



Date of Notification (1)
02 / 03 / 17

Name of Building Owner/Operator (2)
Alison Fairchild

- EPA
- DOLWD
- DHSS
- DCA (NJAC 5:23-8)

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

Street Address
[REDACTED]

City, State, Zip Code
Oxford, NJ 07863

Name of Contact
Alison Fairchild

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house

- Type of Facility (4)
- School (K-12)
 - Subchapter 8 (Other than K-1 2)
 - Other (i.e., private and commercial buildings, homes, etc.)

Street Address
[REDACTED]

City (5)
Oxford, NJ 07863

Square Feet # of Floors Bldg Age

County (6)
Warren

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

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No. Name of Abatement Contractor (9)
Gr Tech LLC

Street Address

Street Address
576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No. Telephone No. License No.
973-638-1777 01127

Start Date (10)
02 / 14 / 17

Scheduled Completion Date (11)
02 / 15 / 17

Name of OSHA Monitor
Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM

Street Address
20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code
Fair Lawn, NJ 07410

- Scope of Work (Check all that apply)
- >3 sf or >3 If
 - > 160 sf or >260 If
 - Renovation
 - Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Duct insulation | 30 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Registered Waste Hauler
Gr Tech LLC

NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill
0033785 TBD T.R.R.F. Inc

City, State Disposal Date City, State
Wayne, NJ 07470 TBD Tullytown, PA

Completed By (Print or Type) Title Signature Date
N.Jevtic Owner [Signature] 02/03/17

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

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

RECEIVED
FEB - 7 2017
ASBESTOS CONTROL & LICENSING

| | | | |
|--|--|---|---------------------------|
| Date of Notification (1) <u>1/18/17</u> | | Name of Building Owner/Operator (2) <u>TA Properties</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>268 Spruce Ave.</u> | |
| | | City, State, Zip Code <u>Maple Shade, NJ 08052</u> | |
| | | Name of Contact <u>Thomas Taylor</u> | Telephone Number _____ |

FACILITY INFORMATION

| | | | |
|--|---|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) <u>Residential</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 _____ | | Square Feet <u>1200</u> | # of Floors <u>1</u> |
| City (5) <u>Pennsauken, NJ 08110</u> | | Bldg. Age <u>80+/-</u> | |
| County (6) <u>Camden</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) _____ | |

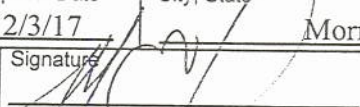
| | | | |
|--|--|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) <u>NA</u> | ASCM No. _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Street Address _____ | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm _____ | Telephone No. <u>(609) 259-9688</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> |

| | | | |
|--|---|--|--|
| Start Date (10) <u>1/31/17</u> | Scheduled Completion Date (11) <u>2/3/17</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 type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

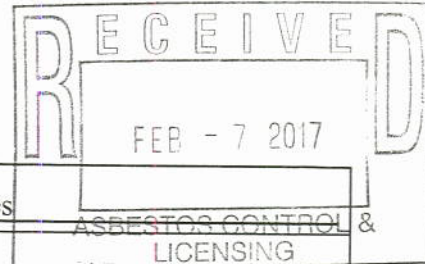
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|-----|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| <u>Exterior</u> | | <input checked="" type="checkbox"/> | | <u>Transite Siding</u> | <u>900 sf</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
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| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>3 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>2/3/17</u> | City, State <u>Morrisville, PA</u> |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature  | Date <u>1/18/17</u> |

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

NO Cx

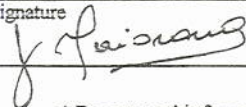
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



| Date of Notification (1) <u>1/18/17</u> | | Name of Building Owner/Operator (2) <u>TA Properties</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address <u>268 Spruce Ave.</u> | | | | | | |
| | City, State, Zip Code <u>Maple Shade, NJ 08052</u> | | Name of Contact <u>Thomas Taylor</u> | | | | | | |
| | | | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Residential</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 _____ | | Square Feet <u>1200</u> | # of Floors <u>1</u> | | | | | | |
| City, State, Zip Code <u>Pennsauken, NJ 08110</u> | | Bldg Age <u>80+/-</u> | | | | | | | |
| County (6) <u>Camden</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) _____ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>NA</u> | | ASCM No. _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | | |
| Street Address _____ | | Street Address <u>PO Box 322</u> | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> | | | | | | |
| Start Date (10) <u>1/31/17</u> | Scheduled Completion Date (11) <u>3/31/17</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 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 |
| <u>Exterior</u> | | <input checked="" type="checkbox"/> | | <u>Transite Siding</u> | <u>900 sf</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>3 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> | | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>3/31/17</u> | City, State <u>Morrisville, PA</u> | | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | | Title <u>Project Manager</u> | Signature | | | Date <u>2/3/17</u> | | | |

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

UC 3950

| Date of Notification (1) 2/3/17 | | Name of Building Owner/Operator (2) EXECUTIVE PROPERTY 2003 LLC, ET AL | | | | | | | |
|---|--|---|---|---|---------------------------|-----------------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address P.O. BOX 940 | | | | | | | |
| | | City, State, Zip Code MONSEY NY 10952 | | | | | | | |
| | | Name of Contact ELI SCHISSELFELD | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) EXECUTIVE PROPERTY 2003 LLC, ET AL | | 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 25A JOHANNON AVE | | Square Feet 18000 | # of Floors 3 | | | | | | |
| City (5) BELLEVIEWE | | Bldg. Age 70 YEARS | | | | | | | |
| County (6) ESSEX | County Code (7) <small>(STATE USE ONLY)</small> | Current Use (Prior if being demolished) APT | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | | | |
| Street Address | | Street Address 450 South River Street | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, NJ 07601 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-329-7444 | License No. 00388 | | | | | | |
| Start Date (10) 2/15/17 | Scheduled Completion Date (11) 2/16/17 | Name of OSHA Monitor Omega Environmental | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2 AM TO 5:00 PM | | Street Address 280 Huyler Street | | | | | | | |
| | | City, State, Zip Code South Hackensack, NJ 07606 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 BOLLER ROOM | | | | THERMAL SYSTEM INSULATION | 20 LF | X | | | |
| BASEMENT GAS METER ROOM | | | | THERMAL SYSTEM INSULATION | 50 LF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 2 yds | Name of Registered Landfill Minverva Enterprises, LLC | | | | | |
| City, State Hackensack, NJ 07601 | | Disposal Date 2/16/17 | | City, State Waynesburg, OH 44688 | | | | | |
| Completed by J. Maiorano | | Title Estimator | Signature  | | | Date 2/3/17 | | | |

JO EK
 ON HOLD 2/2/17

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

RECEIVED
 FEB - 7 2017
 ASBESTOS CONTROL & LICENSING

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

FACILITY INFORMATION

| | | | |
|--|---|---|--------------------|
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | |
| Street Address 1346 Route 23 | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Wayne | | Square Feet 3100 | # of Floors 1 |
| County (6) Passaic | | Bldg. Age 63 | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | License No. 703 |
| Start Date (10) 2/6/17 | Scheduled Completion Date (11) 3/31/17 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

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

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

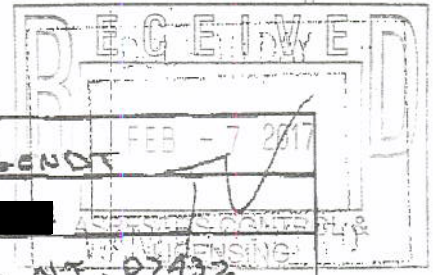
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:27)



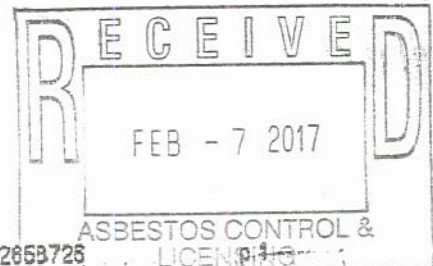
| | | | | | | | | |
|--|--|--|--|--|-----------------------|---------|--------|---------------|
| Date of Notification (1) 2/3/17 | | Name of Building Owner/Operator (2) MS. SANDRA SCARRY | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOB <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | | | | | | |
| | | City, State, Zip Code RIDGEWOOD, NJ, 07450 | | | | | | |
| | | Name of Contact MS. SANDRA SCARRY | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MS. SCARRY | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Synagogue & (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | Square Feet 2000 | # of Floors 2 | | | | | |
| City (5) RIDGEWOOD | | Bldg. Age 1940 | | | | | | |
| County (6) BERGEN | | County Code (7) <small>STATE USE ONLY</small> | 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 Street | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, NJ 07601 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-329-7444 | License No. 00388 | | | | | |
| Start Date (10) 2/6/17 | Scheduled Completion Date (11) 2/7/17 | | Name of OSHA Monitor Omega Environmental | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30AM TO 3:00PM | | | Street Address 280 Huyler Street | | | | | |
| | | | City, State, Zip Code South Hackensack, NJ 07606 | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2160 sf or 2160 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Cleaving Procedure <input type="checkbox"/> Non-Enclosed (*) and Non-Feasible Procedures | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) TO BE ABATED Basement | 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) 60LF | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Decontaminate |
| | | | THERMAL SYSTEM INSULATION | | X | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NIDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 2/1007 | Name of Registered Landfill Minerva Enterprises, LLC | | | | |
| City, State Hackensack, NJ 07601 | | Disposal Date 2/7/16 | | City, State Waynesburg, OH 44688 | | | | |
| Completed by J. Maioreno | | Title Estimator | Signature <i>J. Maioreno</i> | | Date 2/3/17 | | | |

CL-3949

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-44 and 12:120)



| | | | |
|---|--|---|--|
| Date of Notification (1) 2/3/17 | | Name of Building Owner/Operator (2) MR. TRUSTAN VAN GENDT | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code MIDLAND PARK, NJ, 07432 | |
| Name of Facility Where Abatement is Taking Place (3) MR. TRUSTAN VAN GENDT | | Name 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 [REDACTED] | | Square Feet 1800 | # of Floors 2 |
| City (3) MIDLAND PARK | | Bldg. Age 1945 | |
| Country (6) BERGEN | | County Code (7) <i>(STATE USE ONLY)</i> | 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 Street | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, NJ 07601 | |
| Project Manager for Monitoring Firm | | Telephone No. 201-329-7444 | Licence No. 00388 |
| Start Date (10) 2/7/17 | Scheduled Completion Date (11) 2/8/17 | | Name of OSHA Monitor Omega Environmental |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30AM TO 5PM | | Street Address 280 Huyler Street | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> <math>25' <math>or <math>25' lf <input type="checkbox"/> <math>2160' <math>or <math>2260' lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code South Hackensack, NJ 07606 | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Choking Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Basement | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Abatement Type |
| | Yes | No | |
| | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) |
| | FIBERGLASS SYSTEM INSULATION | | 75LF X |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Name of Registered Landfill Minerva Enterprises, LLC |
| City, State Hackensack, NJ 07601 | | Cubic Yards of Waste 2/227 | City, State Waynesburg, OH 44688 |
| Disposal Date 2/8/17 | | | |
| Completed by J. Maiorano | Title Estimator | Signature <i>J. Maiorano</i> | Date 2/3/17 |



Feb 03 17, 12:30p BLContracting Inc.

9732659726 LICENSING

check # 419

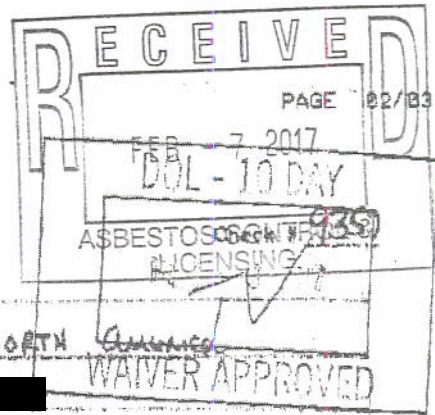
Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:128)

| | | | | | | | | | | |
|---|--|---|--|---|---------------------------------|----------------|--------|-------------|---------|--|
| Date of Notification (1) 2/3/2017 | | Name of Building Owner/Operator (2) Hawthorne Square LLC / William K. Howes II | | | | | | | | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCJ <input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment B Emergency (including justification) <input type="checkbox"/> Cancellation | 60 Woodbridge Center Drive #1600 | Woodbridge, NJ 07095 | | | | | | | |
| Name of Contact Jeremiah Fleming | | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hawthorne Square LLC | | Type of Facility (4) | | | | | | | | |
| Street Address 50 Fifth Ave | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| City (5) Hawthorne | | Square Feet 60,000 | # of Floors 1 | | | | | | | |
| County (6) Passaic | | County Code (7) (N.J.A.C. USE ONLY) 01500 | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) | | | | | | | |
| Street Address | | | BL Contracting Inc. | | | | | | | |
| City, State, Zip Code | | | 5 Marquente Lane TOWACO NJ 07082 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. License No. | | | | | | | |
| | | | 973-901-0153 01265 | | | | | | | |
| Start Date (10) 2/4/2017 | Scheduled Completion Date (11) 2/10/2017 | Name of OSHA Monitor BL Contracting Inc. | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | 5 Marquente Lane TOWACO NJ 07082 | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | |
| <input type="checkbox"/> 23 of or 22 if 2160 sf or 2260 if | | <input checked="" type="checkbox"/> Renovation Demolition | <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glowing Procedure Non-Exempted (C) and Non-Frable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) | | | 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 | Enclose | |
| siding | | X | | transite | 1400 SF | X | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | N.J.OEP Waste Hauler ID No. 26085 | Cubic Yards of Waste 15 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | | |
| City, State Wayne NJ | | Disposal Date | City, State Pen Argyl PA | | | | | | | |
| Completed by Marko StanKovic | | Title Project Manager | Signature | Date 2/3/2017 | | | | | | |

02/03/2017 15:20 2012620321

AMAC



CK93507

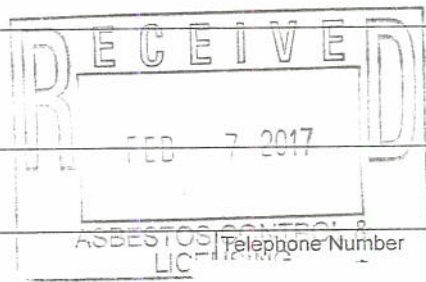
STATE of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

| | | | | | | | |
|--|--|--|---|--|-----------------------|----------------|------------|
| Date of Notification (1) 2/3/17 | | Name of Building, Owner/Operator (2) ARCHDIOCESE OF NORTH CAROLINA | | | | | |
| Agency Facility <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> NJL <input checked="" type="checkbox"/> BOH <input checked="" type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including installation) <input type="checkbox"/> Remediation | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code ENGLEWOOD, N.J. 07631 | | | | | |
| Name of Contact MATT NOTENBERG | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Substantial (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | Square Feet 2000 | # of Floors 2 | | | | |
| City (8) ENGLEWOOD | | Elev. (ft.) +50 | | | | | |
| County (6) BERGEN | | County Code (7) RESIDENTIAL | | | | | |
| Name of Monitoring Firm (Permit Building Owner) (5) ALERT INC. | | Name of Abatement Contractor (6) A MAD Contracting Inc. | | | | | |
| Street Address | | Street Address | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | |
| Start Date (10) 2/6/17 | | Scheduled Completion Date (11) 2/20/17 | | | | | |
| Name of ASMA Monitor Omega Environmental Services | | Street Address | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10 CFR 101 <input type="checkbox"/> 101.6 or 101.7 | | <input checked="" type="checkbox"/> Remediation <input type="checkbox"/> Other | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Micro-Enclosure <input type="checkbox"/> Encapsulation <input type="checkbox"/> Non-Remediated ("I") and Non-Friction Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Initially Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, V.A.T., or other miscellaneous) | Amount (Specify CF or L ³) | | Abatement Type | |
| | Yes | No | | N/A | Removal | Encaps | Excavation |
| BASEMENT | | | PIPE INSULATION | 24 LB | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | N.J.DEP Waste Holder ID No. 04609 | Cubic Yards of Waste 1 | Name of Registered Landfill IEGI PA Bethlehem Landfill Corp. | | | |
| City, State Newark, NJ | | Disposal Date 2/6/17 | City, State Bethlehem, PA | | | | |
| Prepared by Joseph Vozatura | | Title Vice President | Signature <i>J. Vozatura</i> | | Date 2/3/17 | | |

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

Check # 11509

| | | | |
|--|--|---|--|
| Date of Notification (1) February 3, 2017 | | Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center | |
| Agencies Notified | Type Notification | Street Address | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #_ <input type="checkbox"/> Cancellation | 1925 Pacific Avenue | |
| | | City, State & Zip Code Atlantic City, NJ 08401 | |
| | | Name of Contact William Malazita | |



FACILITY INFORMATION

| | | | |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center | | 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, home, etc.) | |
| Street Address 1925 Pacific Avenue | | Square Feet | # of Floors |
| City (5) Atlantic City, NJ | | Bldg. Age 118 Years | |
| County (6) Atlantic | | Current Use (Prior if being demolished) Hospital | |
| County Code (7) USE ONLY | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc. | | ASCM No. | Name of Abatement Contractor (9) Synatech, Inc. |
| Street Address 1600 Route 22 East, Ste 107 | | Street Address 829 Radio Road | |
| City, State & Zip Code Union, NJ 07083 | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |
| Project Manager for Monitoring Firm Stephen Cherepany | | Telephone Number 908-688-7800 | Telephone Number 609-296-6916 |
| Scheduled Start Date (10) February 17, 2017 | | Scheduled Completion Date (11) March 17, 2017 | License Number 00817 |
| 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Name of OSHA Monitor Synatech, Inc. | |
| | | Street Address 829 Radio Road | |
| | | City, State & Zip Code Little Egg Harbor, NJ 08087 | |

Scope of Work (Check all that apply)

| | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

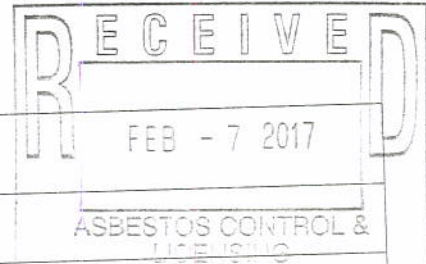
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Hallway, Starting at Gym 1 Door | | | X | Floor Tile and Mastic | 216 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|---|---|----------------------------------|--|--|
| Name of Registered Waste Hauler Synatech, Inc. | | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 6 | Name of Registered Landfill Fairless Hills | |
| City, State Little Egg Harbor, NJ 08087 | | Disposal Date March 20, 2017 | | City, State Morrisville, PA | |
| Completed By Diane Aloia | Title Executive Administrator | Signature <i>Diane Aloia</i> | | Date February 3, 2017 | |

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CK 3716

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



| | | | |
|--|--|--|------------------|
| Date of Notification (1) 2 / 3 / 17 | | Name of Building Owner/Operator (2) 2005 Investment Corporation | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 3606 Palisade Avenue | |
| | | City, State, Zip Code Union City, NJ 07087 | |
| | | Name of Contact Anthony DeFino | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Apartment 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 4500 Kennedy Avenue | | Square Feet 50,000 | # of Floors 6 |
| City (5) Union City | | Bldg. Age 80 | |
| County (6) Hudson | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Apartments | |
| Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services | | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC |
| Street Address PO Box 341 | | Street Address 623 Cutler Avenue | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Project Manager for Monitoring Firm Bill Weisgarber | Telephone No. 609-298-4070 | Telephone No. 856-755-0099 | License No. 00842 |
| Start Date (10) 02 / 13 / 17 | Scheduled Completion Date (11) 02 / 14 / 17 | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 200 Route 130 North | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 15 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

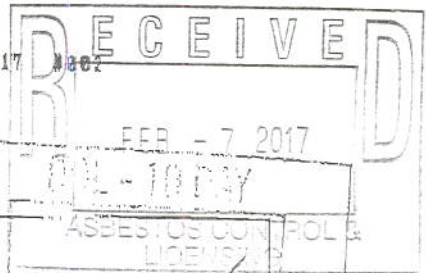
| | | | |
|---|---------------------------------------|----------------------------|---|
| Name of Registered Waste Hauler Freehold Cartage | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 1 | Name of Registered Landfill Cumberland County Landfill |
| City, State Freehold, NJ | Disposal Date 2/14/17 | City, State Newburg, PA | |
| Completed By (Print or Type) Christina Lynch | Title Vice President of Operations | Signature | Date 2/13/17 |

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02/03/2017 11:41

023715

NO. 617 1802



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 6:80 and 6:18)

| | | | | | | | | | | |
|--|---|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Date of Notification (1) 2 / 3 / 17 | | Name of Building Owner/Operator (2) The YMCA Camps | | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-9) | 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 1303 Stokes Road | City, State, Zip Code Medford, NJ 08055 | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Camp Ocklinickon | | 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 1303 Stokes Road | | Square Feet 10,000 | # of Floors 1 | | | | | | | |
| City (5) Medford | | Bldg. Age 80 | | | | | | | | |
| County (6) Burlington | | County Code (7) (STATE USE ONLY) | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) MDO Environmental, LLC | | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | | | |
| Street Address 1000 Maplewood Drive, Suite 270 | | Street Address 823 Cutler Avenue | | | | | | | | |
| City, State, Zip Code Maple Shade, NJ 08052 | | City, State, Zip Code Maple Shade, NJ 08062 | | | | | | | | |
| Project Manager for Monitoring Firm Chris Moran | | Telephone No. 856-758-9300 | License No. 00842 | | | | | | | |
| Start Date (10) 02 / 06 / 17 | Scheduled Completion Date (11) 02 / 07 / 17 | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ AM | | Street Address 200 Route 130 North | | | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 280 ft <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-Frangible Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulation | Enclosure | |
| Dining Hall | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cement Board | 612 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15839 | Cubic Yards of Waste 5 | Name of Registered Landfill Cumberland County Landfill | | | | | | |
| City, State Freehold, NJ | | Disposal Date 02/07/2017 | City, State Newburg, PA | | | | | | | |
| Completed By (Print or Type) Christina Lynch | | Title Vice President of Operations | Signature | | | | Date 2/3/17 | | | |

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