

PAID

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 0062

Date of Notification (1) 02 / 20 / 19		Name of Building Owner / Operator (2) US GYPSUM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 300 MARKLEY STREET		City, State, Zip Code PORT READING, NJ 07064	
Name of Contact WILLIAM ELSEY		Telephone Number 732-726-7208	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) US GYPSUM		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 bldgs., homes, etc.)	
Street Address 300 MARKLEY STREET		Square Feet 100,000	
City (5) PORT READING	County (6) MIDDLESEX	County Code (7)	# Of Floors 1
Current Use (Prior if being demolished) OFFICE / MANUFACTURING		Building Age 40 +	
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		ASCM NO	
Street Address 655 WEST SHORE TRAIL		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code SPARTA, NJ 07871		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm WILLIAM KIERBIL		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 973-729-5649		Telephone Number 973-884-8682	
Sched. Start Date (10) 03 / 11 / 19		Sched. Completion Date (11) 03 / 29 / 19	
License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
1ST FLOOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	SHEETROCK/JOINT COMPOUND	200 SF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste
City, State EAST HANOVER, NJ		Disposal Date	Name of Registered Landfill FAIRLESS LANDFILL
City, State MORRISVILLE, PA			
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>
		Date 02/20/19	

CK # 9485

PAID

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

"OPEN NOTIFICATION"

FEB 22 2019

Date of Notification (1) 2/20/2019		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, J 07068							
		Name of Contact JEFFREY GAZICK	Telephone Number 856-628-2477						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - (LOCATION 1)		Type of Facility (4)							
Street Address Euclid Ave. + Lockwood St.		<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		Square Feet N/A	# of Floors N/A						
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA, INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
Start Date (10) 3/4/2019		Scheduled Completion Date (11) 4/30/2019	License No. 01111						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
<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: OUTDOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANagements		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill FAIRLESS					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 2/20/2019			

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

"OPEN NOTIFICATION"

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Date of Notification (1) 2/20/2019		Name of Building Owner/Operator (2) PSE&G						
Agencies Notified	Type Notification	Street Address 4000 Hadley Road						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, J 07068						
		Name of Contact JEFFREY GAZICK	Telephone Number 856-628-2477					
Name of Facility Where Abatement is Taking Place (3) PSE&G - (LOCATION 2)								
Street Address 41 Euclid Ave.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) NEWARK		Square Feet N/A	# of Floors N/A					
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA, INC.					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111					
Start Date (10) 3/4/2019	Scheduled Completion Date (11) 4/30/2019	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
OUTDOORS		X	PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANagements		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill FAIRLESS				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>		Date 2/20/2019			

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

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Date of Notification (1) 2/20/2019		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, J 07068							
		Name of Contact JEFFREY GAZICK	Telephone Number 856-628-2477						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - (LOCATION 3)		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 Euclid Ave.		Square Feet N/A	# of Floors N/A						
City (5) NEWARK		Bldg. Age N/A							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA, INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
Start Date (10) 3/4/2019		Scheduled Completion Date (11) 4/30/2019	License No. 01111						
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: OUTDOORS		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANagements		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill FAIRLESS					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 2/20/2019					

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Date of Notification (1) 2/20/2019		Name of Building Owner/Operator (2) PSE&G		FEB 22 2019				
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 4000 Hadley Road City, State, Zip Code SOUTH PLAINFIELD, J 07068 Name of Contact JEFFREY GAZICK Telephone Number 856-628-2477				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G (LOCATION 4)			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 65-75 Euclid Ave.			Square Feet N/A					
City (5) NEWARK			# of Floors N/A					
County (6) ESSEX			Bldg. Age N/A					
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA, INC.				
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		City, State, Zip Code SOUTH RIVER, NJ 08882				
City, State, Zip Code MATAWAN, NJ 07747		Telephone No. 732-290-2217		License No. 01111				
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-432-8350		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA				
Start Date (10) 3/4/2019		Scheduled Completion Date (11) 4/30/2019		Street Address 396 WHITEHEAD AVE.				
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: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
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
OUTDOORS		X	PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANagements		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 10		Name of Registered Landfill FAIRLESS		
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 2/20/2019		

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

"OPEN NOTIFICATION"

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Date of Notification (1) 2/20/2019		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, J 07068							
		Name of Contact JEFFREY GAZICK	Telephone Number 856-628-2477						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - (LOCATION 5)		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 77-91 Euclid Ave		Square Feet N/A	# of Floors N/A						
City (5) NEWARK		Bldg. Age N/A							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCN No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA, INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
Start Date (10) 3/4/2019		License No. 01111							
Scheduled Completion Date (11) 4/30/2019		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANagements		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill FAIRLESS					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo			Date 2/20/2019			

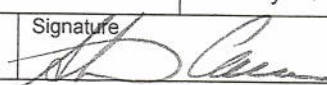
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

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Date of Notification (1) 02/19/2019		Name of Building Owner/Operator (2) E.I. du Pont de Nemours and Company							
Agencies Notified	Type Notification	Street Address 974 Centre Road P.O. Box 2915							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wilmington, DE 19805							
		Name of Contact Bryan Mumink	Telephone Number 856-276-9224						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DuPont Chambers Works - Building 706		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 Canal Road		Square Feet 5900	# of Floors 1						
City (5) Deepwater		Bldg. Age 50+							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No. _____	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333	License No. 00721						
Start Date (10) 03/04/2019	Scheduled Completion Date (11) 03/14/2019	Name of OSHA Monitor Brandenburg							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO- 03/18/2019-03/28/2019		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Pipe Insulation	170 LF	X			
1st Floor			X	Galbestos	4000 SF	X			
Throughout			X	Floor Tile/Mastic	750 SF	X			
Throughout			X	Transite	275 SF	X			
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 100	Name of Registered Landfill Salem County Improvement Authority					
City, State Camden, NJ		Disposal Date 3/11/19-3/21/19		City, State Alloway NJ					
Completed by Stephen Carne		Title Environmental Manager		Signature 			Date 02/19/19		

CK 9369

PAID

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

FEB 22 2019

Date of Notification (1) 02/05/2019		Name of Building Owner/Operator (2) County of Essex					
Agencies Notified	Type Notification	Street Address 900 Bloomfield Avenue					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ					
		Name of Contact Mr. Sanjeev Varghese	Telephone Number 973-226-8500				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Veterans Courthouse		Type of Facility (4)					
Street Address 465-479 Dr. Martin Luther King Jr. Blvd.		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark	Square Feet 240,000	# of Floors 12	Bldg. Age 80				
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Courthouse					
Name of Monitoring Firm Hired by Building Owner (8) Mott MacDonald	ASCM No. 00140	Name of Abatement Contractor (9) DIA General Construction, Inc.					
Street Address 111 Wood Avenue South		Street Address 1360 Clifton Ave., PMB Suite 218					
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Clifton, NJ 07012					
Project Manager for Monitoring Firm Kevin Herrigthy	Telephone No. 973-379-3400	Telephone No. 973-389-0089	License No. 00693				
Start Date (10) 03/22/2019	Scheduled Completion Date (11) 04/28/2019	Name of OSHA Monitor DIA General Construction, Inc.					
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave., PMB Suite 218					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied. Weekends 5:00pm Friday - 3:00pm Sunday		City, State, Zip Code Clifton, NJ 07012					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	Yes No N/A						
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 04/28/2019	City, State Waynesburg, OH 44688				
Completed by Krutarth Jagad	Title Project Manager	Signature	Date 02/14/2019				

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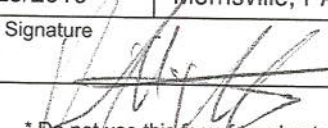
List of Asbestos Containing Materials to be Removed from the Following Location:**Note: Is location normally used solely by maintenance/custodial staff: Yes**

**Veterans Courthouse
465 – 479 Dr. Martin Luther King Jr. Blvd.
Newark, NJ**

Location of ACM to be abated in facility	Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Fifth Floor, Pipe Chase 506 & 508	Elbow, Valves and/or Tees	10 LF
Sixth Floor, Pipe Chase 608	Elbow, Valves and/or Tees	5 LF
Seventh Floor, Pipe Chase 706 and 708	Elbow, Valves and/or Tees	10 LF
Seventh Floor, Pipe Chase 706 and 708	Elbow, Valves and/or Tees	6 LF
Eighth Floor, Pipe Chase 802 and 808	Elbow, Valves and/or Tees	10 LF
Ninth Floor, Pipe Chase 906 and 908	Elbow, Valves and/or Tees	10 LF
Tenth Floor, Pipe Chase 1006 and 1008	Elbow, Valves and/or Tees	10 LF
Eleventh Floor, Pipe Chase 1103 and 1108	Elbow, Valves and/or Tees	10 LF
Twelfth Floor, Pipe Chase 1206 and 1208	Elbow, Valves and/or Tees	10 LF
Basement, Ballistic Room Above Drop Ceiling	Elbow, Valves and/or Tees	6 LF
Seventh Floor, Room 710D	Elbow, Valves and/or Tees	6 LF

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

01000052794 **PAID** **RECEIVED** **FEB 22 2019**

Date of Notification (1) 02-19-2019		Name of Building Owner/Operator (2) Buckeye Partners LLP							
Agencies Notified	Type Notification	Street Address 380 Maurer Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Perth Amboy							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rachele Smith	Telephone Number 732-397-4681						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye Partners LLP		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 380 Maurer Rd		Square Feet 800	# of Floors 0						
City (5) Perth Amboy		Bldg. Age 0							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Transfer Pipes							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors						
Street Address		Street Address 2400 Main Street Extension Suite 10							
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm		Telephone No. 732-525-0100	License No. 00750						
Start Date (10) 03/05/2019	Scheduled Completion Date (11) 03/29/2019	Name of OSHA Monitor Tiger 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: Abatement in a lay down yard		Street Address 234 20th Ave							
		City, State, Zip Code Brick, NJ 08724							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Transfer Pipe	X			Pipe Insulation	800 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 90	Name of Registered Landfill Fairless Landfill					
City, State Freehold NJ		Disposal Date 03/29/2019		City, State Morrisville, PA					
Completed by Dan Baptista		Title Safety Agent	Signature 			Date 02/19/2019			

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

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Date of Notification (1) February 15, 2019		Name of Building Owner/Operator (2) Save Ellis Island, Inc.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 31 US Highway 206, Suite 3E City, State, Zip Code Augusta, New Jersey 07822 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Recreation Shelter - Federal Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address _____ City (5) Statue of Liberty National Monument		Square Feet 1312	# of Floors 1 Bldg. Age 100+						
County (6) _____	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Historic Use							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		Name of Abatement Contractor (9) Polmax Corporation							
Street Address 140 Boulevard		Street Address 44 Koster Street							
City, State, Zip Code Mountain Lakes NJ 07046		City, State, Zip Code Wallington NJ 07057							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 973-809-1122 License No. 01361						
Start Date (10) March 1, 2019	Scheduled Completion Date (11) March 18, 2019	Name of OSHA Monitor tbd							
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: vacant building		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			x	roof flashing	450 sf	x			
exterior elevation			x	window caulk	21 lf	x			
exterior walkway			x	ceiling plaster	745 sf	x			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill					
City, State 623 Dowd Ave, Elizabeth NJ		Disposal Date tbd		City, State Morrisville PA					
Completed by Kielczewski Slawomir		Title President	Signature <i>Slawomir Kielczewski</i>			Date February 15, 2019			

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

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Date of Notification (1) <u>2</u> / <u>15</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon Communications / Job #1902-5442 Check #11047	
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 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046	
		Name of Contact Carol Soukup	Telephone Number 609-314-0030

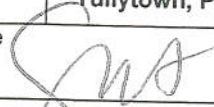
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Market CO		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 95 William Street			
City (5) Newark	Square Feet	# of Floors	Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>3</u> / <u>4</u> / <u>19</u>	Scheduled Completion Date (11) <u>3</u> / <u>22</u> / <u>19</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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior (West Elevation) Floor 2-10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vent Caulking	466 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior (North Elevation) Floor 2-10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vent Caulking	414 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 AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 3/22/19	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 2-15-19

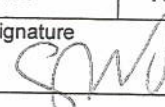
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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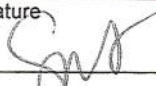
FEB 22 2019

Date of Notification (1) <u>2</u> / <u>15</u> / <u>19</u>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1902-5441 Check #11050							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Irving Silverman	Telephone Number 978-490-6930						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L		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 914 Main Street									
City (5) Belmar		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA		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. 609-265-2107	License No. 00529						
Start Date (10) <u>2</u> / <u>19</u> / <u>19</u>	Scheduled Completion Date (11) <u>2</u> / <u>22</u> / <u>19</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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Exterior Pole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 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 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 2/22/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 2-15-19			

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

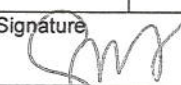
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Date of Notification (1) 2 / 15 / 19		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1902-5441 Check #11048							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact Irving Silverman							
		Telephone Number 978-490-6930							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L		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 900 Main Street		Square Feet							
City (5) Belmar		# of Floors							
County (6) Monmouth		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA		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. 609-265-2107	License No. 00529						
Start Date (10) 2 / 19 / 19	Scheduled Completion Date (11) 2 / 22 / 19	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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 16 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers		<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 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 2/22/19	City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 			Date 2-15-19		

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

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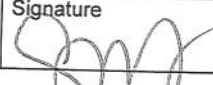
Date of Notification (1) <div style="text-align: center;">2 / 15 / 19</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1902-5441 Check #11049 2019						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact Irving Silverman Telephone Number 978-490-6930						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) JCP&L		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 807 Main Street								
City (5) Belmar		Square Feet	# of Floors					
County (6) Monmouth		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation					
Name of Monitoring Firm Hired by Building Owner (8) NA		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. 609-265-2107	License No. 00529					
Start Date (10) <div style="text-align: center;">2 / 19 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 22 / 19</div>	Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
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) 16 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior Pole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	<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 2	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 2/22/19		City, State Tullytown, PA				
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 			Date 2-15-19	

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

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FEB 22 2019

NO CLK

Date of Notification (1) <div style="text-align: center;">2 / 15 / 19</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1901-5435 Check #10934							
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 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Keith Slansky	Telephone Number 973-955-7602						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT		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 Route 71- MP538.53		Square Feet	# of Floors						
City (5) Asbury Park, NJ		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-571-7522	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 2 / 7 / 19	Scheduled Completion Date (11) 2 / 22 / 19	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 Pole #JC1037NT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	12 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 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 2/22/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator		Signature 			Date 2-15-19			

REF ID: A66545

ASB-41
MAY 11

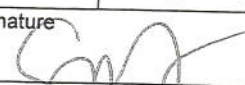
* Do not use this form for asbestos licensure exempted activities.

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

NO CK

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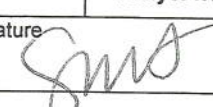
Date of Notification (1) <div style="text-align: center;">2 / 15 / 19</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1901-5435 Check #11016							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Keith Slansky	Telephone Number 973-955-7602						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT		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 Route 71- MP 568.66		Square Feet	# of Floors						
City (5) Asbury Park, NJ		Bldg. Age							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-571-7522	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 2 / 7 / 19	Scheduled Completion Date (11) 2 / 22 / 19	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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 Pole #JC1568	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	9 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 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 2/22/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator		Signature 			Date 2-15-19			

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

ECFIVE

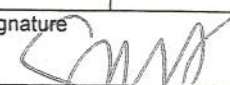
FEB 22 2019

NOCK

Date of Notification (1) <div style="text-align: center;">2 / 12 / 19</div>			Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1902-5438 Check #		
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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact Irving Silverman	
				Telephone Number 978-490-6930	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) JCP&L			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 79 A Newark Pompton Turnpike					
City (5) Riverdale, NJ			Square Feet	# of Floors	Bldg. Age
County (6) Morris		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation	
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 140 S. Village Ave. Suite 130				Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Exton, PA 19341				City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525		Telephone No. 609-265-2107	License No. 00529
Start Date (10) <div style="text-align: center;">2 / 12 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 28 / 19</div>		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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) 24 LF
	Yes	No	N/A		
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	<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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 2/28/19		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 	Date 2/2/19

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

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Date of Notification (1) <div style="text-align: center;">2 / 12 / 19</div>		Name of Building Owner/Operator (2) PSE&G / Job # 1812-5426 Check #		FEB 22 2019					
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 # 3 <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 John Cifelli Telephone Number 732-547-6230					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Paterson Garage				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 14 Broadway				Square Feet					
City (5) Paterson, NJ				# of Floors					
County (6) Passaic				Bldg. Age					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Health & 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. 609-704-8850		License No. 00529					
Start Date (10) <div style="text-align: center;">1 / 28 / 19</div>		Scheduled Completion Date (11) <div style="text-align: center;">3 / 29 / 19</div>		Name of OSHA Monitor EMSL 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	White Caulk	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Window Caulk	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar & Paper Roof Layers	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vapor barrier under roof layers	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 40	Name of Registered Landfill Grows- Fairless Landfill				
City, State Flanders, NJ		Disposal Date 3/29/19		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 2-27-19		

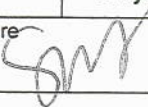
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ASB-41

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

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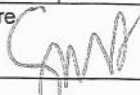
NOCK

Date of Notification (1) <div style="text-align: center;">2 / 11 / 19</div>		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1902-5437-Check #110419							
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 # _____ <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 732-937-8701						
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									
City (5) New Brunswick		Square Feet	# of Floors						
		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 Huyler 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) <div style="text-align: center;">2 / 19 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 20 / 19</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5 PM - _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
2nd Floor New Patient Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	48 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 15	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 2/20/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 2-11-19			

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

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FEB 22 2019

Date of Notification (1) <u>2</u> / <u>11</u> / <u>19</u>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1902-5438 Check #11042							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Irving Silverman	Telephone Number 978-490-6930						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L		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 79 A Newark Pompton Turnpike									
City (5) Riverdale, NJ		Square Feet	# of Floors						
		Bldg. Age							
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	Telephone No. 609-265-2107						
		License No. 00529							
Start Date (10) 2 / 12 / 19	Scheduled Completion Date (11) 2 / 13 / 19	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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	24 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 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 2/13/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 			Date 2-11-19		

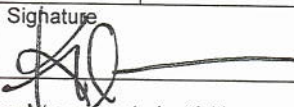
CK 5284

PAID

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

RECEIVED

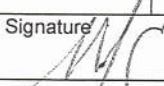
FEB 22 2019
/ Job #1902-2408 Chk. #5284

Date of Notification (1) 2 / 19 / 19		Name of Building Owner/Operator (2) Our Lady of Fatima		FEB 22 2019 / Job #1902-2408 Chk. #5284					
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 32 Exchange Place City, State, Zip Code Passaic, NJ 07055 Name of Contact Father Rolands Uribe Telephone Number 973-668-2180					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Fatima				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 95 Park Place				Square Feet unknown # of Floors 2700 SF Bldg. Age 89					
City (5) Passaic		County (6) Passaic		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Church					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 1600 Route 22 East		City, State, Zip Code Union, NJ 07083		Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No.		Telephone No. 609-702-0400 License No. 00862					
Start Date (10) 2 / 28 / 19		Scheduled Completion Date (11) 3 / 1 / 19		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 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 3/1/2019		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 2-19-19			

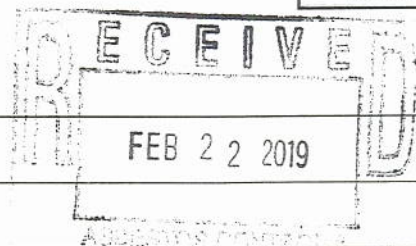
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25794

PAID**RECEIVED****FEB 22 2019**

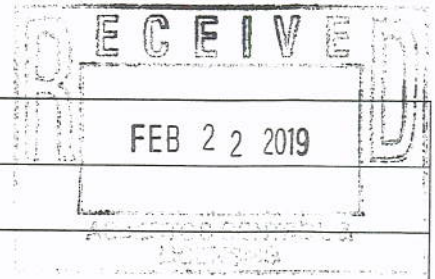
Date of Notification (1) 2/20/2019		Name of Building Owner/Operator (2) Hough							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hamilton, NJ 08610							
		Name of Contact Robert Hough	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<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) Hamilton, NJ 08610		Square Feet 1400	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 90 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 3/1/2019	Scheduled Completion Date (11) 3/8/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am to 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	65 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 3/8/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 2/20/2019			

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



Date of Notification (1) 2/19/19		Name of Building Owner/Operator (2) Barbara Siebert							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maywood, NJ 07607							
		Name of Contact Barbara Siebert	Telephone Number 9						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Maywood		Square Feet 1825	# of Floors 2						
		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 2/22/19	Scheduled Completion Date (11) 2/26/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M.		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	594 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 2/19/19			

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



Date of Notification (1) 2/19/19		Name of Building Owner/Operator (2) Parvin Nacify	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, NJ 07430	
		Name of Contact Parvin Nacify	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1700	# of Floors 2
City (5) Mahwah		Bldg. Age 65 +/-	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184
			License No. 01305
Start Date (10) 2/20/19	Scheduled Completion Date (11) 2/25/19		Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)			Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code
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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
1st FL		x		VAT	549 SF	x			
2nd FI		x		VAT	328 SF	x			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 5 yd	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 	Date 2/19/19	