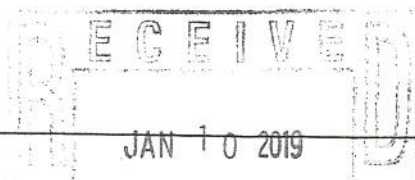


NOCK

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



\*\*COURTESY NOTIFICATION\*\*

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| Date of Notification (1)<br>1/7/2019  |  | Name of Building Owner/Operator (2)<br>U.S. AIRFORCE BASE |                                       |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #1 | STREET ADDRESS<br>3021 MCGUIRE BLVD.                      |                                       |
|   | Emergency (including justification)  | City, State, Zip Code<br>JT. BASE MDL, NJ 08641           |                                       |
|   | <input type="checkbox"/> Cancellation  | Name of Contact<br>DANNY ANDERSON                         | Telephone Number<br>907-223-5452 CELL |
|   | FACILITY INFORMATION   |   |                                       |

|   |  |   |  |
|---|--|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>MAGUIRE AFB |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings) |  |
| Street Address<br>TEXAS AVENUE                                      |  | Square Feet   |  |
| City (5)<br>WRIGHTSTOWN, NJ   |  | # of Floors   |  |
| County<br>BURLINGTON  |  | Bldg. Age   |  |
| County Code (7) (STATE USE ONLY)                                    |  | Current Use (Prior if being demolished)   |  |

|  |   |   |  |  |
|--|---|---|--|--|
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.                                      | Name of Abatement Contractor (9)<br>CREAM RIDGE ENVIRONMENTAL INC. |  |
| Street Address   |   | Street Address<br>15 BLACK FOREST ROAD        |  |  |
| City, State, Zip Code  |   | City, State, Zip Code<br>Hamilton, NJ 08691   |  |  |
| Project Manager for Monitoring Firm  | Telephone No.                               | Telephone No.<br>609-890-7110                 | License No.<br>00676   |  |
| Start Date (10)<br>1/14/2019   | Scheduled Completion Date (11)<br>1/28/2019 | Name of OSHA Monitor<br>MECS                  |  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours |   | Street Address<br>P.O. BOX 341                |  |  |
|  |   | City, State, Zip Code<br>CROSSWICKS, NJ 08515 |  |  |

|  |  |   |  |
|--|--|---|--|
| Scope of Work (Check all that apply)<br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) & 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 |
| BLDG. 3325   |   | X  |     | TRANSITE PANELS   | 900 S.F.                  | X              |        |             |           |
| BLDG. 3326   |   | X  |     | NFVAT & ADHESIVE  | 1600.S.F.                 |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |                    |                                    |                                 |                                      |  |
|--|--------------------|------------------------------------|---------------------------------|--------------------------------------|--|
| Name of Registered Waste Hauler<br>HORIZON DISPOSAL SERVICES |                    | NJDEP Waste Hauler ID No.<br>10416 | Cubic Yards of Waste<br>20 YD   | Name of Registered Landfill<br>GROWS |  |
| City, State<br>TRENTON, NJ                                   |                    | Disposal Date<br>1/30/2019         | City, State<br>MORRISVILLE, PA. |                                      |  |
| Completed By<br>DAVID D'ANDREA                               | Title<br>PRESIDENT | Signature<br><i>David D'Andrea</i> | Date<br>1/7/2019                |                                      |  |

ASB-41

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

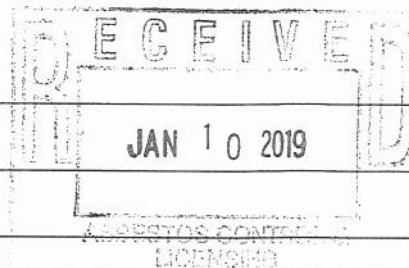
RECEIVED

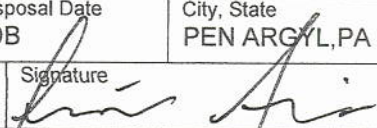
JAN 10 2019

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



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



|  |  |  |   |  |  |
|--|--|--|---|--|--|
| Date of Notification (1)<br>12/27/2018 check #0109   |  | Name of Building Owner/Operator (2)<br>DAVE SCHEIBNER  |   | JAN 10 2019  |  |
| Agencies Notified  | Type Notification  | Street Address   |   |  |  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code<br>RIDGEWOOD, NJ 07450 |   |  |  |
|  |  | Name of Contact<br>DAVE SCHEIBNER  |   | Telephone Number   |  |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |  |
| Name of Facility Where Abatement is Taking Place (3)   |  |  | Type of Facility (4)  |  |  |
| Street Address   |  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |
| City (5)<br>RIDGEWOOD, NJ 07450  |  |  | Square Feet<br>50X100   | # of Floors<br>1FL   | Bldg. Age<br>50 YEARS                        |
| County (6)<br>BERGEN   |  | County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br>OCCUPIED  |  |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   |   | Name of Abatement Contractor (9)<br>ALL SOLUTIONS CONTRACTING  |  |
| Street Address   |  | Street Address<br>24 CHURCH ST   |   |  |  |
| City, State, Zip Code  |  | City, State, Zip Code<br>ELMWOOD NJ 07407  |   |  |  |
| Project Manager for Monitoring Firm  |  | Telephone No.  |   | Telephone No.<br>201- 873 9418   | License No.<br>01301                         |
| Start Date (10)<br>12/27/2018  |  | Scheduled Completion Date (11)<br>12/29/2018   |   | Name of OSHA Monitor<br>ALL SOLUTIONS CONTRACTING  |  |
| Occupancy Status During Abatement (Check Only One)   |  |  |   | Street Address<br>24 CHURCH ST   |  |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: 7:00 AM TO 3:30 |  |  |   | City, State, Zip Code<br>ELMWOOD NJ 07407  |  |
| Scope of Work (Check All That Apply)   |  |  |   |  |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                    |
|  | Yes  | No   | N/A   |  |  |
| BASEMENT   |  |  | X   | PIPE INSULATION  | 85LF   |
|  |  |  |   |  |  |
|  |  |  |   |  |  |
|  |  |  |   |  |  |
| Name of Registered Waste Hauler<br>ATLANTIC CARTING  |  | NJDEP Waste Hauler ID No.  |   | Cubic Yards of Waste<br>TDB  | Name of Registered Landfill<br>GRAND CENTRAL |
| City, State<br>PEN ARGYL, PA 18072   |  | Disposal Date<br>TDB   |   | City, State<br>PEN ARGYL, PA 18072   |  |
| Completed by<br>LUIS ARCILA  |  | Title<br>PRESIDENT   |   | Signature<br>  | Date<br>12/27/2018                           |



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

CK27821, 27818 **PAID**

**RECEIVED**  
**JAN 10 2019**  
**ASBESTOS CONTROL**

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| Date of Notification (1)<br><b>1 / 4 / 19</b>   |  | Name of Building Owner/Operator (2)<br><b>Rowan University</b>   |  | <b>JAN 10 2019</b><br><b>ASBESTOS CONTROL</b> |  |  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8) |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |   |  | Street Address<br><b>201 Mullica Hill Road</b> |  |
|   |  | City, State, Zip Code<br><b>Glassboro NJ. 08028</b>  |  |   |  | Name of Contact<br><b>Tom Gallia</b>           |  |
|   |  |  |  | Telephone Number                              |  |  |  |

| FACILITY INFORMATION  |  |  |  |   |                            |
|---|--|--|--|---|----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Wilson Hall</b>  |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |                            |
| Street Address<br><b>201 Mullica Hill Road</b>  |  |  |  |   |                            |
| City (5)<br><b>Glassboro</b>  |  |  | Square Feet<br><b>100,500</b>  | # of Floors<br><b>3</b>   | Bldg. Age<br><b>+/- 70</b> |
| County (6)<br><b>Gloucester</b>   |  | County Code (7)(STATE USE ONLY)                      |  | Current Use (Prior if being demolished)<br><b>Vacant</b>                      |                            |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Pars Environmental Services</b>   |  | ASCM No.   |  | Name of Abatement Contractor (9)<br><b>USA Environmental Management, Inc.</b> |                            |
| Street Address<br><b>500 Horizon Drive #540</b>   |  |  |  | Street Address<br><b>8436 Enterprise Avenue</b>                               |                            |
| City, State, Zip Code<br><b>Hamilton Township NJ. 08691</b>   |  |  |  | City, State, Zip Code<br><b>Philadelphia, PA 19153</b>                        |                            |
| Project Manager for Monitoring Firm<br><b>Rafael Torres</b>   |  | Telephone No.<br><b>609-890-7277</b>                 |  | Telephone No.<br><b>215-365-5810</b>  | License No.<br><b>1156</b> |
| Start Date (10)<br><b>1 / 14 / 19</b>   |  | Scheduled Completion Date (11)<br><b>2 / 14 / 19</b> |  | Name of OSHA Monitor<br><b>USA Environmental Management, Inc</b>              |                            |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00 AM-11:00PM</b> / ____ PM- ____ AM |  |  |  | Street Address<br><b>8436 Enterprise Avenue</b>                               |                            |
|   |  |  |  | City, State, Zip Code<br><b>Philadelphia, PA 19153</b>                        |                            |

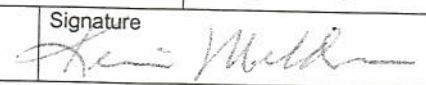
  

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Scope of Work (Check all that apply)  |  |   |  |  |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  | <input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

| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                       | N/A                                 |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Room 220</b>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Floor Tile &amp; Mastic Non-Friable</b>  | <b>150 SF</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Room 234</b>   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Floor Tile &amp; Mastic Non-Friable</b>  | <b>150 SF</b>             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <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<br><b>Service Transport</b> |  | NJDEP Waste Hauler ID No.       | Cubic Yards of Waste<br><b>30</b>   | Name of Registered Landfill<br><b>Minerva Landfill</b> |                       |
| City, State<br><b>New Castle De.</b>                        |  | Disposal Date<br><b>2/14/19</b> |   | City, State<br><b>Waynesburg Pa.</b>                   |                       |
| Completed By (Print or Type)<br><b>Kevin Meldrum</b>        |  | Title<br><b>Project Manager</b> | Signature<br> |  | Date<br><b>1-4-19</b> |



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

B & G proj. #: 2019-09

\*\*\* EMERGENCY \*\*\*

Check # 9094

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br>01/03/19    |   | Name of Building Owner/Operator (2)<br>Robert Pollara |  |
| Agencies Notified                       | Type Notification                           | Street Address<br>[REDACTED]                          |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial | City, State, Zip Code<br>Morristown, NJ 07960         |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amendment          | Name of Contact<br>Robert Pollara                     |  |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation       | Telephone Number<br>[REDACTED]                        |  |
| <input type="checkbox"/> DOH            |   |   |  |
| <input type="checkbox"/> DCA            |   |   |  |

FACILITY INFORMATION

|  |                      |   |  |  |                         |
|--|----------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>Robert Pollara   |                      |   | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                         |
| Street Address<br>[REDACTED]   |                      |   | Square Feet    # of Floors    Bldg. Age  |  |                         |
| City (5)<br>Morristown   | County (6)<br>Morris | County Code (7)<br>(State use only)       | Current Use (Prior if being demolished)<br>residential   |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]   |                      | ASCM No.<br>n/a                           | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |  |                         |
| Street Address<br>[REDACTED]   |                      |   | Street Address<br>105 Ryerson Road   |  |                         |
| City, State, Zip Code<br>[REDACTED]  |                      |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                         |
| Project Manager for Monitoring Firm<br>[REDACTED]  |                      | Phone Number<br>[REDACTED]                | Telephone Number<br>(973)696-6869  |  | License Number<br>00378 |
| Scheduled Start Date (10)<br>01/04/2019  |                      | Sched. Completion Date (11)<br>01/05/2019 | Name of OSHA Monitor<br>B & G Restoration, Inc.  |  |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |                      |   | Street Address<br>105 Ryerson Road   |  |                         |
|  |                      |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                         |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
|  | Yes  | No | N/A |   |                           |                            |                            |                       |                  |
| basement   |  |    | X   | boiler board insulation                           | 16 SF                     | X                          |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |

|  |                              |                                  |   |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>1        | Name of Registered Landfill<br>Grand Central Landfill |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>01/05/2018  | City, State<br>Pen Argyl, PA     |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> | Date<br>01/03/2019                                    |



CK 9094

2019-09

PAID

State of NJ

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

EMERGENCY

RECEIVED

JAN 10 2019

Check # 999

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Date of Notification (1)<br><b>10/11/2018</b>  |  | Name of Building Owner/Operator (2)<br><b>Robert Pollara</b>  |  | Check # <b>908</b>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation |  | Street Address<br><div style="background-color: black; width: 100px; height: 20px;"></div>  |  |
| City, State, Zip Code<br><b>Morristown, NJ 07960</b>   |  | Name of Contact<br><b>Robert Pollara</b>  |  | Telephone Number<br><div style="background-color: black; width: 100px; height: 20px;"></div>  |  |
| FACILITY INFORMATION   |  |   |  |   |  |
| Name of facility where abatement is taking place (3)<br><b>Robert Pollara</b>  |  |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.) |  |
| Street Address<br><div style="background-color: black; width: 100px; height: 20px;"></div>   |  |   |  | Square Feet    # of Floors    Bldg. Age   |  |
| City (5)<br><b>Morristown</b>  |  | County (6)<br><b>Morris</b>   |  | County Code (7)<br>(State use only)   |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><div style="background-color: black; width: 100px; height: 20px;"></div>   |  |   |  | Name of Abatement Contractor (9)<br><b>B &amp; G Restoration, Inc.</b>  |  |
| Street Address<br><div style="background-color: black; width: 100px; height: 20px;"></div>   |  |   |  | Street Address<br><b>105 Ryerson Road</b>   |  |
| City, State, Zip Code<br><div style="background-color: black; width: 100px; height: 20px;"></div>  |  |   |  | City, State, Zip Code<br><b>Lincoln Park, NJ 07035</b>  |  |
| Project Manager for Monitoring Firm<br><div style="background-color: black; width: 100px; height: 20px;"></div>  |  |   |  | Telephone Number<br><b>(973) 896-1668</b>   |  |
| Phone Number<br><div style="background-color: black; width: 100px; height: 20px;"></div>   |  |   |  | License Number<br><b>00378</b>  |  |
| Scheduled Start Date (10)<br><b>01/04/2019</b>   |  | Sched. Completion Date (11)<br><b>01/05/2019</b>  |  |   |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours.<br>Describe: _____<br><input type="checkbox"/> Other-Describe: _____  |  |   |  |   |  |
| Scope of Work (check all that apply)<br><input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment (negative pressure) <input type="checkbox"/> Glovebag procedure<br><input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 220 lf <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-habitable procedure |  |   |  |   |  |
| Location of asbestos-containing material to be abated in facility (13)<br><b>basement</b>  |  | Is location normally used solely by maintenance/custodial staff (12)<br>Yes    No    N/A  |  | Description of asbestos-containing material (ACM)<br><b>boiler board insulation</b>   |  |
|  |  |   |  | Amount (Specify SF or LF)<br><b>16 SF</b>   |  |
|  |  |   |  | Removal    Repair    Enclosure    Enclose   |  |
|  |  |   |  |   |  |
|  |  |   |  |   |  |
| Registered Waste Hauler<br><b>B &amp; G Restoration, Inc.</b>  |  | NJ DEP Hauler ID#<br><b>18563</b>   |  | Name of Registered Grand Central Landfill<br><b>Pen Argil, PA</b>   |  |
| City, State<br><b>Lincoln Park, NJ</b>   |  | Disposal Date<br><b>01/05/2018</b>  |  | City, State<br><b>Pen Argil, PA</b>   |  |
| Completed by (Print or Type)<br><b>Gordana Lunz</b>  |  | Title<br><b>Secretary/Treasurer</b>   |  | Signature<br><i>Gordana Lunz</i>  |  |
|  |  |   |  | Date<br><b>01/03/2019</b>   |  |



2019-01-03 14:54

Shade Environmental 1 &gt;&gt; 609 633 6664

P-2/4

RECEIVED

State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:26 and 5:16)

JAN 10 2019

EML - 10 DAY

ASBESTOS CONTROL RECEIVED

|  |   |   |                          |   |                           |
|--|---|---|--------------------------|---|---------------------------|
| Date of Notification (1)<br>01 / 03 / 19   |   | Name of Building Owner/Operator (2)<br>Jordan Petscho   |                          | Street Address<br>[REDACTED]  |                           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          | City, State, Zip Code<br>Maple Shade, NJ 08052  |                           |
|  |   | Name of Contact<br>Jordan Petscho   |                          | Telephone Number<br>[REDACTED]  |                           |
| <b>FACILITY INFORMATION</b>  |   |   |                          |   |                           |
| Name of Facility Where Abatement is Taking Place (3)<br>Petscho Residence  |   |   |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                  |                           |
| Street Address<br>[REDACTED]   |   |   |                          | Square Footage<br>2,200   |                           |
| City (5)<br>Maple Shade  |   |   |                          | # of Floors<br>3  |                           |
| County (6)<br>Burlington   |   |   |                          | Bldg. Age<br>80   |                           |
| County Code (7) (STATE USE ONLY)   |   |   |                          | Current Use (Prior if being demolished)<br>Residence  |                           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services  |   | ASCM No.<br>[REDACTED]  |                          | Name of Abatement Contractor (9)<br>Shade Environmental LLC   |                           |
| Street Address<br>PO Box 341   |   | Street Address<br>623 Cutler Avenue   |                          |   |                           |
| City, State, Zip Code<br>Chesterfield, NJ 08515  |   | City, State, Zip Code<br>Maple Shade, NJ 08052  |                          |   |                           |
| Project Manager for Monitoring Firm<br>Bill Welgarbor  |   | Telephone No.<br>609-298-4070   |                          | Telephone No.<br>656-756-0099   |                           |
| Start Date (10)<br>01 / 08 / 19  |   | Scheduled Completion Date (11)<br>01 / 10 / 19  |                          | License No.<br>00542  |                           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |   |   |                          | Street Address<br>200 Route 130 North   |                           |
|  |   |   |                          | City, State, Zip Code<br>Cinnaminson, NJ 08077  |                           |
| Scope of Work (Check all that apply)   |   |   |                          |   |                           |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 150 sf or ≥ 250 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |                          | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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) |
|  | Yes   | No  | N/A                      |   |                           |
| Attic Dormer   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | Vermiculite   | 1 SF                      |
|  | <input type="checkbox"/>  | <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<br>Freshhold Cartage   |   | NJDEP Waste Hauler ID No.<br>15939  |                          | Cubic Yards of Waste<br>1   |                           |
| City, State<br>Freshhold, NJ   |   | Disposal Date<br>01/10/2019   |                          | Name of Registered Landfill<br>Fairless Landfill  |                           |
| City, State<br>Monroeville, PA   |   |   |                          |   |                           |
| Completed By (Print or Type)<br>Christine Lynch  |   | Title<br>Vice President of Operations   |                          | Signature<br>[Signature]<br>Date<br>1/3/19  |                           |

ASB-41  
JAN 13

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



2019-01-03 09:09

Shade Environmental 1 &gt;&gt; 609 633 0664

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:80 and 8:16)

**PAID** **CK 5371**

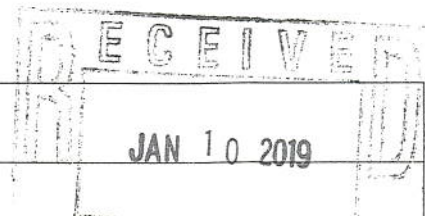
**RECEIVED**  
 JAN 10 2019  
 10 DAY  
 ASBESTOS CONTROL

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br>01 / 03 / 19  |   | Name of Building Owner/Operator (2)<br>Holy Faith Temple Church of God in Christ   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 8:23-6)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (Including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2713 River Avenue<br>City, State, Zip Code<br>Camden, NJ 08105<br>Name of Contact<br>Pastor Neal<br>Telephone Number<br>856-952-8869   |  |
| <b>FACILITY INFORMATION</b>   |   |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Holy Faith Temple Church of God in Christ   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                             |  |
| Street Address<br>2713 River Avenue   |   | Square Feet<br>5,000   | # of Floors<br>2   |
| City (5)<br>Camden  |   | Bldg. Age<br>80  |  |
| County (6)<br>Camden  |   | County Code (7) (STATE USE ONLY)<br>Church   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services   |   | ASCM No.<br>_____  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC |
| Street Address<br>PO Box 341  |   | Street Address<br>823 Cutler Avenue  |  |
| City, State, Zip Code<br>Chesterfield, NJ 08515   |   | City, State, Zip Code<br>Maple Shade, NJ 08054   |  |
| Project Manager for Monitoring Firm<br>Bill Welegarbor  |   | Telephone No.<br>609-298-4070  | Telephone No.<br>856-755-0099                                |
| Start Date (10)<br>01 / 07 / 19   |   | Scheduled Completion Date (11)<br>01 / 09 / 19   | License No.<br>00842   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |   | Name of OSHA Monitor<br>EMSL Analytical, Inc.  |  |
| Street Address<br>200 Route 130 North   |   | City, State, Zip Code<br>Cinnaminson, NJ 08077   |  |
| Scope of Work (Check all that apply)  |   |  |  |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 150 sf or ≥ 250 lf   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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)                                    |
| Basement  | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   | Pipe Insulation  | 130 LF   |
|   | <input type="checkbox"/> <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<br>Freehold Cartage   | NJDEP Waste Hauler ID No.<br>15936  | Cubic Yards of Waste<br>1  | Name of Registered Landfill<br>Fairfax Landfill              |
| City, State<br>Freehold, NJ   | Disposal Date<br>01/09/2019   | City, State<br>Morrisville, PA   |  |
| Completed By (Print or Type)<br>Christina Lynch   | Title<br>Vice President of Operations   | Signature<br>  | Date<br>1/3/19   |



CK 5383 PAID

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



|   |  |  |  |  |                           |                                     |                          |                          |                          |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>01 / 04 / 19</b>   |  | Name of Building Owner/Operator (2)<br><b>Florence Sochor</b>                              |  | <div align="center">RECEIVED</div> <div align="center">JAN 10 2019</div>   |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><div style="background-color: black; width: 100px; height: 15px;"></div> |  |  |                           |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br><b>Maple Shade, NJ 08052</b>                                      |  |  |                           |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Chuck Thomas</b>   |  | Telephone Number<br>   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>  |  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |                           |                                     |                          |                          |                          |
| Street Address<br><div style="background-color: black; width: 100px; height: 15px;"></div>  |  |  |  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Maple Shade</b>  |  |  | Square Feet<br><b>1,500</b>  | # of Floors<br><b>3</b>  | Bldg. Age<br><b>80</b>    |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>   |  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Residence</b>  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Management &amp; Enviro. Consulting Services</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Shade Environmental, LLC</b>  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>PO Box 341</b>   |  | Street Address<br><b>623 Cutler Avenue</b>   |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Chesterfield, NJ 08515</b>  |  | City, State, Zip Code<br><b>Maple Shade, NJ 08052</b>                                      |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Bill Weisgarber</b>   |  | Telephone No.<br><b>609-298-4070</b>   | Telephone No.<br><b>856-755-0099</b>   | License No.<br><b>00842</b>  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>01 / 14 / 19</b>  |  | Scheduled Completion Date (11)<br><b>01 / 25 / 19</b>                                      |  | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM |  |  | Street Address<br><b>200 Route 130 North</b>   |  |                           |                                     |                          |                          |                          |
|   |  |  | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |  |  |  |                           |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition      |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|   | Yes  | No   | N/A  |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Attic</b>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <b>Vermiculite</b>   | <b>735 SF</b>             | <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<br><b>Freehold Cartage</b>  |  | NJDEP Waste Hauler ID No.<br><b>15939</b>  | Cubic Yards of Waste<br><b>5</b>   | Name of Registered Landfill<br><b>Fairless Landfill</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>  |  | Disposal Date<br><b>01/25/2019</b>   |  | City, State<br><b>Morrisville, PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Christina Lynch</b>  |  | Title<br><b>Vice President of Operations</b>   | Signature<br>  |  | Date<br><b>1/4/19</b>     |                                     |                          |                          |                          |

RECEIVED  
JAN 10 2019  
LIBRARY OF CONGRESS

ASB-41  
JAN 13

\* 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)

*chk # 3402*

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><u>7</u> / <u>16</u> / <u>18</u>   |  | Name of Building Owner/Operator (2)<br><b>SIMON PROPERTY GROUP INC.</b>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD 4777<br><input checked="" type="checkbox"/> DHSS 9760<br><input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>225 WEST WASHINGTON STREET</b><br>City, State, Zip Code<br><b>INDIANAPOLIS, INDIANA 46204</b><br>Name of Contact<br>Telephone Number<br><b>317-636-1600</b> |  |

**FACILITY INFORMATION**

|   |   |  |                             |
|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>QUAKERBRIDGE MALL - JC PENNEYS</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                             |
| Street Address<br><b>500 QUAKER BRIDGE MALL</b>   |   | Square Feet  | # of Floors                 |
| City (5)<br><b>TRENTON, NJ 08648</b>  |   | Bldg. Age  |                             |
| County (6)<br><b>MERCER</b>   | County Code (7) (STATE USE ONLY)                                  | Current Use (Prior if being demolished)<br><b>COMMERCIAL</b>   |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Watterson EFM</b>   | ASCM No.  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |                             |
| Street Address<br><b>5580 Monroe Street, Suite 103</b>  |   | Street Address<br><b>1123 BEAVER STREET</b>  |                             |
| City, State, Zip Code<br><b>Sylvania, OH 43560</b>  |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |                             |
| Project Manager for Monitoring Firm<br><b>Dave Dukat</b>  | Telephone No.<br><b>419-824-5210</b>                              | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b> |
| Start Date (10)<br><u>8</u> / <u>1</u> / <u>18</u>  | Scheduled Completion Date (11)<br><u>8</u> / <u>1</u> / <u>18</u> | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |                             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>8:00AM-4:30PM</u> / _____ PM- _____ AM |   | Street Address<br><b>1123 BEAVER STREET</b><br>City, State, Zip Code<br><b>BRISTOL, PA 19007</b>   |                             |

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                |
| ROOF TOP COOLING TOWER   | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | TRANSITE PANELS  | 550 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |   |   |   |
|---|---|---|---|
| Name of Registered Waste Hauler<br><b>BRISTOL ENVIRONMENTAL INC</b> | NJDEP Waste Hauler ID No.<br><b>18706</b> | Cubic Yards of Waste<br><b>5 Cu Yds</b> | Name of Registered Landfill<br><b>FAIRLESS LANDFILL</b> |
| City, State<br><b>BRISTOL, PA</b>                                   |   | Disposal Date<br><b>7/31/18</b>         | City, State<br><b>FAIRLESS HILLS, PA</b>                |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>               | Title<br><b>Estimator</b>                 | Signature<br><i>Gino Pizzigoni</i>      | Date<br><b>7-16-18</b>                                  |



Check#3246

**PAID**

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

**RECEIVED**  
JAN 10 2019

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br>01 / 07 / 19  |  | Name of Building Owner/Operator (2)<br>Jean Shavel                         |                  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>Bayonne, NJ 07002 |                  |
|   | Name of Contact<br>Ed Szawiel  |  | Telephone Number |

**FACILITY INFORMATION**

|   |                                  |   |             |
|---|----------------------------------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Private house |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |             |
| Street Address<br>[REDACTED]  |                                  | Square Feet   | # of Floors |
| City (5)<br>Bayonne, NJ 07002   |                                  | Bldg. Age   |             |
| County (6)<br>Hudson  | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)   |             |

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

|  |  |   |  |
|--|--|---|--|
| Start Date (10)<br>01 / 19 / 19  | Scheduled Completion Date (11)<br>01 / 21 / 19 | Name of OSHA Monitor<br>Envirovision Consultants, Inc |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |  | Street Address<br>20-21 Wagaraw Road, Bldg. # 35E     |  |
|  |  | City, State, Zip Code<br>Fair Lawn, NJ 07410          |  |

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| Scope of Work (Check all that apply)   |  |   |  | <input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |  |   |  |  |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                       | N/A                                 |  |                            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation  | 250 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<br>Gr Tech LLC | NJDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>T.R.R.F. Inc |
| City, State<br>Wayne, NJ 07470                 | Disposal Date<br>TBD                 | City, State<br>Tullytown, PA  |   |
| Completed By (Print or Type)<br>N.Jevtic       | Title<br>Owner                       | Signature<br><i>N. Jevtic</i> | Date<br>01/07/19                            |

ASB-41

MAY 11

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



CK7220

PAID

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

RECEIVED

|   |   |   |     |   |                           |   |        |             |           |
|---|---|---|-----|---|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1)<br>1/7/19  |   | Name of Building Owner/Operator (2)<br>Douglas Kinball Private Home   |     | JAN 10 2019   |                           |   |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | Street Address<br>[REDACTED]  |                           |   |        |             |           |
|   |   | City, State, Zip Code<br>Holgate NJ 08008   |     | Name of Contact<br>Doug   |                           |   |        |             |           |
|   |   |   |     | Telephone Number  |                           |   |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |     |   |                           |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Douglas Kinball Private Home  |   |   |     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                           |   |        |             |           |
| Street Address<br>[REDACTED]  |   |   |     | Square Feet<br>1000+  |                           |   |        |             |           |
| City (5)<br>Holgate NJ 08008  |   |   |     | # of Floors<br>2  |                           |   |        |             |           |
| County (6)<br>Ocean   |   |   |     | Bldg. Age<br>35+  |                           |   |        |             |           |
| County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br>House  |     |   |                           |   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.  |     | Name of Abatement Contractor (9)<br>Pernaco Inc.  |                           |   |        |             |           |
| Street Address  |   | Street Address<br>PO Box 329  |     |   |                           |   |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>West Berlin NJ 08091   |     |   |                           |   |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.   |     | Telephone No.<br>856-753-9800   |                           |   |        |             |           |
| Start Date (10)<br>1/16/19  |   | Scheduled Completion Date (11)<br>1/25/19   |     | License No.<br>00727  |                           |   |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:  |   |   |     | Name of OSHA Monitor<br>Same  |                           |   |        |             |           |
|   |   |   |     | Street Address  |                           |   |        |             |           |
|   |   |   |     | City, State, Zip Code   |                           |   |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |     |   |                           |   |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF) | Abatement Type                            |        |             |           |
|   | Yes   | No  | N/A |   |                           | Removal                                   | Repair | Encapsulate | Enclosure |
| Exterior Siding   |   |   | x   | Exterior Siding   | 2000 sf                   | x   |        |             |           |
|   |   |   |     |   |                           |   |        |             |           |
|   |   |   |     |   |                           |   |        |             |           |
|   |   |   |     |   |                           |   |        |             |           |
| Name of Registered Waste Hauler<br>United Roll Off  |   | NJDEP Waste Hauler ID No.<br>22459  |     | Cubic Yards of Waste<br>4   |                           | Name of Registered Landfill<br>G.R.O.W.S. |        |             |           |
| City, State<br>Elm NJ   |   | Disposal Date<br>1/25/19  |     | City, State<br>Morrisville PA 19067   |                           |   |        |             |           |
| Completed by<br>Anthony T Perna   |   | Title<br>President  |     | Signature<br>   |                           | Date<br>1/7/19                            |        |             |           |



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

|  |   |   |   |   |  |                |                         |             |           |
|--|---|---|---|---|--|----------------|-------------------------|-------------|-----------|
| Date of Notification (1)<br><b>1/9/2018</b>  |   | Name of Building Owner/Operator (2)<br><b>PSE&amp;G</b>   |   | JAN 10 2019   |  |                |                         |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><b>4000 HADLEY ROAD</b>   |  |                |                         |             |           |
|  |   | City, State, Zip Code<br><b>SOUTH PLAINFIELD, NJ 07080</b>  |   |   |  |                |                         |             |           |
|  |   | Name of Contact<br><b>ALEX SCOTT</b>  |   | Telephone Number<br><b>732-215-3724</b>   |  |                |                         |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |  |                |                         |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PSE&amp;G</b>   |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                |                         |             |           |
| Street Address<br><b>126 DAVIDSON'S MILL RD.</b>   |   |   |   |   |  |                |                         |             |           |
| City (5)<br><b>NORTH BRUNSWICK</b>   |   |   | Square Feet<br><b>6000 APPX</b>   | # of Floors<br><b>1</b>   | Bldg. Age<br><b>APPX 88yrs</b>                 |                |                         |             |           |
| County (6)<br><b>MIDDLESEX</b>   |   | County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br><b>SUB STATION</b>   |  |                |                         |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>ENVIRONMENTAL TACTICS</b>  |   | ASCM No.<br><b>0045</b>   |   | Name of Abatement Contractor (9)<br><b>UNIQUE SYSTEMS OF AMERICA INC</b>  |  |                |                         |             |           |
| Street Address<br><b>64 BROAD STREET</b>   |   | Street Address<br><b>396 WHITEHEAD AVE.</b>   |   |   |  |                |                         |             |           |
| City, State, Zip Code<br><b>MATAWAN, NJ 07747</b>  |   | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>   |   |   |  |                |                         |             |           |
| Project Manager for Monitoring Firm<br><b>TOM GEIGER</b>   |   | Telephone No.<br><b>732-290-2217</b>  |   | Telephone No.<br><b>732-432-8350</b>  | License No.<br><b>01111</b>                    |                |                         |             |           |
| Start Date (10)<br><b>1/24/18</b>  |   | Scheduled Completion Date (11)<br><b>1/28/18</b>  |   | Name of OSHA Monitor<br><b>UNIQUE SYSTEMS OF AMERICA INC.</b>   |  |                |                         |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>necessary operators only</b> |   |   | Street Address<br><b>396 WHITEHEAD AVE.</b>   |   |  |                |                         |             |           |
|  |   |   | City, State, Zip Code<br><b>SOUTH RIVER, NJ 08882</b>   |   |  |                |                         |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |   |  |                |                         |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf  |   | <input checked="" type="checkbox"/> Renovation  |   | <input type="checkbox"/> Full Containment with Negative Pressure  |  |                |                         |             |           |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |   | <input type="checkbox"/> Demolition   |   | <input type="checkbox"/> Mini-Enclosure   |  |                |                         |             |           |
|  |   |   |   | <input checked="" type="checkbox"/> Glovebag Procedure  |  |                |                         |             |           |
|  |   |   |   | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure  |  |                |                         |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                      | Abatement Type |                         |             |           |
|  | Yes   | No  | N/A   |   |  | Removal        | Repair                  | Encapsulate | Enclosure |
| <b>CONTROL ROOM</b>  |   | <b>X</b>  |   | <b>FLOOR TILE + MASTIC</b>  | <b>5100 SF</b>                                 | <b>X</b>       |                         |             |           |
| <b>"</b>   |   |   |   | <b>TRANSITE FLOOR PANELS</b>  | <b>24 SF</b>                                   | <b>X</b>       |                         |             |           |
|  |   |   |   |   |  |                |                         |             |           |
|  |   |   |   |   |  |                |                         |             |           |
| Name of Registered Waste Hauler<br><b>WASTE MANAGEMENT</b>   |   | NJDEP Waste Hauler ID No.<br><b>1125</b>  |   | Cubic Yards of Waste<br><b>APPX 20</b>  | Name of Registered Landfill<br><b>FAIRLESS</b> |                |                         |             |           |
| City, State<br><b>ELIZABETH, NJ</b>  |   |   |   | Disposal Date<br><b>TBD</b>   | City, State<br><b>MORRISVILLE, PA</b>          |                |                         |             |           |
| Completed by<br><b>CAROL RAIMO</b>   |   | Title<br><b>OFFICE MGR.</b>   |   | Signature<br><i>Carol Raimo</i>   |  |                | Date<br><b>1/9/2018</b> |             |           |



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

Check # 1190

CK1190

**PAID**

|   |  |   |  |   |  |                       |        |             |           |
|---|--|---|--|---|--|-----------------------|--------|-------------|-----------|
| Date of Notification (1)<br><u>1/7/19</u>   |  | Name of Building Owner/Operator (2)<br><u>ESTATE OF ELIZABETH J. DUIGON</u>   |  |   |  |                       |        |             |           |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                | Type Notification<br><br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]  |  |   |  |                       |        |             |           |
|   |  | City, State, Zip Code<br><u>EAST BRUNSWICK NJ 08810</u>   |  |   |  |                       |        |             |           |
|   |  | Name of Contact<br><u>DEBORAH DUIGON</u>  | Telephone Number<br>_____  |   |  |                       |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |  |                       |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>DUIGON</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |  |                       |        |             |           |
| Street Address<br>[REDACTED]  |  | Square Feet<br><u>1850</u>  | # of Floors<br><u>2</u>  |   |  |                       |        |             |           |
| City (5)<br><u>EAST BRUNSWICK</u>   |  | Bldg. Age<br><u>64</u>  |  |   |  |                       |        |             |           |
| County (6)<br><u>MIDDLESEX</u>  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br><u>RES</u>   |  |   |  |                       |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.  | Name of Abatement Contractor (9)<br><u>A. Mac Contracting Inc.</u> |   |  |                       |        |             |           |
| Street Address  |  | Street Address<br><u>185 Vreeland Ave.</u>  |  |   |  |                       |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br><u>Midland Park, N.J.</u>  |  |   |  |                       |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.   | Telephone No.<br><u>201-262-5841</u>                               |   |  |                       |        |             |           |
|   |  |   | License No.<br><u>00156</u>  |   |  |                       |        |             |           |
| Start Date (10)<br><u>1/16/19</u>   |  | Scheduled Completion Date (11)<br><u>2/16/19</u>  |  |   |  |                       |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |  | Name of OSHA Monitor<br><u>Omega Environmental Services Inc.</u>  |  |   |  |                       |        |             |           |
|   |  | Street Address<br><u>280 Huyler Street</u>  |  |   |  |                       |        |             |           |
|   |  | City, State, Zip Code<br><u>Hackensack, N.J. 07606</u>  |  |   |  |                       |        |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |  |   |  |                       |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |  |   |  |                       |        |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         |  |   |  |   |  |                       |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>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)<br><u>801 SF</u> | Abatement Type        |        |             |           |
|   | Yes  | No  | N/A  |   |  | Removal               | Repair | Encapsulate | Enclosure |
| <u>BASEMENT + 1<sup>st</sup> FLOOR</u>  |  |   | <u>X</u>   | <u>VAT</u>  | <u>801 SF</u>                              | <u>X</u>              |        |             |           |
|   |  |   |  |   |  |                       |        |             |           |
|   |  |   |  |   |  |                       |        |             |           |
| Name of Registered Waste Hauler<br><u>Newark Carting, Inc.</u>  |  | NJDEP Waste Hauler ID No.<br><u>04509</u>   | Cubic Yards of Waste<br><u>3</u>                                   | Name of Registered Landfill<br><u>Grand Central Sanitary Landfill</u>   |  |                       |        |             |           |
| City, State<br><u>Newark, N.J. 07105</u>  |  | Disposal Date<br><u>1/16/19</u>   |  | City, State<br><u>Pen Argyl, PA 08072</u>   |  |                       |        |             |           |
| Completed by<br><u>R. McDonald</u>  |  | Title<br><u>President</u>   |  | Signature<br><u>[Signature]</u>   |  | Date<br><u>1/7/19</u> |        |             |           |



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

|  |   |   |   |   |                           |                |        |             |           |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>12/5/2018  |   | Name of Building Owner/Operator (2)<br>Connie Claman  |   |   |                           |                |        |             |           |
| Agencies Notified  | Type Notification   | Street Address  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                      | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Jersey City, NJ 07302  |   |   |                           |                |        |             |           |
|  |   | Name of Contact<br>Connie Claman  | Telephone Number  |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Private  |   | Type of Facility (4)  |   |   |                           |                |        |             |           |
| Street Address   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |   |                           |                |        |             |           |
| City (5)<br>Jersey City  |   | Square Feet   | # of Floors Bldg. Age                                   |   |                           |                |        |             |           |
| County (6)   |   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)                 |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  | Name of Abatement Contractor (9)<br>G S C Services Corp |   |                           |                |        |             |           |
| Street Address   |   | Street Address<br>1465 Route 23 South, #111   |   |   |                           |                |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Wayne, NJ 07470  |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.   | License No.   |   |                           |                |        |             |           |
| Start Date (10)<br>12/6/2018   |   | Scheduled Completion Date (11)<br>12/7/2018   | Name of OSHA Monitor<br>EnviroVision Consultants        |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | 20-21 Wagaraw Road  |   |   |                           |                |        |             |           |
|  |   | City, State, Zip Code<br>Fair Lawn, NJ 07410  |   |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |                           |                |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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   | TSI   | 110 LF                    | X              |        |             |           |
|  |   |   |   |   |                           |                |        |             |           |
|  |   |   |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>G S C Services Corp   |   | NJDEP Waste Hauler ID No.<br>0036309  | Cubic Yards of Waste                                    | Name of Registered Landfill<br>TRRF   |                           |                |        |             |           |
| City, State<br>Wayne, NJ   |   |   | Disposal Date   | City, State<br>Tullytown, PA  |                           |                |        |             |           |
| Completed by<br>Daniela Antic  |   | Title<br>Owner  | Signature   | Date<br>12/5/2018   |                           |                |        |             |           |



CK 1289

PAID

(Pursuant to NJAC 8:60 and 12:129)

JAN 10 2019

|   |  |  |                      |   |                           |                |        |               |           |
|---|--|--|----------------------|---|---------------------------|----------------|--------|---------------|-----------|
| Date of Notification (1)  |  | Name of Building Owner/Person (2)  |                      |   |                           |                |        |               |           |
| 12/1/2018   |  | Bruce Hadd   |                      |   |                           |                |        |               |           |
| Agencies Notified   | Type Notification  | Street Address   |                      |   |                           |                |        |               |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> OCL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA               | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | [REDACTED]   |                      |   |                           |                |        |               |           |
|   |  | City, State, Zip Code  |                      |   |                           |                |        |               |           |
|   |  | Packanack Lake, NJ 07470   |                      |   |                           |                |        |               |           |
|   |  | Name of Contact  | Telephone Number     |   |                           |                |        |               |           |
|   |  | Bruce Hadd   |                      |   |                           |                |        |               |           |
| <b>FACILITY INFORMATION</b>   |  |  |                      |   |                           |                |        |               |           |
| Name of Facility Where Abatement is Taking Place (3)  |  | Type of Facility (4)   |                      |   |                           |                |        |               |           |
| Private   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                  |                      |   |                           |                |        |               |           |
| Street Address  |  | Square Feet  |                      |   |                           |                |        |               |           |
| [REDACTED]  |  | # of Floors  |                      |   |                           |                |        |               |           |
| City (5)  |  | Bldg Area  |                      |   |                           |                |        |               |           |
| Packanack Lake  |  |  |                      |   |                           |                |        |               |           |
| County (6)  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)  |                      |   |                           |                |        |               |           |
| Passaic   |  |  |                      |   |                           |                |        |               |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | Name of Abatement Contractor (9)   |                      |   |                           |                |        |               |           |
| ASCM Inc  |  | G S C Services Corp  |                      |   |                           |                |        |               |           |
| Street Address  |  | Street Address   |                      |   |                           |                |        |               |           |
|   |  | 1465 Route 23 South #111   |                      |   |                           |                |        |               |           |
| City, State, Zip Code   |  | City, State, Zip Code  |                      |   |                           |                |        |               |           |
|   |  | Wayne, NJ 07470  |                      |   |                           |                |        |               |           |
| Project Manager for Monitoring Firm   |  | Telephone No.  | License No.          |   |                           |                |        |               |           |
|   |  | 973-750-0752   | 01253                |   |                           |                |        |               |           |
| Start Date (10)   | Scheduled Completion Date (11)   | Name of OSHA Monitor   |                      |   |                           |                |        |               |           |
| 12/14/2018  | 12/15/2018   | EnviroVision Consultants   |                      |   |                           |                |        |               |           |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address   |                      |   |                           |                |        |               |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  | 20-24 Wagoner Road   |                      |   |                           |                |        |               |           |
|   |  | City, State, Zip Code  |                      |   |                           |                |        |               |           |
|   |  | Fair Lawn, NJ 07410  |                      |   |                           |                |        |               |           |
| Scope of Work (Check All That Apply)  |  |  |                      |   |                           |                |        |               |           |
| <input type="checkbox"/> 25 sf or less<br><input checked="" type="checkbox"/> 250 sf or 2500 ft <sup>2</sup>  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |                      |   |                           |                |        |               |           |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted ("I") and Non-Exempt Procedure |                      |   |                           |                |        |               |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED (If 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   | NA                   |   |                           | Removal        | Repair | Encapsulation | Surfacing |
| Basement  |  |  | X                    | TSI   | 150LF                     |                |        |               |           |
|   |  |  |                      |   |                           |                |        |               |           |
|   |  |  |                      |   |                           |                |        |               |           |
|   |  |  |                      |   |                           |                |        |               |           |
| Name of Registered Waste Hauler   |  | NJ DEP Waste Hauler ID No.   | Cubic Yards of Waste | Name of Registered Landfill   |                           |                |        |               |           |
| G S C Services Corp   |  | 0030309  |                      | F R R I   |                           |                |        |               |           |
| City, State   |  | Disposal Date  |                      | City, State   |                           |                |        |               |           |
| Wayne, NJ   |  |  |                      | Fair Lawn, PA   |                           |                |        |               |           |
| Completed by  |  | Title  | Signature            | Date  |                           |                |        |               |           |
| Dariusz Andrzej   |  | Owner  | [Signature]          | 12/10/2018  |                           |                |        |               |           |



2019-01-07 11:19

Shade Environmental 1 &gt;&gt; 609 633 0664

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 8:16)

JAN 10 2019

P 2/4

CK 5386 PAID

|   |   |  |  |  |                |                                     |                          |                          |                          |
|---|---|--|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>01 / 07 / 19  |   | Name of Building Owner/Operator (2)<br>Gary Young  |  |  |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 8:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>Mount Holly, NJ 08060   |  |  |                |                                     |                          |                          |                          |
|   |   | Name of Contact<br>Gary Young  | Telephone Number   |  |                |                                     |                          |                          |                          |
| FACILITY INFORMATION  |   |  |  |  |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Young Residence   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter B (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]  |   | Square Feet<br>1,800   | # of Floors<br>3   |  |                |                                     |                          |                          |                          |
| City (5)<br>Mount Holly   |   | Bldg. Age<br>80  |  |  |                |                                     |                          |                          |                          |
| County (6)<br>Burlington  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Residence   |  |  |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services   |   | ASCM No.   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC   |  |                |                                     |                          |                          |                          |
| Street Address<br>PO Box 341  |   | Street Address<br>623 Cutler Avenue  |  |  |                |                                     |                          |                          |                          |
| City, State, Zip Code<br>Chesterfield, NJ 08516   |   | City, State, Zip Code<br>Maple Shade, NJ 08052   |  |  |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Bill Welgarber   |   | Telephone No.<br>609-298-4070  | License No.<br>00842   |  |                |                                     |                          |                          |                          |
| Start Date (10)<br>01 / 08 / 19   | Scheduled Completion Date (11)<br>01 / 10 / 19  | Name of OSHA Monitor<br>EMSL Analytical, Inc.  |  |  |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____ AM ____ PM ____ PM ____ AM   |   | Street Address<br>200 Route 130 North<br>City, State Zip Code<br>Cinnaminson, NJ 08077   |  |  |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 280$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |  |  |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                        | Abatement Type |                                     |                          |                          |                          |
|   | Yes   | No   |  |  | N/A            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | Air Cell Pipe Insulation                         | 75 LF          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | Duct Paper                                       | 2 SF           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Freehold Cartage   |   | NJDEP Waste Hauler ID No.<br>18939   | Cubic Yards of Waste<br>1  | Name of Registered Landfill<br>Fairless Landfill |                |                                     |                          |                          |                          |
| City, State<br>Freehold, NJ   |   | Disposal Date<br>01/10/2019  |  | City, State<br>Morrisville, PA                   |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Christina Lynch   |   | Title<br>Vice President of Operations  |  | Signature<br>                                    |                | Date<br>1/9/19                      |                          |                          |                          |

ASB-41  
JAN 13

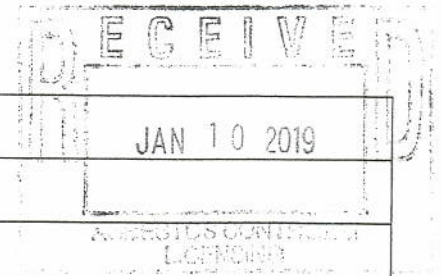
\* Do not use this form for asbestos license exempted activities.



CK 7218

PAID

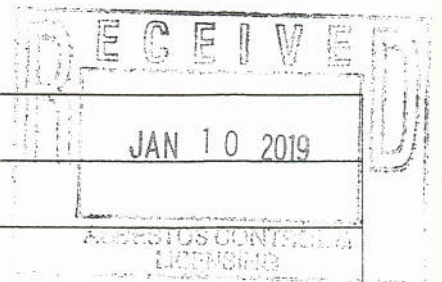
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

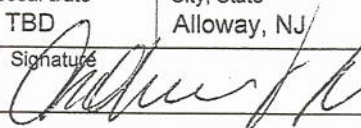


| Date of Notification (1)<br>1/7/19   |   | Name of Building Owner/Operator (2)<br>Justin Monnig Private Home   |  |   |                           |                |        |             |           |
|--|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]  |  |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Harvey Cedars NJ 08008   |  |   |                           |                |        |             |           |
|  |   | Name of Contact<br>Justin   | Telephone Number                                 |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Justin Monnig Private Home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                |        |             |           |
| Street Address<br>[REDACTED]   |   |   |  |   |                           |                |        |             |           |
| City (5)<br>Harvey Cedars NJ 08008   |   | Square Feet<br>1000   | # of Floors<br>1                                 |   |                           |                |        |             |           |
|  |   | Bldg. Age<br>35+  |  |   |                           |                |        |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>garage   |  |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>Pernaco Inc. |   |                           |                |        |             |           |
| Street Address   |   | Street Address<br>PO Box 329  |  |   |                           |                |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>West Berlin NJ 08091   |  |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>856-753-9800   | License No.<br>00727                             |   |                           |                |        |             |           |
| Start Date (10)<br>1/16/19   | Scheduled Completion Date (11)<br>1/25/19   | Name of OSHA Monitor<br>Same  |  |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address  |  |   |                           |                |        |             |           |
|  |   | City, State, Zip Code   |  |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition   |   |   |  |   |                           |                |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |   |  |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes   | No  | N/A  |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Exterior Siding  |   |   | x  | Exterior Siding   | 800 sf                    | x              |        |             |           |
|  |   |   |  |   |                           |                |        |             |           |
|  |   |   |  |   |                           |                |        |             |           |
|  |   |   |  |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>United Roll Off   |   | NJDEP Waste Hauler ID No.<br>22459  | Cubic Yards of Waste<br>2                        | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |        |             |           |
| City, State<br>Elm NJ  |   | Disposal Date<br>1/25/19  |  | City, State<br>Morrisville PA 19067   |                           |                |        |             |           |
| Completed by<br>Anthony T Perna  |   | Title<br>President  | Signature<br>                                    |   |                           | Date<br>1/7/19 |        |             |           |



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



|  |   |  |   |   |                           |
|--|---|--|---|---|---------------------------|
| Date of Notification (1)<br>1/7/19   |   | Name of Building Owner/Operator (2)<br>John Daly   |   | JAN 10 2019   |                           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>Wenonah, NJ 08090<br>Name of Contact<br>John Daly<br>Telephone Number<br>_____   |                           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |
| Name of Facility Where Abatement is Taking Place (3)<br>Vacant SFD   |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                           |
| Street Address<br>[REDACTED]   |   |  | Square Feet   |   |                           |
| City (5)<br>Wenonah  |   |  | # of Floors   |   | Bldg. Age                 |
| County (6)<br>Gloucester   |   | County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br>SFD  |                           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   |   | Name of Abatement Contractor (9)<br>Ricco Construction Corp   |                           |
| Street Address   |   | Street Address<br>282 Creek Road   |   | City, State, Zip Code<br>Bellmawr, NJ 08031   |                           |
| City, State, Zip Code  |   | Telephone No.<br>856.931.3366  |   | License No.<br>01339  |                           |
| Project Manager for Monitoring Firm  |   | Telephone No.  |   | Name of OSHA Monitor<br>Andrew Ricco  |                           |
| Start Date (10)<br>1/17/19   |   | Scheduled Completion Date (11)<br>3/29/19  |   | Street Address<br>282 Creek Road  |                           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   |  |   | City, State, Zip Code<br>Bellmawr, NJ 08031   |                           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>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) |
|  | Yes   | No   | N/A   |   |                           |
| Interior   |   |  | X   | 9X9 Floor Tile  | 500 SF                    |
|  |   |  |   |   |                           |
|  |   |  |   |   |                           |
|  |   |  |   |   |                           |
| Name of Registered Waste Hauler<br>Ricco Construction Corp   |   | NJDEP Waste Hauler ID No.<br>28909   |   | Cubic Yards of Waste  |                           |
| City, State<br>Bellmawr, NJ  |   | Disposal Date<br>TBD   |   | Name of Registered Landfill<br>Salem County   |                           |
| Completed by<br>Andrew Ricco   |   | Title<br>President   |   | Signature<br> Date<br>1/7/19  |                           |



CK 7588

PAID

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

RECEIVED

JAN 10 2019

|  |  |  |  |  |                           |                  |        |             |           |
|--|--|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/07/19   |  | Name of Building Owner/Operator (2)<br>Ameritrust Residential Services   |  |  |                           |                  |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>3525 Piedmont Rd NE, Building 7 Suite 70   |  |  |                           |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Atlanta, GA, 30305  |  |  |                           |                  |        |             |           |
|  |  | Name of Contact<br>Ameritrust Residential Services   | Telephone Number<br>844-554-0196                           |  |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>[REDACTED]   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |  |                           |                  |        |             |           |
| Street Address<br>[REDACTED]   |  | Square Feet  | # of Floors  |  |                           |                  |        |             |           |
| City (5)<br>Plainfield   |  | Bldg. Age  |  |  |                           |                  |        |             |           |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)  |  |  |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   | Name of Abatement Contractor (9)<br>AAA LEAD PROFESSIONALS |  |                           |                  |        |             |           |
| Street Address   |  | Street Address<br>6 WHITE DOVE COURT   |  |  |                           |                  |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>LAKEWOOD, NJ 08701  |  |  |                           |                  |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.  | License No.<br>732-668-9078                                |  |                           |                  |        |             |           |
| Start Date (10)<br>01/17/19  | Scheduled Completion Date (11)<br>01/23/19   | Name of OSHA Monitor<br>AAA LEAD PROFESSIONALS   |  |  |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: |  | Street Address<br>6 WHITE DOVE COURT   |  |  |                           |                  |        |             |           |
|  |  | City, State, Zip Code<br>LAKEWOOD, NJ 08701  |  |  |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |  |  |                           |                  |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |                           |                  |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM)<br>(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 |
| INTERIOR   |  |  |  | FLOOR TILE   | 500SF                     | x                |        |             |           |
|  |  |  |  |  |                           |                  |        |             |           |
|  |  |  |  |  |                           |                  |        |             |           |
|  |  |  |  |  |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>NEWARK CARTING  |  | NJDEP Waste Hauler ID No.<br>04509   | Cubic Yards of Waste<br>10                                 | Name of Registered Landfill<br>IESI  |                           |                  |        |             |           |
| City, State<br>NEWARK, NJ  |  | Disposal Date<br>01/23/19  |  | City, State<br>BETHLEHEM PA  |                           |                  |        |             |           |
| Completed by<br>JOSEPH PERLSTEIN   |  | Title<br>OWNER   | Signature  |  |                           | Date<br>01/07/19 |        |             |           |



# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

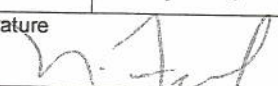
RECEIVED

JAN 10 2019

35795

CK 35795

PAID

|  |  |  |  |  |                           |                                     |                          |                          |                          |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>01 / 07 / 19   |  | Name of Building Owner/Operator (2)<br>Community Medical Center  |  |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>99 Route 37 W  |  |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Toms River, NJ 08753  |  |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br>Paul McAteer  | Telephone Number<br>201-264-1787                               |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Community Medical Center   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                           |                                     |                          |                          |                          |
| Street Address<br>99 Route 37 W  |  |  |  |  |                           |                                     |                          |                          |                          |
| City (5)<br>Toms River   |  | Square Feet<br>300,000   | # of Floors<br>6   |  |                           |                                     |                          |                          |                          |
|  |  | Bldg. Age<br>70  |  |  |                           |                                     |                          |                          |                          |
| County (6)<br>Ocean  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Hospital  |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Guardian Contracting, Inc.  |  | ASCM No.   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |  |                           |                                     |                          |                          |                          |
| Street Address<br>1889 Rte. 9, Unit 61   |  | Street Address<br>1889 Route 9, Unit 61  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Toms River, New Jersey 08755  |  | City, State, Zip Code<br>Toms River, New Jersey 08755  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Nicholas Fernicola  |  | Telephone No.<br>732-349-9932  | License No.<br>00624   |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>01 / 07 / 19  | Scheduled Completion Date (11)<br>01 / 11 / 19   | Name of OSHA Monitor<br>E.M.S.L. Analytical  |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM  |  | Street Address<br>1056 Stelton   |  |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |  |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| tank #1 Mechanical Room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                                       | tank insulation  | 300 sf                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| tank #2 Mechanical Room  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                                       | tank insulation  | 150 sf                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| penthouse #4   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                                       | heat exchanger   | 70 sf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                       |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.  |  | NJDEP Waste Hauler ID No.<br>20223   | Cubic Yards of Waste<br>10                                     | Name of Registered Landfill<br>T.R.R.F.  |                           |                                     |                          |                          |                          |
| City, State<br>Toms River, New Jersey  |  | Disposal Date<br>01/11/19  |  | City, State<br>Tullytown, Pennsylvania   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Nicholas Fernicola   |  | Title<br>Project Manager   |  | Signature<br>                            |                           | Date<br>1/7/19                      |                          |                          |                          |



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

RECEIVED  
JAN 10 2019

CK 35797 PAID

|  |   |  |                                  |
|--|---|--|----------------------------------|
| Date of Notification (1)<br>01 / 07 / 19   |   | Name of Building Owner/Operator (2)<br>Walters Residential |                                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>500 Barnegate Blvd.                      |                                  |
|  |   | City, State, Zip Code<br>Barnegat, NJ 08005                |                                  |
|  |   | Name of Contact<br>Victor                                  | Telephone Number<br>609-607-9500 |

**FACILITY INFORMATION**

|  |  |  |                      |
|--|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                      |
| Street Address<br>[REDACTED]   |  |  |                      |
| City (5)<br>Toms River   |  | Square Feet<br>2500 sf   | # of Floors<br>2     |
| County (6)<br>Ocean  |  | County Code (7) (STATE USE ONLY)   | Bldg. Age<br>65      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | Current Use (Prior if being demolished)<br>Residence   |                      |
| ASCM No.   |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |                      |
| Street Address   |  | Street Address<br>1889 Route 9, Unit 61  |                      |
| City, State, Zip Code  |  | City, State, Zip Code<br>Toms River, New Jersey 08755  |                      |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>732-349-9932  | License No.<br>00624 |
| Start Date (10)<br>01 / 18 / 19  | Scheduled Completion Date (11)<br>01 / 21 / 19 | Name of OSHA Monitor<br>E.M.S.L. Analytical  |                      |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-PW-FM-AM |  | Street Address<br>1056 Stelton   |                      |
|  |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |                      |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |                          | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                                  | N/A                      |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| exterior  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding   | 2800 sf                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                                    |                           |   |  |
|---|--------------------------|------------------------------------|---------------------------|---|--|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. |                          | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3 | Name of Registered Landfill<br>T.R.R.F. |  |
| City, State<br>Toms River, New Jersey                         |                          |                                    | Disposal Date<br>01/21/19 | City, State<br>Tullytown, Pennsylvania  |  |
| Completed By (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager | Signature<br><i>[Signature]</i>    |                           | Date<br>1/7/19                          |  |



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

RECEIVED  
JAN 10 2019

|  |  |  |                            |   |                           |                |                  |             |           |
|--|--|--|----------------------------|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1)<br>01/07/19   |  | Name of Building Owner/Operator (2)<br>Yitzchok Felsenberg   |                            |   |                           |                |                  |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]   |                            |   |                           |                |                  |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Lakewood, NJ, 08701   |                            |   |                           |                |                  |             |           |
|  |  | Name of Contact<br>Yitzchok Felsenberg   | Telephone Number           |   |                           |                |                  |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |                            |   |                           |                |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>[REDACTED]   |  | Type of Facility (4)   |                            |   |                           |                |                  |             |           |
| Street Address<br>[REDACTED]   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                            |   |                           |                |                  |             |           |
| City (5)<br>Lakewood   |  | Square Feet  | # of Floors                |   |                           |                |                  |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY)  | Bldg. Age  |                            |   |                           |                |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Current Use (Prior if being demolished)  |                            |   |                           |                |                  |             |           |
| Street Address   |  | Name of Abatement Contractor (9)<br>AAA LEAD PROFESSIONALS   |                            |   |                           |                |                  |             |           |
| City, State, Zip Code  |  | Street Address<br>6 WHITE DOVE COURT   |                            |   |                           |                |                  |             |           |
| Project Manager for Monitoring Firm  |  | City, State, Zip Code<br>LAKEWOOD, NJ 08701  |                            |   |                           |                |                  |             |           |
| Telephone No.  |  | Telephone No.<br>732-668-9078  | License No.<br>1200        |   |                           |                |                  |             |           |
| Start Date (10)<br>01/17/19  | Scheduled Completion Date (11)<br>01/23/19   | Name of OSHA Monitor<br>AAA LEAD PROFESSIONALS   |                            |   |                           |                |                  |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>6 WHITE DOVE COURT   |                            |   |                           |                |                  |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: |  | City, State, Zip Code<br>LAKEWOOD, NJ 08701  |                            |   |                           |                |                  |             |           |
| Scope of Work (Check All That Apply)   |  |  |                            |   |                           |                |                  |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |                            |   |                           |                |                  |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                            |   |                           |                |                  |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                            | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                  |             |           |
|  | Yes  | No   | N/A                        |   |                           | Removal        | Repair           | Encapsulate | Enclosure |
| EXTERIOR   |  |  |                            | SIDING  | 2500                      | x              |                  |             |           |
|  |  |  |                            |   |                           |                |                  |             |           |
|  |  |  |                            |   |                           |                |                  |             |           |
|  |  |  |                            |   |                           |                |                  |             |           |
| Name of Registered Waste Hauler<br>NEWARK CARTING  |  | NJDEP Waste Hauler ID No.<br>04509   | Cubic Yards of Waste<br>15 | Name of Registered Landfill<br>IESI   |                           |                |                  |             |           |
| City, State<br>NEWARK, NJ  |  | Disposal Date<br>01/23/19  |                            | City, State<br>BETHLEHEM PA   |                           |                |                  |             |           |
| Completed by<br>JOSEPH PERLSTEIN   |  | Title<br>OWNER   |                            | Signature   |                           |                | Date<br>01/07/19 |             |           |



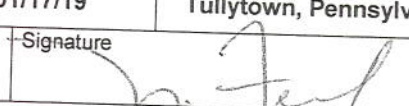
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

OK 35789

**PAID**

**RECEIVED**

JAN 10 2019

|  |  |   |  |   |  |  |  |   |                          |                          |                          |
|--|--|---|--|---|--|--|--|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>01 / 04 / 19   |  | Name of Building Owner/Operator (2)<br>CKM Group  |  | <div style="text-align: right;">35789</div>   |  |  |  |   |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8) |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |   |  | Street Address<br><b>3 Wilson Cove</b><br>City, State, Zip Code<br><b>Hillsborough, NJ 08844</b><br>Name of Contact<br><b>Mark Allen</b>   |  | Telephone Number<br><b>908-380-8374</b>                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |  |  |  |   |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Residence</b>   |  |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |  |  |  |   |                          |                          |                          |
| Street Address<br>[REDACTED]   |  |   |  | Square Feet<br><b>1500</b>  |  | # of Floors<br><b>1</b>  |  | Bldg. Age<br><b>65</b>                                      |                          |                          |                          |
| City (5)<br><b>Seaside Park</b>  |  |   |  | County (6)<br><b>Ocean</b>  |  | County Code (7) (STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br><b>Residence</b> |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |  |   |  | ASCM No.  |  | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |  |   |                          |                          |                          |
| Street Address   |  |   |  | Street Address<br><b>1889 Route 9, Unit 61</b>  |  | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>   |  |   |                          |                          |                          |
| City, State, Zip Code  |  |   |  | Telephone No.<br><b>732-349-9932</b>  |  | License No.<br><b>00624</b>  |  |   |                          |                          |                          |
| Project Manager for Monitoring Firm  |  |   |  | Telephone No.   |  | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>   |  |   |                          |                          |                          |
| Start Date (10)<br>01 / 16 / 19  |  | Scheduled Completion Date (11)<br>01 / 17 / 19  |  | Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |  |  |  |   |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>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)<br><b>1350 sf</b>  |  | Abatement Type  |                          |                          |                          |
|  |  |   |  |   |  |  |  | Removal   | Repair                   | Encapsulate              | Enclosure                |
| exterior   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A  |  | asbestos siding   |  |  |  | <input checked="" type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |  |   |  |  |  | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |  |   |  |  |  | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |  |   |  |  |  | <input type="checkbox"/>                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Guardian Contracting, Inc.</b>   |  |   |  | NJDEP Waste Hauler ID No.<br><b>20223</b>   |  | Cubic Yards of Waste<br><b>3</b>   |  | Name of Registered Landfill<br><b>T.R.R.F.</b>              |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>   |  |   |  | Disposal Date<br><b>01/17/19</b>  |  | City, State<br><b>Tullytown, Pennsylvania</b>  |  |   |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>  |  | Title<br><b>Project Manager</b>   |  | Signature<br>   |  | Date<br><b>1/4/19</b>  |  |   |                          |                          |                          |



CK# 4717

PAID

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

JAN 10 2019

|  |   |  |  |  |                       |         |        |
|--|---|--|--|--|-----------------------|---------|--------|
| Date of Notification (1)<br><b>1-3-18</b>  |   | Name of Building Owner/Operator (2)<br><b>PINELAIDS CONSTRUCTION</b>   |  |  |                       |         |        |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>300 77TH ST.</b>  |  |  |                       |         |        |
|  |   | City, State, Zip Code<br><b>SEA ISLE CITY N.J. 08243</b>   |  |  |                       |         |        |
|  |   | Name of Contact<br><b>KRANIC</b>   | Telephone Number   |  |                       |         |        |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                       |         |        |
| Name of Facility Where Abatement is Taking Place (3)<br><b>RESIDENCE</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |  |                       |         |        |
| Street Address<br>[REDACTED]   |   |  |  |  |                       |         |        |
| City (5)<br><b>SEA ISLE CITY</b>   |   | Square Feet<br><b>1500</b>   | # of Floors<br><b>1</b>  |  |                       |         |        |
| County (6)<br><b>CAPE MAY</b>  |   | Bldg. Age<br><b>50+</b>  |  |  |                       |         |        |
| County Code (7) (STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br><b>VACANT</b>   |  |  |                       |         |        |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>KLEMMCO INC</b>   |  |                       |         |        |
| Street Address   |   | Street Address<br><b>369 S. SPRUCE AVE</b>   |  |  |                       |         |        |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>MAPLE SHADE N.J. 08052</b>   |  |  |                       |         |        |
| Project Manager for Monitoring Firm  |   | Telephone No.<br><b>856-779-0472</b>   | License No.<br><b>01371</b>  |  |                       |         |        |
| Start Date (10)<br><b>1-13-18</b>  |   | Scheduled Completion Date (11)<br><b>1-23-18</b>   |  |  |                       |         |        |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:   |   | Name of OSHA Monitor<br><b>N/A</b>   |  |  |                       |         |        |
| Street Address   |   | City, State, Zip Code  |  |  |                       |         |        |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| <b>SIDING</b>  |   |  | <b>X</b>   | <b>1500 SF</b>                                     | <b>X</b>              |         |        |
|  |   |  |  |  |                       |         |        |
|  |   |  |  |  |                       |         |        |
|  |   |  |  |  |                       |         |        |
| Name of Registered Waste Hauler<br><b>KLEMMCO INC.</b>   |   | NJDEP Waste Hauler ID No.<br><b>15904</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>C.M.C.M.U.A.</b> |                       |         |        |
| City, State<br><b>MAPLE SHADE N.J. 08052</b>   |   | Disposal Date  | City, State<br><b>WOODBINE N.J.</b>  |  |                       |         |        |
| Completed By<br><b>MICHAEL KLEMM</b>   |   | Title<br><b>SUP.</b>   | Signature<br><i>[Signature]</i>  |  | Date<br><b>1-3-18</b> |         |        |



CK#4717

PAID

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

JAN 10 2019

|  |  |  |  |
|--|--|--|--|
| Date of Notification (1)<br><u>1-3-19</u>  |  | Name of Building Owner/Operator (2)<br><u>EARTHTECH CONTRACTING</u>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation           |  |
| Street Address<br><u>155 RT 50</u>   |  | City, State, Zip Code<br><u>GREENFIELD N.J. 08230</u>  |  |
| Name of Contact<br><u>BRUCE</u>  |  | Telephone Number<br>_____  |  |
| FACILITY INFORMATION   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |
| Street Address<br>[REDACTED]   |  | Square Feet<br><u>2000</u>   |  |
| City (5)<br><u>OCEAN CITY</u>  |  | # of Floors<br><u>2</u>  |  |
| County (6)<br><u>CAPE MAY</u>  |  | Bldg. Age<br><u>50+</u>  |  |
| County Code (7) (STATE USE ONLY)<br>_____  |  | Current Use (Prior if being demolished)<br><u>VACANT</u>   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |  | Name of Abatement Contractor (9)<br><u>KLEMCO INC</u>  |  |
| Street Address<br>_____  |  | Street Address<br><u>369 S SPRUCE AVE</u>  |  |
| City, State, Zip Code<br>_____   |  | City, State, Zip Code<br><u>MAPLE SHADE N.J. 08052</u>   |  |
| Project Manager for Monitoring Firm<br>_____   |  | Telephone No.<br><u>856-779-0472</u>   |  |
| Telephone No.<br>_____   |  | License No.<br><u>01371</u>  |  |
| Start Date (10)<br><u>1-15-19</u>  |  | Name of OSHA Monitor<br><u>N/A</u>   |  |
| Scheduled Completion Date (11)<br><u>1-25-19</u>   |  | Street Address<br>_____  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | City, State, Zip Code<br>_____   |  |
| Scope of Work (Check all that apply)   |  |  |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)<br><u>SIDING</u>  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>  |  |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)<br><u>TRANSITE</u>  |  | Amount (Specify SF or LF)<br><u>2250 SF</u>  |  |
| Abatement Type<br>Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>  |  |  |  |
| Name of Registered Waste Hauler<br><u>KLEMCO INC</u>   |  | NJDEP Waste Hauler ID No.<br><u>12904</u>  |  |
| Cubic Yards of Waste<br>_____  |  | Name of Registered Landfill<br><u>C.M.C.M.U.A</u>  |  |
| Disposal Date<br>_____   |  | City, State<br><u>WOODBINE</u>   |  |
| Completed By<br><u>Michael Klemm</u>   |  | Signature<br><u>[Signature]</u>  |  |
| Title<br><u>SUP.</u>   |  | Date<br><u>1-3-19</u>  |  |



CK#5234

PAID

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

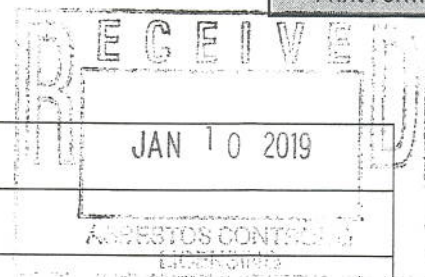
RECEIVED

JAN 10 2019

|   |  |  |                           |   |                           |                |        |             |           |
|---|--|--|---------------------------|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/4/19  |  | Name of Building Owner/Operator (2)<br>Glen Likus  |                           |   |                           |                |        |             |           |
| Agencies Notified   | Type Notification  | Street Address<br>[REDACTED]   |                           |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA      | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Annandale, New Jersey   |                           |   |                           |                |        |             |           |
|   |  | Name of Contact<br>Glen  | Telephone Number          |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |  |                           |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Likus Residence   |  | Type of Facility (4)   |                           |   |                           |                |        |             |           |
| Street Address<br>[REDACTED]  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |                           |   |                           |                |        |             |           |
| City (5)<br>Annandale   |  | Square Feet<br>2300  | # of Floors<br>2          |   |                           |                |        |             |           |
| County (6)<br>Hunterdon   |  | Bldg. Age<br>100+  |                           |   |                           |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br>Farm House  |                           |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | Name of Abatement Contractor (9)   |                           |   |                           |                |        |             |           |
| Street Address  |  | Age Insulation Co Inc  |                           |   |                           |                |        |             |           |
| City, State, Zip Code   |  | Street Address<br>95 Montrose Rd   |                           |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm   |  | City, State, Zip Code<br>Colts Neck, NJ 07722  |                           |   |                           |                |        |             |           |
| Telephone No.   |  | Telephone No.<br>732 294 7777  | License No.<br>00029      |   |                           |                |        |             |           |
| Start Date (10)<br>1/15/19  | Scheduled Completion Date (11)<br>1/29/19  | Name of OSHA Monitor   |                           |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address   |                           |   |                           |                |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: 7AM - 7PM |  | City, State, Zip Code  |                           |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |  |  |                           |   |                           |                |        |             |           |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |                           |   |                           |                |        |             |           |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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  |  |  | X                         | Siding (w/vinyl)  | 2300 lf                   | X              |        |             |           |
| basement  |  |  | X                         | pipe insulation   | 100 LF                    | X              |        |             |           |
| Name of Registered Waste Hauler<br>Age Insulation Co Inc  |  | NJDEP Waste Hauler ID No.<br>12086   | Cubic Yards of Waste<br>1 | Name of Registered Landfill<br>Grows Farms, Marlinton, PA   |                           |                |        |             |           |
| City, State<br>Colts Neck, NJ   |  |  | Disposal Date<br>1/29/19  | City, State<br>Easton, PA   |                           |                |        |             |           |
| Completed by<br>Bree McGuire  |  | Title<br>Secretary/Treasurer   | Signature<br>[Signature]  | Date<br>1/4/19  |                           |                |        |             |           |



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

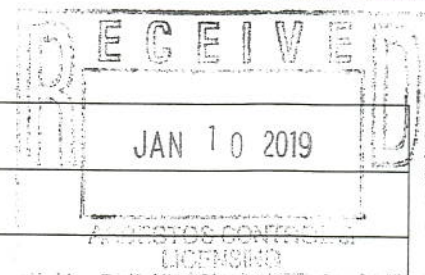


|  |   |  |  |  |                           |                |                  |             |           |
|--|---|--|--|--|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1)<br>01/04/19   |   | Name of Building Owner/Operator (2)  |  |  |                           |                |                  |             |           |
| Agencies Notified  | Type Notification   | Street Address   |  |  |                           |                |                  |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <div style="background-color: black; height: 15px; width: 100%;"></div>  |  |  |                           |                |                  |             |           |
|  |   | City, State, Zip Code<br>Point Pleasant Boro, NJ   |  |  |                           |                |                  |             |           |
|  |   | Name of Contact  | Telephone Number   |  |                           |                |                  |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                           |                |                  |             |           |
| Name of Facility Where Abatement is Taking Place (3)   |   | Type of Facility (4)   |  |  |                           |                |                  |             |           |
| <div style="background-color: black; height: 15px; width: 100%;"></div>  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |  |                           |                |                  |             |           |
| Street Address   |   | <div style="background-color: black; height: 15px; width: 100%;"></div>  |  |  |                           |                |                  |             |           |
| City (5)<br>Point Pleasant Boro, NJ  |   | Square Feet  | # of Floors  |  |                           |                |                  |             |           |
|  |   | Bldg. Age  |  |  |                           |                |                  |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)  |  |  |                           |                |                  |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>AAA LEAD PROFESSIONALS |  |                           |                |                  |             |           |
| Street Address   |   | Street Address<br>6 WHITE DOVE COURT   |  |  |                           |                |                  |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>LAKEWOOD, NJ 08701  |  |  |                           |                |                  |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>732-668-9078  | License No.<br>1200  |  |                           |                |                  |             |           |
| Start Date (10)<br>01/15/19  | Scheduled Completion Date (11)<br>01/18/19  | Name of OSHA Monitor<br>AAA LEAD PROFESSIONALS   |  |  |                           |                |                  |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br>6 WHITE DOVE COURT   |  |  |                           |                |                  |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: _____ |   | City, State, Zip Code<br>LAKEWOOD, NJ 08701  |  |  |                           |                |                  |             |           |
| Scope of Work (Check All That Apply)   |   |  |  |  |                           |                |                  |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |  |                           |                |                  |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                |                  |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |  | Description of Asbestos Containing Material (ACM)<br>(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 |
| INTERIOR   |   |  |  | PIPE INSULATION  | 220LF                     | x              |                  |             |           |
|  |   |  |  |  |                           |                |                  |             |           |
|  |   |  |  |  |                           |                |                  |             |           |
|  |   |  |  |  |                           |                |                  |             |           |
| Name of Registered Waste Hauler<br>NEWARK CARTING  |   | NJDEP Waste Hauler ID No.<br>04509   | Cubic Yards of Waste<br>10                                 | Name of Registered Landfill<br>IESI  |                           |                |                  |             |           |
| City, State<br>NEWARK, NJ  |   | Disposal Date<br>01/18/19  |  | City, State<br>BETHLEHEM PA  |                           |                |                  |             |           |
| Completed by<br>JOSEPH PERLSTEIN   |   | Title<br>OWNER   |  | Signature  |                           |                | Date<br>01/04/19 |             |           |



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

CK 7579 PAID



|  |  |   |  |  |                           |                  |        |             |           |
|--|--|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/04/19   |  | Name of Building Owner/Operator (2)<br>Vine and Towers LLC  |  |  |                           |                  |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>680 Vine Avenue   |  |  |                           |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Lakewood, NJ 08701   |  |  |                           |                  |        |             |           |
|  |  | Name of Contact<br>Yitz Eidelman  | Telephone Number<br>[REDACTED]   |  |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>680 Vine Avenue  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                  |        |             |           |
| Street Address<br>680 Vine Avenue  |  | Square Feet   | # of Floors  |  |                           |                  |        |             |           |
| City (5)<br>Lakewood   |  | Bldg. Age   |  |  |                           |                  |        |             |           |
| County (6)<br>Ocean  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)   |  |  |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>AAA LEAD PROFESSIONALS   |  |                           |                  |        |             |           |
| Street Address   |  | Street Address<br>6 WHITE DOVE COURT  |  |  |                           |                  |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>LAKEWOOD, NJ 08701   |  |  |                           |                  |        |             |           |
| Project Manager for Monitoring Firm  | Telephone No.  | Telephone No.<br>732-668-9078   | License No.<br>1200  |  |                           |                  |        |             |           |
| Start Date (10)<br>01/08/19  | Scheduled Completion Date (11)<br>01/11/19   | Name of OSHA Monitor<br>AAA LEAD PROFESSIONALS  |  |  |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: _____ |  | Street Address<br>6 WHITE DOVE COURT  |  |  |                           |                  |        |             |           |
|  |  | City, State, Zip Code<br>LAKEWOOD, NJ 08701   |  |  |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |  |                           |                  |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                           |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type   |        |             |           |
|  | Yes  | No  | N/A  |  |                           | Removal          | Repair | Encapsulate | Enclosure |
| EXTERIOR   |  |   |  | SIDING   | 2500SF                    | x                |        |             |           |
|  |  |   |  |  |                           |                  |        |             |           |
|  |  |   |  |  |                           |                  |        |             |           |
|  |  |   |  |  |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>NEWARK CARTING  |  | NJDEP Waste Hauler ID No.<br>04509  | Cubic Yards of Waste<br>12   | Name of Registered Landfill<br>IESI  |                           |                  |        |             |           |
| City, State<br>NEWARK, NJ  |  |   | Disposal Date<br>01/11/19  | City, State<br>BETHLEHEM PA  |                           |                  |        |             |           |
| Completed by<br>JOSEPH PERLSTEIN   |  | Title<br>OWNER  | Signature  |  |                           | Date<br>01/04/19 |        |             |           |



PAID

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

Check 18453

RECEIVED

JAN 10 2019

|  |   |  |   |   |                           |                 |        |             |           |
|--|---|--|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/4/19   |   | Name of Building Owner/Operator (2)<br>Ivan Levitskiy  |   |   |                           |                 |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]   |   |   |                           |                 |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Hackettstown, NJ 07840  |   |   |                           |                 |        |             |           |
|  |   | Name of Contact<br>Ivan  | Telephone Number<br>[REDACTED]                                      |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                 |        |             |           |
| Street Address<br>[REDACTED]   |   |  |   |   |                           |                 |        |             |           |
| City (5)<br>Chatham  |   | Square Feet<br>2100  | # of Floors<br>2  |   |                           |                 |        |             |           |
|  |   | Bldg. Age<br>73  |   |   |                           |                 |        |             |           |
| County (6)<br>Morris   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>home  |   |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |   |                           |                 |        |             |           |
| Street Address   |   | Street Address<br>PO Box 483, 4 E Gate Drive   |   |   |                           |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood NJ 07418   |   |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-764-2276  | License No.<br>703  |   |                           |                 |        |             |           |
| Start Date (10)<br>1/15/19   | Scheduled Completion Date (11)<br>1/29/19   | Name of OSHA Monitor   |   |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>basement</u> |   | Street Address   |   |   |                           |                 |        |             |           |
|  |   | City, State, Zip Code  |   |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |                 |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                 |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No   | N/A   |   |                           | Removal         | Repair | Encapsulate | Enclosure |
| basement   |   |  | x   | pipe insulation   | 60 LF                     | x               |        |             |           |
|  |   |  |   |   |                           |                 |        |             |           |
|  |   |  |   |   |                           |                 |        |             |           |
|  |   |  |   |   |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Western Berks Landfill   |                           |                 |        |             |           |
| City, State<br>Freehold, NJ  |   | Disposal Date<br>TBD   |   | City, State<br>Birdsboro, PA  |                           |                 |        |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President   | Signature<br>   |   |                           | Date<br>1/04/19 |        |             |           |



NOCK

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

RECEIVED  
JAN 10 2019

| Date of Notification (1)<br>12 / 12 / 18  |   | Name of Building Owner/Operator (2)<br>Rider University  |   |  |                           |                                     |                          |                          |                          |
|---|---|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1-1/4/19<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2083 Lawrenceville Road<br>City, State, Zip Code<br>Lawrenceville, NJ 08648  |   |  |                           |                                     |                          |                          |                          |
|   |   | Name of Contact<br>Walter Eddy   | Telephone Number<br>(609) 896-5000                              |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Kroner Building   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |                           |                                     |                          |                          |                          |
| Street Address<br>2083 Lawrenceville Road   |   |  |   |  |                           |                                     |                          |                          |                          |
| City (5)<br>Lawrenceville   |   | Square Feet<br>44000   | # of Floors<br>4  |  |                           |                                     |                          |                          |                          |
| County (6)<br>Mercer  |   | Bldg. Age<br>+- 50   |   |  |                           |                                     |                          |                          |                          |
| County Code (7)(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br>Dorm  |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni  |   | ASCM No.<br>00102  | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC. |  |                           |                                     |                          |                          |                          |
| Street Address<br>515 Grove Street, Suite 1B  |   | Street Address<br>1123 BEAVER STREET   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Haddon Heights, NJ 08035   |   | City, State, Zip Code<br>BRISTOL, PA 19007   |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Brian Clark  |   | Telephone No.<br>856-547-0505  | License No.<br>00509  |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>1 ON 1   | Scheduled Completion Date (11)<br>HOLD 1  | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC   |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-5:00PM/ PM- AM   |   | Street Address<br>1123 BEAVER STREET   |   |  |                           |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br>BRISTOL, PA 19007   |   |  |                           |                                     |                          |                          |                          |
| 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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><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 Rec Room/hallway   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                             | Elbow Insulation   | 30 sf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Floor Bathrooms/Hallway   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                             | Elbow Insulation   | 60 sf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second Floor Bathrooms/Hallway  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                             | Elbow Insulation   | 20 sf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Third Floor Bathrooms/Hallway   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                             | Elbow Insulation   | 20 sf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Bristol Environmental Inc  |   | NJDEP Waste Hauler ID No.<br>18706   | Cubic Yards of Waste<br>20                                      | Name of Registered Landfill<br>Fairless Landfill   |                           |                                     |                          |                          |                          |
| City, State<br>Bristol, PA  |   | Disposal Date<br>TBD   |   | City, State<br>Fairless Hills, PA  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Patrick DeCaro  |   | Title<br>Estimator   |   | Signature<br>Patrick DeCaro /jc  |                           | Date<br>1/4/19                      |                          |                          |                          |



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

|   |   |  |  |   |                |                                     |                          |                          |                          |
|---|---|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">12 / 12 / 18</div>   |   | Name of Building Owner/Operator (2)<br><b>Rider University</b>   |  |   |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1-1/4/19<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>2083 Lawrenceville Road</b>   |  |   |                |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>Lawrenceville, NJ 08648</b>  |  |   |                |                                     |                          |                          |                          |
|   |   | Name of Contact<br><b>Walter Eddy</b>  | Telephone Number<br><b>(609) 896-5000</b>  |   |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |  |  |   |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Kroner Building</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |   |                |                                     |                          |                          |                          |
| Street Address<br><b>2083 Lawrenceville Road</b>  |   | Square Feet<br><b>44000</b>  |  |   |                |                                     |                          |                          |                          |
| City (5)<br><b>Lawrenceville</b>  |   | # of Floors<br><b>4</b>  | Bldg. Age<br><b>+ 50</b>   |   |                |                                     |                          |                          |                          |
| County (6)<br><b>Mercer</b>   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Dorm</b>   |  |   |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Pennoni</b>   | ASCM No.<br><b>00102</b>  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |   |                |                                     |                          |                          |                          |
| Street Address<br><b>515 Grove Street, Suite 1B</b>   |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |   |                |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Haddon Heights, NJ08035</b>   |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |   |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Brian Clark</b>   | Telephone No.<br><b>856-547-0505</b>  | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b>  |   |                |                                     |                          |                          |                          |
| Start Date (10)<br><b>10/1</b>  | Scheduled Completion Date (11)<br><b>10/10</b>  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC</b>  |  |   |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00AM-5:00PM</b> PM- AM   |   | Street Address<br><b>1123 BEAVER STREET</b>  |  |   |                |                                     |                          |                          |                          |
|   |   | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |   |                |                                     |                          |                          |                          |
| 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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |  |   |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                               | Abatement Type |                                     |                          |                          |                          |
|   | Yes   | No   |  |   | N/A            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Boiler Room   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | Pipe Flue Insulation                                    | 50 sf          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | Boiler Insulation                                       | 60 sf          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |   |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   |   |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Bristol Environmental Inc</b>   |   | NJDEP Waste Hauler ID No.<br><b>18706</b>  | Cubic Yards of Waste<br><b>20</b>  | Name of Registered Landfill<br><b>Fairless Landfill</b> |                |                                     |                          |                          |                          |
| City, State<br><b>Bristol, PA</b>   |   | Disposal Date<br><b>TBD</b>  |  | City, State<br><b>Fairless Hills, PA</b>                |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Patrick DeCaro</b>   |   | Title<br><b>Estimator</b>  |  | Signature<br><i>Patrick DeCaro</i>                      |                | Date<br><b>1/4/19</b>               |                          |                          |                          |



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

chk # 3487

| Date of Notification (1)<br>12 / 12 / 18  |  | Name of Building Owner/Operator (2)<br>Rider University  |                                     |   |  |                                     |                          |                          |                          |
|---|--|--|-------------------------------------|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA 4756<br><input checked="" type="checkbox"/> DOLWD 4732<br><input checked="" type="checkbox"/> DOH 4749<br><input checked="" type="checkbox"/> DCA 4763<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2083 Lawrenceville Road<br>City, State, Zip Code<br>Lawrenceville, NJ 08648<br>Name of Contact<br>Walter Eddy<br>Telephone Number<br>(609) 896-5000  |                                     |   |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |                                     |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Kroner Building   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                     |   |  |                                     |                          |                          |                          |
| Street Address<br>2083 Lawrenceville Road   |  | Square Feet<br>44000   |                                     |   |  |                                     |                          |                          |                          |
| City (5)<br>Lawrenceville   |  | # of Floors<br>4   |                                     |   |  |                                     |                          |                          |                          |
| County (6)<br>Mercer  |  | Bldg. Age<br>+- 50   |                                     |   |  |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br>Dorm  |                                     |   |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni  |  | ASCM No.<br>00102  |                                     |   |  |                                     |                          |                          |                          |
| Street Address<br>515 Grove Street, Suite 1B  |  | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.  |                                     |   |  |                                     |                          |                          |                          |
| City, State, Zip Code<br>Haddon Heights, NJ 08035   |  | Street Address<br>1123 BEAVER STREET   |                                     |   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Brian Clark  |  | City, State, Zip Code<br>BRISTOL, PA 19007   |                                     |   |  |                                     |                          |                          |                          |
| Telephone No.<br>856-547-0505   |  | Telephone No.<br>215-788-6040  |                                     |   |  |                                     |                          |                          |                          |
| License No.<br>00509  |  | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC   |                                     |   |  |                                     |                          |                          |                          |
| Start Date (10)<br>1 / 7 / 19   |  | Scheduled Completion Date (11)<br>1 / 30 / 19  |                                     |   |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-5:00PM/ _____ PM- _____ AM   |  | Street Address<br>1123 BEAVER STREET   |                                     |   |  |                                     |                          |                          |                          |
|   |  | City, State, Zip Code<br>BRISTOL, PA 19007   |                                     |   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |  |                                     |   |  |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                                     |   |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                                     | Description of Asbestos Containing Material (ACM)<br>(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 Rec Room/hallway   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Elbow Insulation  | 30 sf  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Floor Bathrooms/Hallway   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Elbow Insulation  | 60 sf  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second Floor Bathrooms/Hallway  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Elbow Insulation  | 20 sf  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Third Floor Bathrooms/Hallway   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Elbow Insulation  | 20 sf  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Bristol Environmental Inc  |  | NJDEP Waste Hauler ID No.<br>18706   |                                     | Cubic Yards of Waste<br>20  | Name of Registered Landfill<br>Fairless Landfill |                                     |                          |                          |                          |
| City, State<br>Bristol, PA  |  | Disposal Date<br>TBD   |                                     | City, State<br>Fairless Hills, PA   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Patrick DeCaro  |  | Title<br>Estimator   |                                     | Signature<br>Patrick DeCaro   |  | Date<br>12-12-18                    |                          |                          |                          |

ASB-41  
JAN 13 GI 18271B

\* 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)

|  |  |   |                                    |
|--|--|---|------------------------------------|
| Date of Notification (1)<br>12 / 12 / 18   |  | Name of Building Owner/Operator (2)<br>Rider University |                                    |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2083 Lawrenceville Road               |                                    |
|  |  | City, State, Zip Code<br>Lawrenceville, NJ 08648        |                                    |
|  |  | Name of Contact<br>Walter Eddy                          | Telephone Number<br>(609) 896-5000 |

| FACILITY INFORMATION  |   |  |                      |
|---|---|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Kroner Building   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                      |
| Street Address<br>2083 Lawrenceville Road   |   | Square Feet<br>44000   | # of Floors<br>4     |
| City (5)<br>Lawrenceville   |   | Bldg. Age<br>+- 50   |                      |
| County (6)<br>Mercer  | County Code (7) (STATE USE ONLY)              | Current Use (Prior if being demolished)<br>Dorm  |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni  | ASCM No.<br>00102                             | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.  |                      |
| Street Address<br>515 Grove Street, Suite 1B  |   | Street Address<br>1123 BEAVER STREET   |                      |
| City, State, Zip Code<br>Haddon Heights, NJ08035  |   | City, State, Zip Code<br>BRISTOL, PA 19007   |                      |
| Project Manager for Monitoring Firm<br>Brian Clark  | Telephone No.<br>856-547-0505                 | Telephone No.<br>215-788-6040  | License No.<br>00509 |
| Start Date (10)<br>1 / 7 / 19   | Scheduled Completion Date (11)<br>1 / 30 / 19 | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC   |                      |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-5:00PM/ PM- AM |   | Street Address<br>1123 BEAVER STREET   |                      |
|   |   | City, State, Zip Code<br>BRISTOL, PA 19007   |                      |

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 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                |
| Boiler Room  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Flue Insulation   | 50 sf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Boiler Insulation  | 60 sf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                    |                                   |  |
|--|------------------------------------|-----------------------------------|--|
| Name of Registered Waste Hauler<br>Bristol Environmental Inc | NJDEP Waste Hauler ID No.<br>18706 | Cubic Yards of Waste<br>20        | Name of Registered Landfill<br>Fairless Landfill |
| City, State<br>Bristol, PA                                   | Disposal Date<br>TBD               | City, State<br>Fairless Hills, PA |  |
| Completed By (Print or Type)<br>Patrick DeCaro               | Title<br>Estimator                 | Signature<br>Patrick DeCaro       | Date<br>12-12-18                                 |



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

PAID

Check 18452

RECEIVED

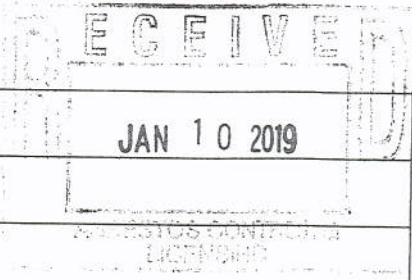
JAN 10 2019

|  |  |   |   |  |                           |                |                 |             |           |
|--|--|---|---|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>1/4/19   |  | Name of Building Owner/Operator (2)<br>Fred Creswick  |   |  |                           |                |                 |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]  |   |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bayonne, NJ 07002  |   |  |                           |                |                 |             |           |
|  |  | Name of Contact<br>Raphael Rodrigues  | Telephone Number<br>[REDACTED]                                      |  |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>home   |  | Type of Facility (4)  |   |  |                           |                |                 |             |           |
| Street Address<br>[REDACTED]   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |                 |             |           |
| City (5)<br>Bayonne  |  | Square Feet<br>2000   | # of Floors<br>2  |  |                           |                |                 |             |           |
|  |  | Bldg. Age<br>78   |   |  |                           |                |                 |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>country club   |   |  |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |  |                           |                |                 |             |           |
| Street Address   |  | Street Address<br>PO Box 483, 4 E Gate Drive  |   |  |                           |                |                 |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Glenwood NJ 07418  |   |  |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-764-2276   | License No.<br>703  |  |                           |                |                 |             |           |
| Start Date (10)<br>1/05/19   | Scheduled Completion Date (11)<br>1/11/19  | Name of OSHA Monitor  |   |  |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address  |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: _____           |  | City, State, Zip Code   |   |  |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |   |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |  |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes  | No  | N/A   |  |                           | Removal        | Repair          | Encapsulate | Enclosure |
| basement   |  |   | x   | pipe insulation  | 70 LF                     | x              |                 |             |           |
|  |  |   |   |  |                           |                |                 |             |           |
|  |  |   |   |  |                           |                |                 |             |           |
|  |  |   |   |  |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage  |  | NJDEP Waste Hauler ID No.<br>15939  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Western Berks Landfill  |                           |                |                 |             |           |
| City, State<br>Freehold, NJ  |  | Disposal Date<br>TBD  |   | City, State<br>Birdsboro, PA   |                           |                |                 |             |           |
| Completed by<br>A. Scott Higgins   |  | Title<br>President  |   | Signature<br>  |                           |                | Date<br>1/04/19 |             |           |



PAID

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




|  |   |  |   |   |  |                    |        |             |           |
|--|---|--|---|---|--|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>12/31/2018 CHECK #0114   |   | Name of Building Owner/Operator (2)<br>BARBARA ALFANO  |   | JAN 10 2019   |  |                    |        |             |           |
| Agencies Notified  |   | Type Notification  |   | Street Address  |  |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | <input type="checkbox"/> [Redacted]<br>City, State, Zip Code<br>NORTH ARLINGTON, NJ 07031   |  |                    |        |             |           |
|  |   | Name of Contact<br>BARBARA ALFANO  |   | Telephone Number  |  |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |  |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)   |   |  | Type of Facility (4)  |   |  |                    |        |             |           |
| Street Address<br>[Redacted]   |   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                    |        |             |           |
| City (5)<br>NORTH ARLINGTON, NJ 07031  |   |  | Square Feet<br>50X100   | # of Floors<br>1FL  | Bldg. Age<br>50 YEARS                        |                    |        |             |           |
| County (6)<br>BERGEN COUNTY  |   | County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br>OCCUPAID   |  |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   |   | Name of Abatement Contractor (9)<br>ALL SOLUTIONS CONTRACTING   |  |                    |        |             |           |
| Street Address   |   | Street Address<br>24 CHUR ST   |   | City, State, Zip Code<br>ELMWOOD NJ, 07407  |  |                    |        |             |           |
| City, State, Zip Code  |   | Telephone No.<br>201- 873 9418   |   | License No.<br>01301  |  |                    |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.  |   | Name of OSHA Monitor<br>ALL SOLUTIONS CONTRACTING   |  |                    |        |             |           |
| Start Date (10)<br>01/14/2019  |   | Scheduled Completion Date (11)<br>01/15/2019   |   | Street Address<br>24 CHUR ST  |  |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   |  |   | City, State, Zip Code<br>ELMWOOD NJ, 07407  |  |                    |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: 7:00 AM TO 3:30 |   |  |   |   |  |                    |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |  |                    |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF)                    | Abatement Type     |        |             |           |
|  | Yes   | No   | N/A   |   |  | Removal            | Repair | Encapsulate | Enclosure |
| BASEMENT   |   |  | X   | PIPE INSULATION   | 25LF   | X                  |        |             |           |
|  |   |  |   |   |  |                    |        |             |           |
|  |   |  |   |   |  |                    |        |             |           |
|  |   |  |   |   |  |                    |        |             |           |
| Name of Registered Waste Hauler<br>ATLANTIC CARTING  |   | NJDEP Waste Hauler ID No.  |   | Cubic Yards of Waste<br>TDB   | Name of Registered Landfill<br>GRAND CENTRAL |                    |        |             |           |
| City, State<br>PEN ARGYL PA, 18072   |   |  |   | Disposal Date<br>TDB  | City, State<br>PEN ARGYL PA, 18072           |                    |        |             |           |
| Completed by<br>LUIS ARCILA  |   | Title<br>PRESIDENT   |   | Signature<br>   |  | Date<br>12/31/2018 |        |             |           |



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

RECEIVED

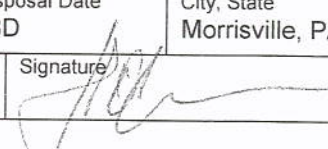
|   |   |  |  |  |                           |  |        |             |           |
|---|---|--|--|--|---------------------------|--|--------|-------------|-----------|
| Date of Notification (1)<br>12/31/2018 CHECK #0113  |   | Name of Building Owner/Operator (2)<br>FRANCISCO VALENTIN  |  | JAN 10 2019  |                           |  |        |             |           |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>JERSEY CITY, NJ 07307<br>Name of Contact<br>CESAR MORALES<br>Telephone Number<br>_____  |                           |  |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |  |  |                           |  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Street Address<br>[REDACTED]<br>City (5)<br>JERSEY CITY, NJ 07307<br>County (6)<br>HUDSON   |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Square Feet<br>50X100<br># of Floors<br>2 FL<br>Bldg. Age<br>50 YEARS<br>County Code (7)<br>(STATE USE ONLY) _____<br>Current Use (Prior if being demolished)<br>OCCUPAID |  |                           |  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Street Address<br>City, State, Zip Code  |   | ASCM No.<br>   |  | Name of Abatement Contractor (9)<br>ALL SOLUTIONS CONTRACTING<br>Street Address<br>24 CHUR ST<br>City, State, Zip Code<br>ELMWOOD NJ, 07407<br>Telephone No.<br>201-873 9418<br>License No.<br>01301 |                           |  |        |             |           |
| Start Date (10)<br>01/01/2019   |   | Scheduled Completion Date (11)<br>01/02/2019   |  | Name of OSHA Monitor<br>ALL SOLUTIONS CONTRACTING  |                           |  |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 3:30  |   |  | Street Address<br>24 CHUR ST<br>City, State, Zip Code<br>ELMWOOD NJ, 07407   |  |                           |  |        |             |           |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |  |  |                           |  |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   | Amount (Specify SF or LF) | Abatement Type                               |        |             |           |
|   | Yes   | No   | N/A  |  |                           | Removal                                      | Repair | Encapsulate | Enclosure |
| BASEMENT  |   |  | X  | PIPE INSULATION  | 65LF                      | X  |        |             |           |
|   |   |  |  |  |                           |  |        |             |           |
|   |   |  |  |  |                           |  |        |             |           |
|   |   |  |  |  |                           |  |        |             |           |
| Name of Registered Waste Hauler<br>ATLANTIC CARTING   |   | NJDEP Waste Hauler ID No.<br>TDB   |  | Cubic Yards of Waste<br>TDB  |                           | Name of Registered Landfill<br>GRAND CENTRAL |        |             |           |
| City, State<br>PEN ARGYL PA, 18072  |   | Disposal Date<br>TDB   |  | City, State<br>PEN ARGYL PA, 18072   |                           |  |        |             |           |
| Completed by<br>LUIS ARCILA   |   | Title<br>PRESIDENT   |  | Signature<br>  |                           | Date<br>12/31/2018                           |        |             |           |



PAID

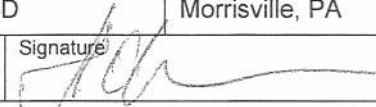
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

JAN 10 2019

| Date of Notification (1)<br>01/04/2019  |  | Name of Building Owner/Operator (2)<br>Kelly Leahy  |   |  |                           |                    |        |             |           |
|---|--|---|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified   | Type Notification  | Street Address<br>[REDACTED]  |   |  |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Chatham, NJ 07928  |   |  |                           |                    |        |             |           |
|   |  | Name of Contact<br>Kelly Leahy  | Telephone Number  |  |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |  |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House   |  | Type of Facility (4)  |   |  |                           |                    |        |             |           |
| Street Address<br>[REDACTED]  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                    |        |             |           |
| City (5)<br>Chatham   |  | Square Feet<br>N/A  | # of Floors<br>N/A                                      |  |                           |                    |        |             |           |
| County (6)<br>Morris  |  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>House        |  |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |  |                           |                    |        |             |           |
| Street Address  |  | Street Address<br>11 Rosengren Avenue   |   |  |                           |                    |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                    |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.   | License No.   |  |                           |                    |        |             |           |
| Start Date (10)<br>01/16/2019   |  | Scheduled Completion Date (11)<br>01/17/2019  | Name of OSHA Monitor<br>D&S Abatement, Inc.             |  |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address<br>11 Rosengren Avenue   |   |  |                           |                    |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>            |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)  |  |   |   |  |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  |   |   |  |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |   |   |  |                           |                    |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |  |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type     |        |             |           |
|   | Yes  | No  | N/A   |  |                           | Removal            | Repair | Encapsulate | Enclosure |
| Basement  |  | X   |   | Pipe Insulation  | 80 LF                     | X                  |        |             |           |
|   |  |   |   |  |                           |                    |        |             |           |
|   |  |   |   |  |                           |                    |        |             |           |
|   |  |   |   |  |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.  |  | NJDEP Waste Hauler ID No.<br>20996  | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Waste Management of PA  |                           |                    |        |             |           |
| City, State<br>Totowa, NJ   |  | Disposal Date<br>TBD  |   | City, State<br>Morrisville, PA   |                           |                    |        |             |           |
| Completed by<br>Oliver Hegedis  |  | Title<br>Project Manager  |   | Signature<br>                              |                           | Date<br>01/04/2019 |        |             |           |



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

|  |   |   |   |  |                           |                |                    |             |           |
|--|---|---|---|--|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1)<br>01/04/2019   |   | Name of Building Owner/Operator (2)<br>Jason Jacob  |   |  |                           |                |                    |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]  |   |  |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Glen Ridge, NJ 07028<br><br>Name of Contact<br>Jason Jacob<br><br>Telephone Number<br>   |   |  |                           |                |                    |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                           |                |                    |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |   |  |                           |                |                    |             |           |
| Street Address<br>[REDACTED]   |   | Square Feet<br>N/A  | # of Floors<br>N/A                                      |  |                           |                |                    |             |           |
| City (5)<br>Glen Gidge   |   | Bldg. Age<br>N/A  |   |  |                           |                |                    |             |           |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>House  |   |  |                           |                |                    |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |  |                           |                |                    |             |           |
| Street Address   |   | Street Address<br>11 Rosengren Avenue   |   |  |                           |                |                    |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                |                    |             |           |
| Project Manager for Monitoring Firm  | Telephone No.   | Telephone No.<br>973-345-8685   | License No.<br>01311                                    |  |                           |                |                    |             |           |
| Start Date (10)<br>01/15/2019  | Scheduled Completion Date (11)<br>01/16/2019  | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |  |                           |                |                    |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>occupied</u> |   | Street Address<br>11 Rosengren Avenue   |   |  |                           |                |                    |             |           |
|  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                |                    |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |  |                           |                |                    |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |  |                           |                |                    |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |                    |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                    |             |           |
|  | Yes   | No  | N/A   |  |                           | Removal        | Repair             | Encapsulate | Enclosure |
| Basement   |   | X   |   | Pipe Insulation  | 135 LF                    | X              |                    |             |           |
|  |   |   |   |  |                           |                |                    |             |           |
|  |   |   |   |  |                           |                |                    |             |           |
|  |   |   |   |  |                           |                |                    |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |   | NJDEP Waste Hauler ID No.<br>20996  | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Waste Management of PA  |                           |                |                    |             |           |
| City, State<br>Totowa, NJ  |   | Disposal Date<br>TBD  |   | City, State<br>Morrisville, PA   |                           |                |                    |             |           |
| Completed by<br>Oliver Hegedis   |   | Title<br>Project Manager  |   | Signature<br>                              |                           |                | Date<br>01/04/2019 |             |           |



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

CK180

PAID

RECEIVED

JAN 10 2019

ASBESTOS CONTROLS  
LICENSING

| Date of Notification (1)<br>01/04/2019   |   | Name of Building Owner/Operator (2)<br>Alvin Butler   |   |   |                           |                |        |             |           |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                 | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Short Hills, NJ 07078  |   |   |                           |                |        |             |           |
|  |   | Name of Contact<br>Alvin Butler   | Telephone Number  |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |   | Type of Facility (4)  |   |   |                           |                |        |             |           |
| Street Address<br>[REDACTED]   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |        |             |           |
| City (5)<br>Short Hills  |   | Square Feet<br>N/A  | # of Floors<br>N/A                                      |   |                           |                |        |             |           |
| County (6)<br>Essex  |   | County Code (7)<br>(STATE USE ONLY) _____   | Bldg. Age<br>N/A  |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |   |                           |                |        |             |           |
| Street Address   |   | Street Address<br>11 Rosengren Avenue   |   |   |                           |                |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-345-8685   | License No.<br>01311                                    |   |                           |                |        |             |           |
| Start Date (10)<br>01/14/2019  | Scheduled Completion Date (11)<br>01/15/2019  | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br>11 Rosengren Avenue   |   |   |                           |                |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>occupied</u> |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |   |                           |                |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   |   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |   |   |                           |                |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes   | No  | N/A   |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement   |   | X   |   | VAT   | 500 SF                    | X              |        |             |           |
|  |   |   |   |   |                           |                |        |             |           |
|  |   |   |   |   |                           |                |        |             |           |
|  |   |   |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |   | NJDEP Waste Hauler ID No.<br>20996  | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Waste Management of PA   |                           |                |        |             |           |
| City, State<br>Totowa, NJ  |   | Disposal Date<br>TBD  |   | City, State<br>Morrisville, PA  |                           |                |        |             |           |
| Completed by<br>Oliver Hegedis   |   | Title<br>Project Manager  | Signature<br>   | Date<br>01/04/2019  |                           |                |        |             |           |



PAID

State of New Jersey

Check # 16503

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br><b>1/3/2019</b> |  | Name of Building Owner/Operator (2)<br><b>Carl Lane</b> |  |
| Agencies Notified                           | Type Notification  | Street Address<br>[REDACTED]                            |  |
| <input type="checkbox"/> EPA                | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code<br><b>Montclair, NJ, 07042</b>    |  |
| <input type="checkbox"/> DEP                | <input type="checkbox"/> Amended Notification            | Name of Contact<br><b>Carl Lane</b>                     |  |
| <input checked="" type="checkbox"/> DOL     | <input type="checkbox"/> EMERGENCY                       | Telephone Number  |  |
| <input checked="" type="checkbox"/> DOH     | <input type="checkbox"/> Cancellation                    |   |  |
| <input type="checkbox"/> DCA                |  |   |  |

JAN 10 2019

## FACILITY INFORMATION

|   |                        |  |  |                                    |                                |
|---|------------------------|--|--|------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Carl Lane</b>  |                        |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                                    |                                |
| Street Address<br>[REDACTED]  |                        |  | Square Feet # of Floors Bldg. Age  |                                    |                                |
| City<br><b>Montclair</b>  | County<br><b>Essex</b> | County Code (7)<br>(STATE USE ONLY)                              | Current Use (Prior if being demolished)  |                                    |                                |
| Name of Monitoring Firm hired by Building Owner (8)<br><b>N/A</b>   |                        |  | Name of Abatement Contractor (9)<br><b>AZTECH MANAGEMENT, Inc.</b>   |                                    |                                |
| Street Address  |                        |  | Street Address<br><b>86 Christopher St.</b>  |                                    |                                |
| City, State, Zip Code   |                        |  | City, State, Zip Code<br><b>Montclair, NJ 07042</b>  |                                    |                                |
| Project Manager for Monitoring Firm   |                        | Telephone Number<br><b>N/A</b>                                   | Telephone Number<br><b>(973) 744-8800</b>  |                                    | License Number<br><b>00371</b> |
| Scheduled Start Date (10)<br><b>01 23 19</b><br>Month Day Year  |                        | Sched. Completion Date (11)<br><b>01 25 19</b><br>Month Day Year |  | Name of OSHA Monitor<br><b>N/A</b> |                                |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»<br><input type="checkbox"/> Other - Describe: «Other Occupancy Descript» |                        |  | Street Address   |                                    |                                |
|   |                        |  | City, State, Zip Code  |                                    |                                |

## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely By Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |               |           |
|--|--|----|-----|--|---------------------------|----------------|--------|---------------|-----------|
|  | Yes  | No | N/A |  |                           | REMOVAL        | REPAIR | ENCAPSULATION | ENCLOSURE |
| Basement   |  |    | X   | Piping   | 225 LF                    | X              |        |               |           |
|  |  |    |     |  |                           |                |        |               |           |

|   |                           |   |  |   |  |
|---|---------------------------|---|--|---|--|
| Name of Registered Waste Hauler<br><b>AZTECH MANAGEMENT, INC.</b> |                           | NJDEP Waste Hauler ID No.<br><b>17040</b> | Cubic Yards of Waste<br><b>1.5</b>     | Name of Registered Landfill<br><b>Tri - State</b> |  |
| City, State<br><b>Montclair, NJ 07042</b>                         |                           | Disposal Date<br><b>1/28/19</b>           | City, State<br><b>Bronx, NY, 10474</b> |   |  |
| Completed By (Print or Type)<br><b>Constantine Vivian</b>         | Title<br><b>President</b> | Signature<br><i>Constantine Vivian</i>    | Date<br><b>1/3/2019</b>                |   |  |



PAID

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

CK0108

12/26/2018 check #0108

Agencies Notified  
☒ EPA  
☐ DEP  
☒ DOL  
☐ DOH  
☐ DCA

Type Notification  
☐ Initial  
☐ Amended  
☐ Amendment #  
☒ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
**JULIA MOROCHO**

Street Address  
[REDACTED]

City, State, Zip Code  
**HACKENSACK NJ, 07601**

Name of Contact  
**JULIA MOROCHO**

Telephone Number

JAN 10 2019

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
[REDACTED]

Street Address  
[REDACTED]

City (5)  
**HACKENSACK NJ, 07601**

County (6)  
**BERGEN**

County Code (7)  
**(STATE USE ONLY)**

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

Square Feet  
**50X100**

# of Floors  
**2 FL**

Bldg. Age  
**50 YEARS**

Current Use (Prior if being demolished)  
**OCCUPIED**

Name of Monitoring Firm Hired by Building Owner (8)  
[REDACTED]

ASCM No.

Name of Abatement Contractor (9)  
**ALL SOLUTIONS CONTRACTING**

Street Address  
**24 CHURCH ST**

City, State, Zip Code  
**ELMWOOD NJ 07407**

Project Manager for Monitoring Firm  
[REDACTED]

Telephone No.  
**201- 873 9418**

License No.  
**01301**

Start Date (10)  
**12/27/2018**

Scheduled Completion Date (11)  
**12/29/2018**

Name of OSHA Monitor  
**ALL SOLUTIONS CONTRACTING**

Occupancy Status During Abatement (Check Only One)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: **3:30 pm to 11:00pm**

Street Address  
**24 CHURCH ST**

City, State, Zip Code  
**ELMWOOD NJ 07407**

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff?<br>(12) |    |          | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|--|----|----------|--|---------------------------|----------------|--------|-------------|-----------|
|  | Yes  | No | N/A      |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| <b>BASEMENT</b>  |  |    | <b>X</b> | <b>PIPE INSULATION</b>   | <b>45LF</b>               | <b>X</b>       |        |             |           |
|  |  |    |          | <b>BOILER INSULATION</b>   | <b>AROUND BOILER</b>      | <b>X</b>       |        |             |           |
|  |  |    |          |  |                           |                |        |             |           |
|  |  |    |          |  |                           |                |        |             |           |

Name of Registered Waste Hauler  
**ATLANTIC CARTING**

NJDEP Waste Hauler ID No.

Cubic Yards of Waste  
**TDB**

Name of Registered Landfill  
**GRAND CENTRAL**

City, State  
**PEN ARGYL, PA 18072**

Disposal Date  
**TDB**

City, State  
**PEN ARGYL, PA 18072**

Completed by  
**LUIS ARCILA**

Title  
**PRESIDENT**

Signature  
*[Signature]*

Date  
**12/26/2018**



01/02/2019 02:28PM 2013297440

BEST REMOVAL INC

PAGE 02/04

PAID

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

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><b>1/2/19</b>   |  | Name of Building Owner/Operator (2)<br><b>Mrs. Betty Hodges</b>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>[REDACTED]  |  | City, State, Zip Code<br><b>EAST ORANGE, N.J. 07017</b>  |  |
| Name of Contact<br><b>Mrs. Betty Hodges</b>   |  | Telephone Number   |  |
| FACILITY INFORMATION  |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Mrs. Betty Hodges</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |
| Street Address<br>[REDACTED]  |  | Square Feet<br><b>1800</b>   |  |
| City (5)<br><b>EAST ORANGE</b>  |  | # of Floors<br><b>2</b>  |  |
| County (6)<br><b>ESSEX</b>  |  | Bldg. Age<br><b>1940</b>   |  |
| County Code (7)<br><b>ESSEX</b>   |  | Current Use (If being demolished)<br><b>RESIDENCE</b>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.   |  |
| Street Address  |  | Name of Abatement Contractor (9)<br><b>Best Removal, Inc.</b>  |  |
| City, State, Zip Code   |  | Street Address<br><b>450 South River Street</b>  |  |
| Project Manager for Monitoring Firm   |  | City, State, Zip Code<br><b>Hackensack, New Jersey 07601</b>   |  |
| Telephone No.   |  | Telephone No.<br><b>201-329-1144</b>   |  |
| Start Date (10)<br><b>1/4/19</b>  |  | License No.<br><b>00388</b>  |  |
| Scheduled Completion Date (11)<br><b>1/5/19</b>   |  | Name of OSHA Monitor<br><b>Omega Environmental</b>   |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: <b>8:00 AM TO 5:00 PM</b>   |  | Street Address<br><b>280 Huyler Street</b>   |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> 25 sf or 25 lf<br><input type="checkbox"/> >160 sf or >250 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-enclosure<br><input checked="" type="checkbox"/> Gloving Procedure<br><input type="checkbox"/> Non-emptied (*) and Non-Friable Procedure |  | City, State, Zip Code<br><b>South Hackensack, NJ 07606</b>   |  |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff (12)<br>Yes No N/A   |  |
| Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  |  | Amount (Specify SF or LF)  |  |
| <b>BASMENT/BOILER ROOM</b>  |  | <b>THERMAL SYSTEMS INSULATION 30 LF</b>  |  |
| Name of Registered Waste Hauler<br><b>Best Removal, Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>17109</b>  |  |
| City, State<br><b>Hackensack, NJ 07601</b>  |  | Cubic Yards of Waste<br><b>1 1/2</b>   |  |
| Name of Registered Landfill<br><b>Minerva Enterprises, LLC</b>  |  | City, State<br><b>Waynesburg, OH 44688</b>   |  |
| Completed by<br><b>J. Maiorano</b>  |  | Title<br><b>Estimator</b>  |  |
| Signature<br><i>[Signature]</i>   |  | Date<br><b>1/2/19</b>  |  |



PAID

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

ck 4916

JAN 10 2019

|   |  |   |  |  |                                     |         |        |             |
|---|--|---|--|--|-------------------------------------|---------|--------|-------------|
| Date of Notification (1)<br><b>1/3/19</b>   |  | Name of Building Owner/Operator (2)<br><b>MR. PAUL POLLACK</b>  |  |  |                                     |         |        |             |
| Agencies Notified   | Type Notification  | Street Address<br>[REDACTED]  |  |  |                                     |         |        |             |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>NORTH BERGEN NJ. 07047</b>  |  |  |                                     |         |        |             |
|   |  | Name of Contact<br><b>MR. POLLACK</b>   | Telephone Number<br>[REDACTED]   |  |                                     |         |        |             |
| <b>FACILITY INFORMATION</b>   |  |   |  |  |                                     |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>MR. PAUL POLLACK</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                                     |         |        |             |
| Street Address<br>[REDACTED]  |  |   |  |  |                                     |         |        |             |
| City (5)<br><b>NORTH BERGEN</b>   | Square Feet<br><b>2000</b>   | # of Floors<br><b>2</b>   | Bldg. Age<br><b>1940</b>   |  |                                     |         |        |             |
| County (6)<br><b>HUDSON</b>   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>RESIDENCE</b>   |  |  |                                     |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | Name of Abatement Contractor (9)<br><b>Best Removal, Inc.</b>   |  |  |                                     |         |        |             |
| Street Address  |  | Street Address<br><b>450 South River Street</b>   |  |  |                                     |         |        |             |
| City, State, Zip Code   |  | City, State, Zip Code<br><b>Hackensack, New Jersey 07601</b>  |  |  |                                     |         |        |             |
| Project Manager for Monitoring Firm   |  | Telephone No.<br><b>201-329-7444</b>  | License No.<br><b>00388</b>  |  |                                     |         |        |             |
| Start Date (10)<br><b>1/14/19</b>   | Scheduled Completion Date (11)<br><b>1/15/19</b>   | Name of OSHA Monitor<br><b>Omega Environmental</b>  |  |  |                                     |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>  |  | Street Address<br><b>280 Huyler Street</b>  |  |  |                                     |         |        |             |
|   |  | City, State, Zip Code<br><b>South Hackensack, NJ 07606</b>  |  |  |                                     |         |        |             |
| Scope of Work (Check All That Apply)  |  |   |  |  |                                     |         |        |             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |  |                                     |         |        |             |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><b>48 SF</b>                      | Abatement Type                      |         |        |             |
|   | Yes  | No  |  |  | N/A                                 | Removal | Repair | Encapsulate |
| <b>BASEMENT</b>   |  |   | <b>THERMAL SURFACING INSULATION</b>  | <b>48 SF</b>   | <input checked="" type="checkbox"/> |         |        |             |
|   |  |   |  |  |                                     |         |        |             |
|   |  |   |  |  |                                     |         |        |             |
| Name of Registered Waste Hauler<br><b>Best Removal, Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>17109</b>   | Cubic Yards of Waste<br><b>2 cys</b>   | Name of Registered Landfill<br><b>Minerva Enterprises, LLC</b> |                                     |         |        |             |
| City, State<br><b>Hackensack, NJ 07601</b>  |  |   | Disposal Date<br><b>1/15/19</b>  | City, State<br><b>Waynesburg, OH 44688</b>                     |                                     |         |        |             |
| Completed by<br><b>J. Maiorano</b>  |  | Title<br><b>Estimator</b>   | Signature<br><b>J. Maiorano</b>  | Date<br><b>1/3/19</b>  |                                     |         |        |             |



CK # 4719

PAID

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

JAN 10 2019

|   |  |  |  |   |                |                       |        |             |           |
|---|--|--|--|---|----------------|-----------------------|--------|-------------|-----------|
| Date of Notification (1)<br><u>1-4-19</u>   |  | Name of Building Owner/Operator (2)<br><u>TRANSFORMATION ENT.</u>  |  |   |                |                       |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>601 W. CLARKSLANDING RD</u>   |  |   |                |                       |        |             |           |
|   |  | City, State, Zip Code<br><u>EGG HARBOR N.J. 08218</u>  |  |   |                |                       |        |             |           |
|   |  | Name of Contact<br><u>TOM</u>  | Telephone Number<br><u>609-965-7498</u>  |   |                |                       |        |             |           |
| FACILITY INFORMATION  |  |  |  |   |                |                       |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |   |                |                       |        |             |           |
| Street Address<br>[REDACTED]  |  |  |  |   |                |                       |        |             |           |
| City (5)<br><u>BRIGANTINE</u>   |  | Square Feet<br><u>1500</u>   | # of Floors<br><u>1</u>  |   |                |                       |        |             |           |
| County (6)<br><u>ATLANTIC</u>   |  | County Code (7) (STATE USE ONLY)   | Bldg Age<br><u>50+</u>   |   |                |                       |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><u>KLEMCO INC.</u>   |   |                |                       |        |             |           |
| Street Address  |  | Street Address<br><u>369 S. SPRUCE AVE</u>   |  |   |                |                       |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br><u>MAPLE SHADE N.J. 08052</u>   |  |   |                |                       |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.<br><u>856-779-0472</u>   | License No.<br><u># 01371</u>  |   |                |                       |        |             |           |
| Start Date (10)<br><u>1-14-19</u>   | Scheduled Completion Date (11)<br><u>1-21-19</u>   | Name of OSHA Monitor<br><u>N/A</u>   |  |   |                |                       |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address   |  |   |                |                       |        |             |           |
|   |  | City, State, Zip Code  |  |   |                |                       |        |             |           |
| Scope of Work (Check all that apply)  |  |  |  |   |                |                       |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |                |                       |        |             |           |
|   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                |                       |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED IN FACILITY</u><br>(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)<br><u>1250 SF</u> | Abatement Type |                       |        |             |           |
|   | Yes  | No   |  |   | N/A            | Removal               | Repair | Encapsulate | Enclosure |
| <u>SIDING</u>   |  |  | <u>X</u>   | <u>TRANSITE</u>                             | <u>1250 SF</u> | <u>X</u>              |        |             |           |
|   |  |  |  |   |                |                       |        |             |           |
|   |  |  |  |   |                |                       |        |             |           |
|   |  |  |  |   |                |                       |        |             |           |
| Name of Registered Waste Hauler<br><u>KLEMCO INC</u>  |  | NJDEP Waste Hauler ID No.<br><u>17904</u>  | Cubic Yards of Waste<br><u>10</u>  | Name of Registered Landfill<br><u>ACVA</u>  |                |                       |        |             |           |
| City, State<br><u>MAPLE SHADE N.J.</u>  |  | Disposal Date  |  | City, State<br><u>PLEASANTVILLE N.J.</u>    |                |                       |        |             |           |
| Completed By<br><u>MICHAEL KLEMM</u>  |  | Title<br><u>SUPERVISOR</u>   |  | Signature<br><u>[Signature]</u>             |                | Date<br><u>1-4-19</u> |        |             |           |



PAID

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

VIA US MAIL  
CH# 4491

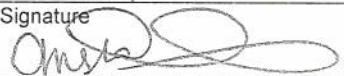
|  |  |   |  |   |                           |                |        |             |
|--|--|---|--|---|---------------------------|----------------|--------|-------------|
| Date of Notification (1)<br>1/5/19   |  | Name of Building Owner/Operator (2)<br>ORIEVA INVESTMENTS LLC   |  |   |                           |                |        |             |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>117 SAYRE ST  |  |   |                           |                |        |             |
|  |  | City, State, Zip Code<br>ELIZABETH N.J.   |  |   |                           |                |        |             |
|  |  | Name of Contact<br>MR JOE NUNES   | Telephone Number<br>609-261-1111                 |   |                           |                |        |             |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>[REDACTED]   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)                                |  |   |                           |                |        |             |
| Street Address<br>[REDACTED]   |  | Square Feet<br>2000   | # of Floors<br>2                                 |   |                           |                |        |             |
| City (5)<br>ELIZABETH N.J.   |  | Bldg. Age<br>80   |  |   |                           |                |        |             |
| County (6)<br>UNION  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>HOUSE  |  |   |                           |                |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>NOVATECH INC |   |                           |                |        |             |
| Street Address   |  | Street Address<br>P.O. Box 814  |  |   |                           |                |        |             |
| City, State, Zip Code  |  | City, State, Zip Code<br>Old Bridge N.J. 08857  |  |   |                           |                |        |             |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>732 238-7500   | License No.<br>00806                             |   |                           |                |        |             |
| Start Date (10)<br>1/14/19   |  | Scheduled Completion Date (11)<br>2/14/19   |  |   |                           |                |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Name of OSHA Monitor<br>NOVATECH INC  |  |   |                           |                |        |             |
|  |  | Street Address<br>P.O. Box 814  |  |   |                           |                |        |             |
|  |  | City, State, Zip Code<br>Old Bridge N.J. 08857  |  |   |                           |                |        |             |
| Scope of Work (Check All That Apply)   |  |   |  |   |                           |                |        |             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  |   |                           |                |        |             |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| EXTERIOR SIDING  |  |   | X  | SIDING  | 650 SF                    | X              |        |             |
| BASEMENT   |  |   | X  | P.P.E   | 420 YF                    | X              |        |             |
| Name of Registered Waste Hauler<br>NOVATECH INC  |  | NJDEP Waste Hauler ID No.<br>18501  | Cubic Yards of Waste<br>8                        | Name of Registered Landfill<br>G.R.O.W.S  |                           |                |        |             |
| City, State<br>Old Bridge N.J. 08857   |  | Disposal Date<br>2/15/19  |  | City, State<br>Hornbush P.A.  |                           |                |        |             |
| Completed by<br>CARLOS A. MEIDA  |  | Title<br>PRESIDENT  |  | Signature<br>[Signature]  |                           | Date<br>1/5/19 |        |             |



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

**RECEIVED**  
**JAN 10 2019**

**CK 5385 PAID**

| Date of Notification (1)<br><b>01 / 04 / 19</b>  |  | Name of Building Owner/Operator (2)<br><b>New Jersey Division of Property Management and Construction</b>  |   |  |   |                                     |                          |                          |                          |
|--|--|--|---|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>33 West State Street, 9<sup>th</sup> Floor</b>  |   |  |   |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Trenton, NJ 08625-0034</b>   |   |  |   |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>Joseph Syp</b>   | Telephone Number<br><b>856-467-2800</b> |  |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>New Jersey State Museum</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |   |                                     |                          |                          |                          |
| Street Address<br><b>205 West State Street</b>   |  |  |   |  |   |                                     |                          |                          |                          |
| City (5)<br><b>Trenton</b>   |  | Square Feet<br><b>10,000</b>   | # of Floors<br><b>4</b>                 |  |   |                                     |                          |                          |                          |
| County (6)<br><b>Mercer</b>  |  | County Code (7)(STATE USE ONLY)  | Bldg. Age<br><b>80</b>                  |  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Brinkerhoff Environmental Services</b>   |  | Name of Abatement Contractor (9)<br><b>Shade Environmental, LLC</b>  |   |  |   |                                     |                          |                          |                          |
| Street Address<br><b>1805 Atlantic Avenue</b>  |  | Street Address<br><b>623 Cutler Avenue</b>   |   |  |   |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Manasquan, NJ 08736</b>  |  | City, State, Zip Code<br><b>Maple Shade, NJ 08052</b>  |   |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Gary Fleming</b>   |  | Telephone No.<br><b>732-223-2225</b>   | License No.<br><b>00842</b>             |  |   |                                     |                          |                          |                          |
| Start Date (10)<br><b>01 / 21 / 19</b>   | Scheduled Completion Date (11)<br><b>01 / 25 / 19</b>  | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |   |  |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____AM-_____PM/_____PM-_____AM  |  | Street Address<br><b>200 Route 130 North</b>   |   |  |   |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |   |  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |   |  |   |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> <input type="checkbox"/> <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                |
| Elevator Mechanical Room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                | Elevator Drum Brake Pads   | 2 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Mechanical Room   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                | Insulator Panels   | 60 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |  | NJDEP Waste Hauler ID No.<br><b>15939</b>  |   | Cubic Yards of Waste<br><b>1</b>   | Name of Registered Landfill<br><b>Fairless Landfill</b> |                                     |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>   |  | Disposal Date<br><b>01/25/2019</b>   |   | City, State<br><b>Morrisville, PA</b>  |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Christina Lynch</b>   |  | Title<br><b>Vice President of Operations</b>   |   | Signature<br>                            |   |                                     | Date<br><b>1/4/19</b>    |                          |                          |



PAID

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

VIA FAX  
Ch# 4477

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br>12.18.18   |   | Name of Building Owner/Operator (2)<br>IMPERIAL BROAD ASSOCIATES, LLC   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>1200 SONNYVIEW OVAL<br>City, State, Zip Code<br>KEASBEY N.J. 08832  | JAN 10 2019                                      |
| Name of Facility Where Abatement is Taking Place (3)<br>[REDACTED]   |   | Name of Contact<br>MR. MATT LESNETZ   | Telephone Number<br>(609) 577-4888               |
| Street Address<br>[REDACTED]   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| City (5)<br>ELIZABETH N.J.   | County (6)<br>UNION   | Square Feet<br>3000   | # of Floors<br>3                                 |
| County Code (7)<br>(STATE USE ONLY)  |   | Bldg. Age<br>90   | Current Use (Prior if being demolished)<br>HOUSE |
| Name of Monitoring Firm Hired by Building Owner (8)<br>[REDACTED]  |   | ASCM No.  | Name of Abatement Contractor (9)<br>NOVATECH INC |
| Street Address<br>[REDACTED]   |   | Street Address<br>P.O. Box 814  |  |
| City, State, Zip Code  |   | City, State, Zip Code<br>OLD BRIDGE N.J. 08857  |  |
| Project Manager for Monitoring Firm  |   | Telephone No.   | Telephone No.<br>732 232-7500                    |
| Start Date (10)<br>12.20.18  |   | Scheduled Completion Date (11)<br>1.15.19   | License No.<br>00806                             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   | Name of OSHA Monitor<br>NOVATECH INC  |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 160 sf or ≥ 260 lf  |   | Street Address<br>P.O. Box 814  |  |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   | City, State, Zip Code<br>OLD BRIDGE N.J. 08857  |  |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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)<br>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)                        |
| 1 <sup>ST</sup> FLOOR  |   | PIPE INSULATION   | 90 LF X  |
| 2 <sup>ND</sup> FLOOR  |   | PIPE INSULATION   | 50 LF X  |
|  |   |   |  |
| Name of Registered Waste Hauler<br>NOVATECH INC  | NJDEP Waste Hauler ID No.<br>18501  | Cubic Yards of Waste<br>4   | Name of Registered Landfill<br>GROWS             |
| City, State<br>OLD BRIDGE N.J. 0885  | Disposal Date<br>1.16.19  | City, State<br>HARRISVILLE P.A.   |  |
| Completed by<br>CARLOS ALMEIDA   | Title<br>PRESIDENT  | Signature<br>[Signature]  | Date<br>12.18.18                                 |



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

RECEIVED  
JAN 10 2019

|  |  |  |  |  |                                     |   |                          |                          |
|--|--|--|--|--|-------------------------------------|---|--------------------------|--------------------------|
| Date of Notification (1)<br><u>7</u> / <u>16</u> / <u>18</u>   |  | Name of Building Owner/Operator (2)<br><b>SIMON PROPERTY GROUP INC.</b>  |  |  |                                     |   |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2</u> - <u>1/4/19</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>225 WEST WASHINGTON STREET</b><br>City, State, Zip Code<br><b>INDIANAPOLIS, INDIANA 46204</b><br>Name of Contact<br>Telephone Number<br><b>317-636-1600</b>   |  |  |                                     |   |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                                     |   |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>QUAKERBRIDGE MALL - JC PENNEYS</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                                     |   |                          |                          |
| Street Address<br><b>500 QUAKER BRIDGE MALL</b>  |  | Square Feet  |  |  |                                     |   |                          |                          |
| City (5)<br><b>TRENTON, NJ 08648</b>   |  | # of Floors  |  |  |                                     |   |                          |                          |
| County (6)<br><b>MERCER</b>  |  | Bldg. Age  |  |  |                                     |   |                          |                          |
| County Code (7) (STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br><b>COMMERCIAL</b>   |  |  |                                     |   |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Watterson EFM</b>  |  | ASCM No.   |  |  |                                     |   |                          |                          |
| Street Address<br><b>5580 Monroe Street, Suite 103</b>   |  | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |                                     |   |                          |                          |
| City, State, Zip Code<br><b>Sylvania, OH 43560</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                                     |   |                          |                          |
| Project Manager for Monitoring Firm<br><b>Dave Dukat</b>   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                                     |   |                          |                          |
| Telephone No.<br><b>419-824-5210</b>   |  | Telephone No.<br><b>215-788-6040</b>   |  |  |                                     |   |                          |                          |
| Start Date (10)<br><u>1</u> / <u>7</u> / <u>19</u>   |  | License No.<br><b>00509</b>  |  |  |                                     |   |                          |                          |
| Scheduled Completion Date (11)<br><u>1</u> / <u>7</u> / <u>19</u>  |  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |  |  |                                     |   |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>6:00AM-4:00PM</u> PM- <u>      </u> AM  |  | Street Address<br><b>1123 BEAVER STREET</b>  |  |  |                                     |   |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |  |  |                                     |   |                          |                          |
| Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)<br><b>550 SF</b> | Abatement Type                      |   |                          |                          |
|  | Yes  | No   |  |  | N/A                                 | Removal   | Repair                   | Encapsulate              |
| ROOF TOP COOLING TOWER   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | TRANSITE PANELS                            | <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<br><b>BRISTOL ENVIRONMENTAL INC</b>  |  | NJDEP Waste Hauler ID No.<br><b>18706</b>  |  | Cubic Yards of Waste<br><b>5 Cu Yds</b>    |                                     | Name of Registered Landfill<br><b>FAIRLESS LANDFILL</b> |                          |                          |
| City, State<br><b>BRISTOL, PA</b>  |  | Disposal Date<br><b>7/31/18</b>  |  | City, State<br><b>FAIRLESS HILLS, PA</b>   |                                     |   |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>  |  | Title<br><b>Estimator</b>  |  | Signature<br><i>Gino Pizzigoni</i>         |                                     | Date<br><b>1/4/19</b>                                   |                          |                          |



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

**RECEIVED**  
JAN 10 2019

| Date of Notification (1)<br><u>7</u> / <u>16</u> / <u>18</u>   |  | Name of Building Owner/Operator (2)<br><b>SIMON PROPERTY GROUP INC.</b>  |   |  |   |                                     |                          |                          |                          |
|--|--|--|---|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1-7/30/18</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>225 WEST WASHINGTON STREET</b>  |   |  |   |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>INDIANAPOLIS, INDIANA 46204</b>  |   |  |   |                                     |                          |                          |                          |
|  |  | Name of Contact  | Telephone Number<br><b>317-636-1600</b> |  |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>QUAKERBRIDGE MALL - JC PENNEYS</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |  |   |                                     |                          |                          |                          |
| Street Address<br><b>500 QUAKER BRIDGE MALL</b>  |  | Square Feet  | # of Floors                             |  |   |                                     |                          |                          |                          |
| City (5)<br><b>TRENTON, NJ 08648</b>   |  | Bldg. Age  |   |  |   |                                     |                          |                          |                          |
| County (6)<br><b>MERCER</b>  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>COMMERCIAL</b>   |   |  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm hired by Building Owner (8)<br><b>Watterson EFM</b>  | ASCM No.   | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |   |  |   |                                     |                          |                          |                          |
| Street Address<br><b>5580 Monroe Street, Suite 103</b>   |  | Street Address<br><b>1123 BEAVER STREET</b>  |   |  |   |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Sylvania, OH 43560</b>   |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |   |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Dave Dukat</b>   | Telephone No.<br><b>419-824-5210</b>   | Telephone No.<br><b>215-788-6040</b>   | License No.<br><b>00509</b>             |  |   |                                     |                          |                          |                          |
| Start Date (10)<br><u>01/11/18</u>   | Scheduled Completion Date (11)<br><u>HOLD</u>  | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>   |   |  |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>8:00AM-4:30PM</u> PM-___AM  |  | Street Address<br><b>1123 BEAVER STREET</b>  |   |  |   |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>  |   |  |   |                                     |                          |                          |                          |
| 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<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 TOP COOLING TOWER   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                | TRANSITE PANELS  | 550 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                |  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>BRISTOL ENVIRONMENTAL INC</b>  |  | NJDEP Waste Hauler ID No.<br><b>18706</b>  |   | Cubic Yards of Waste<br><b>5 Cu Yds</b>  | Name of Registered Landfill<br><b>FAIRLESS LANDFILL</b> |                                     |                          |                          |                          |
| City, State<br><b>BRISTOL, PA</b>  |  | Disposal Date<br><b>7/31/18</b>  |   | City, State<br><b>FAIRLESS HILLS, PA</b>   |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>  |  | Title<br><b>Estimator</b>  |   | Signature<br><i>Gino Pizzigoni</i>   |   | Date<br><b>7-30-18</b>              |                          |                          |                          |



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

**CK 7578 PAID**

**RECEIVED**  
JAN 10 2019  
ASBESTOS CONTROL

|  |   |  |  |   |                           |                  |        |             |           |
|--|---|--|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/04/19   |   | Name of Building Owner/Operator (2)<br>Bill Handerhan  |  |   |                           |                  |        |             |           |
| Agencies Notified  | Type Notification   | Street Address   |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Interlaken, NJ<br>Name of Contact<br>Bill Handerhan<br>Telephone Number   |  |   |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |  |   |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)   |   | Type of Facility (4)   |  |   |                           |                  |        |             |           |
| Street Address   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |   |                           |                  |        |             |           |
| City (5)<br>Interlaken   |   | Square Feet  | # of Floors  |   |                           |                  |        |             |           |
| County (6)<br>Monmouth   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)  |  |   |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.   | Name of Abatement Contractor (9)<br>AAA LEAD PROFESSIONALS |   |                           |                  |        |             |           |
| Street Address   |   | Street Address<br>6 WHITE DOVE COURT   |  |   |                           |                  |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>LAKEWOOD, NJ 08701  |  |   |                           |                  |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.  | Telephone No.<br>732-668-9078                              |   |                           |                  |        |             |           |
| Start Date (10)<br>01/07/19  |   | Scheduled Completion Date (11)<br>01/09/19   | License No.<br>1200  |   |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Name of OSHA Monitor<br>AAA LEAD PROFESSIONALS   |  |   |                           |                  |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: |   | Street Address<br>6 WHITE DOVE COURT   |  |   |                           |                  |        |             |           |
|  |   | City, State, Zip Code<br>LAKEWOOD, NJ 08701  |  |   |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |  |   |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                           |                  |        |             |           |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Interior   |   |  |  | Pipe Insulation   | 80 LF                     | x                |        |             |           |
|  |   |  |  |   |                           |                  |        |             |           |
|  |   |  |  |   |                           |                  |        |             |           |
|  |   |  |  |   |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>NEWARK CARTING  |   | NJDEP Waste Hauler ID No.<br>04509   | Cubic Yards of Waste<br>8                                  | Name of Registered Landfill<br>IESI   |                           |                  |        |             |           |
| City, State<br>NEWARK, NJ  |   | Disposal Date<br>01/09/19  |  | City, State<br>BETHLEHEM PA   |                           |                  |        |             |           |
| Completed by<br>JOSEPH PERLSTEIN   |   | Title<br>OWNER   | Signature  |   |                           | Date<br>01/04/19 |        |             |           |



NOCK

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

RECEIVED  
JAN 10 2019

\*\*COURTESY NOTIFICATION\*\*

|  |  |  |   |
|--|--|--|---|
| Date of Notification (1)<br>1/7/2019   |  | Name of Building Owner/Operator (2)<br>U.S. AIRFORCE BASE  |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA        | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #1 | STREET ADDRESS<br>3021 MCGUIRE BLVD.   |   |
|  | Emergency (including justification)<br><input type="checkbox"/> Cancellation   | City, State, Zip Code<br>JT. BASE MDL, NJ 08641  |   |
|  |  | Name of Contact<br>DANNY ANDERSON  | Telephone Number<br>907-223-5452 CELL   |
|  | FACILITY INFORMATION   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>MAGUIRE AFB  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)  |   |
| Street Address<br>TEXAS AVENUE   |  | Square Feet  |   |
| City (5)<br>WRIGHTSTOWN, NJ  |  | # of Floors Bldg. Age  |   |
| County<br>BURLINGTON   |  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>CREAM RIDGE ENVIRONMENTAL INC.  |
| Street Address   |  | Street Address<br>15 BLACK FOREST ROAD   |   |
| City, State, Zip Code  |  | City, State, Zip Code<br>Hamilton, NJ 08691  |   |
| Project Manager for Monitoring Firm  | Telephone No.  | Telephone No.<br>609-890-7110  | License No.<br>00676  |
| Start Date (10)<br>1/14/2019   | Scheduled Completion Date (11)<br>1/28/2019  | Name of OSHA Monitor<br>MECS   |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours |  | Street Address<br>P.O. BOX 341   |   |
|  |  | City, State, Zip Code<br>CROSSWICKS, NJ 08515  |   |
| Scope of Work (Check all that apply)   |  |  |   |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) & 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) |
|  | Yes  | No   |   |
| BLDG. 3325   |  | X  | TRANSITE PANELS   |
| BLDG. 3326   |  | X  | NFVAT & ADHESIVE  |
|  |  |  |   |
|  |  |  |   |
| Name of Registered Waste Hauler<br>HORIZON DISPOSAL SERVICES   |  | NJDEP Waste Hauler ID No.<br>10416   | Cubic Yards of Waste<br>20 YD   |
| City, State<br>TRENTON, NJ   |  | Name of Registered Landfill<br>GROWS   |   |
| Disposal Date<br>1/30/2019   |  | City, State<br>MORRISVILLE, PA.  |   |
| Completed By<br>DAVID D'ANDREA   | Title<br>PRESIDENT   | Signature<br>David D'Andrea  | Date<br>1/7/2019  |

ASB-41

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



Check#3244

PAID

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

RECEIVED

JAN 10 2019

|  |   |  |                                     |  |                            |   |                          |                          |                          |
|--|---|--|-------------------------------------|--|----------------------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>01 / 05 / 19   |   | Name of Building Owner/Operator (2)<br>Kris Hintz  |                                     |  |                            |   |                          |                          |                          |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation   |                                     |  |                            |   |                          |                          |                          |
| Street Address<br>[REDACTED]   |   | City, State, Zip Code<br>Basking Ridge, NJ 07920   |                                     |  |                            |   |                          |                          |                          |
| Name of Contact<br>Kris Hintz  |   | Telephone Number   |                                     |  |                            |   |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |                                     |  |                            |   |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |                                     |  |                            |   |                          |                          |                          |
| Street Address<br>[REDACTED]   |   | Square Feet      # of Floors      Bldg. Age  |                                     |  |                            |   |                          |                          |                          |
| City (5)<br>Basking Ridge, NJ 07920  |   | County Code (7) (STATE USE ONLY)   |                                     |  |                            |   |                          |                          |                          |
| County (6)<br>Somerset   |   | Current Use (Prior if being demolished)  |                                     |  |                            |   |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | Name of Abatement Contractor (9)   |                                     |  |                            |   |                          |                          |                          |
| Street Address   |   | Gr Tech LLC  |                                     |  |                            |   |                          |                          |                          |
| City, State, Zip Code  |   | Street Address<br>576 Valley Rd #283   |                                     |  |                            |   |                          |                          |                          |
| Project Manager for Monitoring Firm  |   | City, State, Zip Code<br>Wayne, NJ 07470   |                                     |  |                            |   |                          |                          |                          |
| Telephone No.  |   | Telephone No.<br>973-638-1777  |                                     |  |                            |   |                          |                          |                          |
| Start Date (10)<br>01 / 17 / 19  |   | License No.<br>01127   |                                     |  |                            |   |                          |                          |                          |
| Scheduled Completion Date (11)<br>01 / 18 / 19   |   | Name of OSHA Monitor<br>Envirovision Consultants, Inc  |                                     |  |                            |   |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |   | Street Address<br>20-21 Wagaraw Road, Bldg. # 35E  |                                     |  |                            |   |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |  |                            |   |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                              |                          |                          |                          |
|  | Yes   | No   | N/A                                 |  |                            | Removal                                     | Repair                   | Encapsulate              | Enclosure                |
| Crawl space  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Duct insulation  | 75 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<br>Gr Tech LLC   |   | NJDEP Waste Hauler ID No.<br>0033785   |                                     | Cubic Yards of Waste<br>TBD  |                            | Name of Registered Landfill<br>T.R.R.F. Inc |                          |                          |                          |
| City, State<br>Wayne, NJ 07470   |   | Disposal Date<br>TBD   |                                     | City, State<br>Tullytown, PA   |                            |   |                          |                          |                          |
| Completed By (Print or Type)<br>N.Jevtic   |   | Title<br>Owner   |                                     | Signature<br><i>N. Jevtic</i>  |                            | Date<br>01/05/19                            |                          |                          |                          |

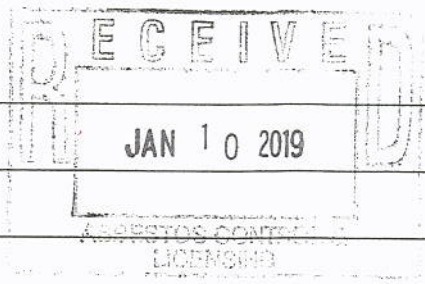
ASB-41

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 12:120)

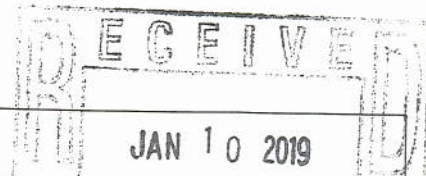


|  |  |  |   |  |                           |                    |        |             |           |
|--|--|--|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>12/27/2018 check #0109   |  | Name of Building Owner/Operator (2)<br>DAVE SCHEIBNER  |   |  |                           |                    |        |             |           |
| Agencies Notified  | Type Notification  | Street Address   |   |  |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <input type="checkbox"/> [Redacted]<br>City, State, Zip Code<br>RIDGEWOOD, NJ 07450  |   |  |                           |                    |        |             |           |
|  |  | Name of Contact<br>DAVE SCHEIBNER  | Telephone Number  |  |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)   |  | Type of Facility (4)   |   |  |                           |                    |        |             |           |
| Street Address   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |  |                           |                    |        |             |           |
| City (5)<br>RIDGEWOOD, NJ 07450  |  | Square Feet<br>50X100  | # of Floors<br>1FL  |  |                           |                    |        |             |           |
| County (6)<br>BERGEN   |  | County Code (7)<br>(STATE USE ONLY)  | Bldg. Age<br>50 YEARS   |  |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.   | Name of Abatement Contractor (9)<br>ALL SOLUTIONS CONTRACTING |  |                           |                    |        |             |           |
| Street Address   |  | Street Address<br>24 CHURCH ST   |   |  |                           |                    |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>ELMWOOD NJ 07407  |   |  |                           |                    |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.  | Telephone No.<br>201- 873 9418                                |  |                           |                    |        |             |           |
| Start Date (10)<br>12/27/2018  |  | Scheduled Completion Date (11)<br>12/29/2018   | License No.<br>01301  |  |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Name of OSHA Monitor<br>ALL SOLUTIONS CONTRACTING  |   |  |                           |                    |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 3:30 |  | Street Address<br>24 CHURCH ST   |   |  |                           |                    |        |             |           |
|  |  | City, State, Zip Code<br>ELMWOOD NJ 07407  |   |  |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |  |                           |                    |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |  |                           |                    |        |             |           |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type     |        |             |           |
|  | Yes  | No   | N/A   |  |                           | Removal            | Repair | Encapsulate | Enclosure |
| BASEMENT   |  |  | X   | PIPE INSULATION  | 85LF                      | X                  |        |             |           |
|  |  |  |   |  |                           |                    |        |             |           |
|  |  |  |   |  |                           |                    |        |             |           |
| Name of Registered Waste Hauler<br>ATLANTIC CARTING  |  | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste<br>TDB                                   | Name of Registered Landfill<br>GRAND CENTRAL   |                           |                    |        |             |           |
| City, State<br>PEN ARGYL, PA 18072   |  | Disposal Date<br>TDB   |   | City, State<br>PEN ARGYL, PA 18072   |                           |                    |        |             |           |
| Completed by<br>LUIS ARCILA  |  | Title<br>PRESIDENT   | Signature<br>   |  |                           | Date<br>12/27/2018 |        |             |           |



CK27821, 27818 PAID

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



|   |   |  |                                     |  |                           |   |                          |                          |                          |
|---|---|--|-------------------------------------|--|---------------------------|---|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>1</u> / <u>4</u> / <u>19</u>   |   | Name of Building Owner/Operator (2)<br><b>Rowan University</b>   |                                     | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/> JAN 10 2019<br/> ASBESTOS CONTROL </div>  |                           |   |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     |  |                           | Street Address<br><b>201 Mullica Hill Road</b><br>City, State, Zip Code<br><b>Glassboro NJ. 08028</b><br>Name of Contact<br><b>Tom Gallia</b> |                          |                          |                          |
|   |   |  |                                     |  |                           | Telephone Number  |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |  |                                     |  |                           |   |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Wilson Hall</b>  |   |  |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                           |   |                          |                          |                          |
| Street Address<br><b>201 Mullica Hill Road</b>  |   |  |                                     | Square Feet<br><b>100,500</b>  |                           |   |                          |                          |                          |
| City (5)<br><b>Glassboro</b>  |   |  |                                     | # of Floors<br><b>3</b>  |                           |   |                          |                          |                          |
| County (6)<br><b>Gloucester</b>   |   |  |                                     | Bldg. Age<br><b>+/- 70</b>   |                           |   |                          |                          |                          |
| County Code (7)(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br><b>Vacant</b>   |                                     |  |                           |   |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Pars Environmental Services</b>   |   | ASCM No.   |                                     | Name of Abatement Contractor (9)<br><b>USA Environmental Management, Inc.</b>  |                           |   |                          |                          |                          |
| Street Address<br><b>500 Horizon Drive #540</b>   |   | Street Address<br><b>8436 Enterprise Avenue</b>  |                                     |  |                           |   |                          |                          |                          |
| City, State, Zip Code<br><b>Hamilton Township NJ. 08691</b>   |   | City, State, Zip Code<br><b>Philadelphia, PA 19153</b>   |                                     |  |                           |   |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rafael Torres</b>   |   | Telephone No.<br><b>609-890-7277</b>   |                                     | Telephone No.<br><b>215-365-5810</b>   |                           |   |                          |                          |                          |
| Start Date (10)<br><u>1</u> / <u>14</u> / <u>19</u>   |   | Scheduled Completion Date (11)<br><u>2</u> / <u>14</u> / <u>19</u>   |                                     | License No.<br><b>1156</b>   |                           |   |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7:00 AM-11:00PM</b> / ____ PM- ____ AM |   |  |                                     | Name of OSHA Monitor<br><b>USA Environmental Management, Inc</b>   |                           |   |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Avenue</b>   |   |  |                                     | City, State, Zip Code<br><b>Philadelphia, PA 19153</b>   |                           |   |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |  |                                     |  |                           |   |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |                                     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| Room 220  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Floor Tile & Mastic Non-Friable  | 150 SF                    | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Room 234  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Floor Tile & Mastic Non-Friable  | 150 SF                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <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<br><b>Service Transport</b>   |   | NJDEP Waste Hauler ID No.  |                                     | Cubic Yards of Waste<br><b>30</b>  |                           | Name of Registered Landfill<br><b>Minerva Landfill</b>  |                          |                          |                          |
| City, State<br><b>New Castle De.</b>  |   | Disposal Date<br><b>2/14/19</b>  |                                     | City, State<br><b>Waynesburg Pa.</b>   |                           |   |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kevin Meldrum</b>  |   | Title<br><b>Project Manager</b>  |                                     | Signature<br>  |                           | Date<br><b>1-4-19</b>   |                          |                          |                          |



B &amp; G proj. #: 2019-09

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

\*\*\* EMERGENCY \*\*\*

Check # 9094

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br>01/03/19    |   | Name of Building Owner/Operator (2)<br>Robert Pollara |  |
| Agencies Notified                       | Type Notification                           | Street Address<br>[REDACTED]                          |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial | City, State, Zip Code<br>Morristown, NJ 07960         |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amendment          | Name of Contact<br>Robert Pollara                     |  |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation       | Telephone Number                                      |  |
| <input checked="" type="checkbox"/> DOH |   |   |  |
| <input type="checkbox"/> DCA            |   |   |  |

## FACILITY INFORMATION

|   |                      |   |  |   |                         |
|---|----------------------|---|--|---|-------------------------|
| Name of facility where abatement is taking place (3)<br>Robert Pollara  |                      |   | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |   |                         |
| Street Address<br>[REDACTED]  |                      |   | Square Feet # of Floors Bldg. Age  |   |                         |
| City (5)<br>Morristown  | County (6)<br>Morris | County Code (7)<br>(State use only)       | Current Use (Prior if being demolished)<br>residential   |   |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]  |                      | ASCM No.<br>n/a                           | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |   |                         |
| Street Address<br>[REDACTED]  |                      |   | Street Address<br>105 Ryerson Road   |   |                         |
| City, State, Zip Code<br>[REDACTED]   |                      |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |   |                         |
| Project Manager for Monitoring Firm<br>[REDACTED]   |                      | Phone Number<br>[REDACTED]                | Telephone Number<br>(973)696-6869  |   | License Number<br>00378 |
| Scheduled Start Date (10)<br>01/04/2019   |                      | Sched. Completion Date (11)<br>01/05/2019 |  | Name of OSHA Monitor<br>B & G Restoration, Inc. |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours-<br>Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |                      |   |  | Street Address<br>105 Ryerson Road              |                         |
|   |                      |   |  | City, State, Zip Code<br>LincolnPark, NJ 07035  |                         |

Scope of Work (check all that apply)

☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure

☒ >3 sf or >3 lf ☐ >160 sf or >260 lf ☐ Mini-enclosure ☐ Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|--|---|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|  | Yes   | No | N/A                                 |   |                           |                                     |                            |                          |                          |
| basement   |   |    | <input checked="" type="checkbox"/> | boiler board insulation                           | 16 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                              |                              |   |
|--|------------------------------|------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>1    | Name of Registered Landfill<br>Grand Central Landfill |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>01/05/2018  | City, State<br>Pen Argyl, PA |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br>Gordana Luna    | Date<br>01/03/2019                                    |



CK9094

B &amp; G proj. #: 2019-09

PAID

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:26-7 and 12:120-7)  
\*\*\* EMERGENCY \*\*\*

JAN 10 2019

Check # 9094

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Date of Notification (1)<br>01/03/2019   |  | Name of Building Owner/Operator (2)<br>Robert Pollara   |  | Check # 9094  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation |  | Street Address<br>[REDACTED]  |  |
| City, State, Zip Code<br>Morristown, NJ 07960  |  | Name of Contact<br>Robert Pollara   |  | Telephone Number  |  |
| FACILITY INFORMATION   |  |   |  |   |  |
| Name of facility where abatement is taking place (3)<br>Robert Pollara   |  |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.) |  |
| Street Address<br>[REDACTED]   |  | City (5)<br>Morristown  |  | County (6)<br>Morris  |  |
| City, State, Zip Code<br>Morristown, NJ 07960  |  | County Code (7)<br>(State uses only)  |  | Square Feet<br>[REDACTED]   |  |
| Name of Monitoring Firm hired by Bldg. Owner (8)   |  | ASCM No.<br>n/a   |  | Current Use (Prior if being demolished)<br>residential  |  |
| Street Address<br>[REDACTED]   |  | City, State, Zip Code<br>[REDACTED]   |  | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.   |  |
| Project Manager for Monitoring Firm<br>[REDACTED]  |  | Phone Number<br>[REDACTED]  |  | Street Address<br>105 Ryerson Road  |  |
| Scheduled Start Date (10)<br>01/04/2019  |  | Sched. Completion Date (11)<br>01/05/2019   |  | City, State, Zip Code<br>Lincoln Park, NJ 07035   |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours.<br>Describe: _____<br><input type="checkbox"/> Other-Describe: _____  |  | Name of OSHA Monitor<br>B & G Restoration, Inc.   |  | Telephone Number<br>(973) 696-1669  |  |
| Scope of Work (check all that apply)<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> > 3 sf or > 3 lf<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> > 160 sf or > 280 lf<br><input checked="" type="checkbox"/> Full Containment w/ negative pressure<br><input type="checkbox"/> Mini-enclosure<br><input type="checkbox"/> Glovebag procedure<br><input type="checkbox"/> Non-friable procedure |  | Street Address<br>105 Ryerson Road  |  | License Number<br>00378   |  |
| Location of asbestos-containing material to be abated in facility (13)<br>basement   |  | Is location normally used solely by maintenance/custodial staff (12)<br>Yes No N/A  |  | Description of asbestos-containing material (ACM)<br>boiler board insulation  |  |
| Amount (Specify sf or lf)<br>16 SF   |  | Removal   |  | Repair  |  |
|  |  | Encaps  |  | Encl  |  |
| Registered Waste Hauler<br>B & G Restoration, Inc.   |  | NJ DEP Hauler ID#<br>19583  |  | Name of Registered Landfill<br>Grand Central Landfill   |  |
| City, State<br>Lincoln Park, NJ  |  | Disposal Date<br>01/05/2018   |  | City, State<br>Penn Arg, PA   |  |
| Completed by (Print or Type)<br>Gordana Luna   |  | Title<br>Secretary/Treasurer  |  | Signature<br>Gordana Luna   |  |
|  |  |   |  | Date<br>01/03/2019  |  |



2019-01-03 14:54

Shade Environmental 1 &gt;&gt; 609 633 664

P-2/4

RECEIVED

JAN 10 2019

ENL-10 DAY

ASBESTOS CONTROL RECEIVED

Telephone Number

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 5:16)

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| Date of Notification (1)<br>01 / 03 / 19   |   | Name of Building Owner/Operator (2)<br>Jordan Petscho   |  | JAN 10 2019  |   |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>Maple Shade, NJ 08052<br>Name of Contact<br>Jordan Petscho |  | Telephone Number   |   |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br>Petscho Residence  |   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |   |
| Street Address<br>[REDACTED]   |   |   | Square Feet<br>2,200   |  |   |
| City (5)<br>Maple Shade  |   |   | # of Floors<br>3   |  |   |
| County (6)<br>Burlington   |   |   | Bldg. Age<br>80  |  |   |
| County Code (7) (STATE USE ONLY)   |   |   | Current Use (Prior if being demolished)<br>Residence   |  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Shade Environmental LLC  |  |   |
| Street Address<br>PO Box 341   |   | Street Address<br>623 Outler Avenue   |  |  |   |
| City, State, Zip Code<br>Chessterfield, NJ 08515   |   | City, State, Zip Code<br>Maple Shade, NJ 08052  |  |  |   |
| Project Manager for Monitoring Firm<br>Bill Welsgarbor   |   | Telephone No.<br>609-298-4070   | Telephone No.<br>856-756-0099  | License No.<br>00842   |   |
| Start Date (10)<br>01 / 08 / 19  | Scheduled Completion Date (11)<br>01 / 10 / 19  | Name of OSHA Monitor<br>EMSL Analytical, Inc.   |  |  |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |   |   | Street Address<br>200 Route 130 North<br>City, State, Zip Code<br>Cinnaminson, NJ 08077  |  |   |
| Scope of Work (Check all that apply)   |   |   |  |  |   |
| <input checked="" type="checkbox"/> < 25 sf or < 25 lf<br><input type="checkbox"/> > 25 sf or > 25 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                               |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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  |  |  |   |
| Attic Dormer   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>   | Vermiculite  | 10 SF  | <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclose |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |  | <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclose            |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |  | <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclose            |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  |  |  | <input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclose            |
| Name of Registered Waste Hauler<br>Freehold Cartage  |   | NJDEP Waste Hauler ID No.<br>15939  | Cubic Yards of Waste<br>1  | Name of Registered Landfill<br>Fairless Landfill   |   |
| City, State<br>Freehold, NJ  |   | Disposal Date<br>01/10/2019   | City, State<br>Middletown, PA  |  |   |
| Completed By (Print or Type)<br>Christina Lynch  | Title<br>Vice President of Operations   | Signature<br>[Signature]  | Date<br>1/3/19   |  |   |

ASB-41  
JAN 15

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



2019-01-03 09:09

Shade Environmental 1 &gt;&gt; 609 633 0664

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:80 and 8:16)

**PAID** **CK 5371**

**RECEIVED**  
 JAN 10 2019  
 10 DAY  
 ASBESTOS CONTROL

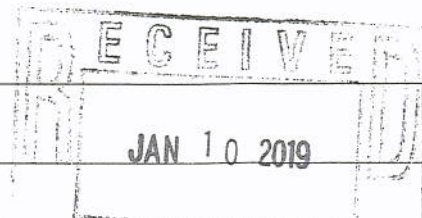
|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>01 / 03 / 19  |  | Name of Building Owner/Operator (2)<br>Holy Faith Temple Church of God in Christ   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 8:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #: _____<br><input checked="" type="checkbox"/> Emergency (Including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2713 River Avenue<br>City, State, Zip Code<br>Camden, NJ 08105<br>Name of Contact<br>Pastor Neal<br>Telephone Number<br>856-552-8869   |  |
| <b>FACILITY INFORMATION</b>   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Holy Faith Temple Church of God in Christ   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (e.g., private and commercial buildings, homes, etc.)   |  |
| Street Address<br>2713 River Avenue   |  | Square Feet<br>5,000   | No. of Floors<br>2   |
| City (5)<br>Camden  |  | Bldg. Age<br>80  |  |
| County (6)<br>Camden  |  | County Code (7) (STATE USE ONLY)<br>Church   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Shade Environmental, LLC   |
| Street Address<br>PO Box 341  |  | Street Address<br>623 Cutler Avenue  |  |
| City, State, Zip Code<br>Chesterfield, NJ 08515   |  | City, State, Zip Code<br>Maple Shade, NJ 08053   |  |
| Project Manager for Monitoring Firm<br>Bill Weisgarber  |  | Telephone No.<br>609-298-4070  | Telephone No.<br>856-755-0099  |
| Start Date (10)<br>01 / 07 / 19   |  | Scheduled Completion Date (11)<br>01 / 09 / 19   | License No.<br>00812   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM |  | Name of OSHA Monitor<br>EMSL Analytical, Inc.<br>Street Address<br>200 Route 130 North<br>City, State, Zip Code<br>Cinnaminson, NJ 08037   |  |
| Scope of Work (Check all that apply)  |  |  |  |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input type="checkbox"/> ≥ 150 sf or ≥ 250 lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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) |
|   | Yes  | No   |  |
| Basement  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | Pipe Insulation  |
|   | <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<br>Freehold Cartage   | NJDEP Waste Hauler ID No.<br>15939   | Cubic Yards of Waste<br>1  | Name of Registered Landfill<br>Fairleigh Landfill  |
| City, State<br>Freehold, NJ   | Disposal Date<br>01/03/2019  | City, State<br>Morrisville, PA   |  |
| Completed By (Print or Type)<br>Christina Lynch   | Title<br>Vice President of Operations  | Signature<br>  | Date<br>1/3/19   |

 A85-41  
 JAN 13

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



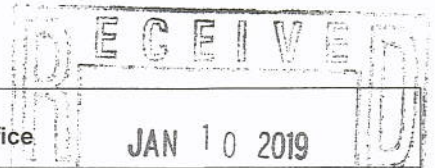
CK 5383 PAID

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

|   |  |  |                          |  |  |                                     |                          |                          |                          |
|---|--|--|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>01 / 04 / 19  |  | Name of Building Owner/Operator (2)<br>Florence Sochor   |                          |  |  |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>Maple Shade, NJ 08052<br>Name of Contact<br>Chuck Thomas<br>Telephone Number<br>[REDACTED]  |                          |  |  |                                     |                          |                          |                          |
| FACILITY INFORMATION  |  |  |                          |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                          |  |  |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]  |  | Square Feet<br>1,500   |                          |  |  |                                     |                          |                          |                          |
| City (5)<br>Maple Shade   |  | # of Floors<br>3   |                          |  |  |                                     |                          |                          |                          |
| County (6)<br>Burlington  |  | Bldg. Age<br>80  |                          |  |  |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br>Residence   |                          |  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services   |  | ASCN No.   |                          |  |  |                                     |                          |                          |                          |
| Street Address<br>PO Box 341  |  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC   |                          |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br>Chesterfield, NJ 08515   |  | Street Address<br>623 Cutler Avenue  |                          |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Bill Weisgarber  |  | City, State, Zip Code<br>Maple Shade, NJ 08052   |                          |  |  |                                     |                          |                          |                          |
| Telephone No.<br>609-298-4070   |  | Telephone No.<br>856-755-0099  |                          |  |  |                                     |                          |                          |                          |
| License No.<br>00842  |  | Name of OSHA Monitor<br>EMSL Analytical, Inc.  |                          |  |  |                                     |                          |                          |                          |
| Start Date (10)<br>01 / 14 / 19   |  | Scheduled Completion Date (11)<br>01 / 25 / 19   |                          |  |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM  |  | Street Address<br>200 Route 130 North<br>City, State, Zip Code<br>Cinnaminson, NJ 08077  |                          |  |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| Attic   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | Vermiculite  | 735 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |  |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Freehold Cartage   |  | NJDEP Waste Hauler ID No.<br>15939   |                          | Cubic Yards of Waste<br>5  | Name of Registered Landfill<br>Fairless Landfill |                                     |                          |                          |                          |
| City, State<br>Freehold, NJ   |  | Disposal Date<br>01/25/2019  |                          | City, State<br>Morrisville, PA   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Christina Lynch   |  | Title<br>Vice President of Operations  |                          | Signature<br>  |  | Date<br>1/4/19                      |                          |                          |                          |



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



| <b>Date of Notification (1)</b><br><u>01</u> / <u>04</u> / <u>19</u>   |  | <b>Name of Building Owner/Operator (2)</b><br>Rutgers University Health & Safety Office   |   |   |                           |                                     |                          |                          |                          |
|--|--|---|---|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Agencies Notified</b><br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | <b>Type Notification</b><br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <b>Street Address</b><br>74 St 1603   |   |   |                           |                                     |                          |                          |                          |
|  |  | <b>City, State, Zip Code</b><br>Piscataway, NJ 08854  |   |   |                           |                                     |                          |                          |                          |
|  |  | <b>Name of Contact</b><br>Michael F. Smith, HSS   | <b>Telephone Number</b><br>848-445-2550                             |   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                           |                                     |                          |                          |                          |
| <b>Name of Facility Where Abatement is Taking Place (3)</b><br>Rutgers University Newark Campus Hill Hall  |  | <b>Type of Facility (4)</b><br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |   |                           |                                     |                          |                          |                          |
| <b>Street Address</b><br>360 Martin Luther King Boulevard  |  | <b>Square Feet</b><br>N/A   |   |   |                           |                                     |                          |                          |                          |
| <b>City (5)</b><br>Newark  |  | <b># of Floors</b><br>8+  | <b>Bldg. Age</b><br>60+   |   |                           |                                     |                          |                          |                          |
| <b>County (6)</b><br>Essex   | <b>County Code (7) (STATE USE ONLY)</b>  | <b>Current Use (Prior if being demolished)</b><br>Academic  |   |   |                           |                                     |                          |                          |                          |
| <b>Name of Monitoring Firm Hired by Building Owner (8)</b><br>ATC Group Services, LLC  |  | <b>ASCM No.</b><br>00098  | <b>Name of Abatement Contractor (9)</b><br>Shade Environmental, LLC |   |                           |                                     |                          |                          |                          |
| <b>Street Address</b><br>3 Terri Lane, Suite 4   |  | <b>Street Address</b><br>623 Cutler Avenue  |   |   |                           |                                     |                          |                          |                          |
| <b>City, State, Zip Code</b><br>Burlington, NJ 08016   |  | <b>City, State, Zip Code</b><br>Maple Shade, NJ 08052   |   |   |                           |                                     |                          |                          |                          |
| <b>Project Manager for Monitoring Firm</b><br>Brian Kearney  |  | <b>Telephone No.</b><br>609-479-8513  | <b>License No.</b><br>00842   |   |                           |                                     |                          |                          |                          |
| <b>Start Date (10)</b><br><u>01</u> / <u>10</u> / <u>19</u>  | <b>Scheduled Completion Date (11)</b><br><u>01</u> / <u>14</u> / <u>19</u>   | <b>Name of OSHA Monitor</b><br>EMSL Analytical, Inc.  |   |   |                           |                                     |                          |                          |                          |
| <b>Occupancy Status During Abatement (Check only one)</b><br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM-_____ PM/ <u>12:00PM-5:00AM</u>  |  | <b>Street Address</b><br>200 Route 130 North  |   |   |                           |                                     |                          |                          |                          |
|  |  | <b>City, State, Zip Code</b><br>Cinnaminson, NJ 08077   |   |   |                           |                                     |                          |                          |                          |
| <b>Scope of Work (Check all that apply)</b><br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(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   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | Cooling Tower Panels  | 1,000 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Name of Registered Waste Hauler</b><br>Freehold Cartage   |  | <b>NJDEP Waste Hauler ID No.</b><br>15939   | <b>Cubic Yards of Waste</b><br>10                                   | <b>Name of Registered Landfill</b><br>Fairless Landfill   |                           |                                     |                          |                          |                          |
| <b>City, State</b><br>Freehold, NJ   |  | <b>Disposal Date</b><br>01/14/2019  |   | <b>City, State</b><br>Morrisville, PA   |                           |                                     |                          |                          |                          |
| <b>Completed By (Print or Type)</b><br>Christina Lynch   |  | <b>Title</b><br>Vice President of Operations  |   | <b>Signature</b><br>  |                           | <b>Date</b><br>1-14-19              |                          |                          |                          |