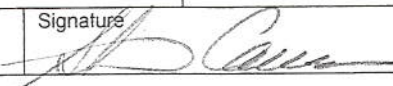



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK00041338

| Date of Notification (1)<br>01/11/2019   |   | Name of Building Owner/Operator (2)<br>The Chemours Company  |     | JAN 15 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>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | Street Address<br>1007 Market Street<br>City, State, Zip Code<br>Wilmington, DE 19899<br>Name of Contact<br>Jim Lacey<br>Telephone Number<br>856-540-2394   |                           |   |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |     |   |                           |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Chemours Chamber Works Facility - Bldg J5  |   |  |     | 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>Canal Road   |   |  |     | Square Feet<br>2700<br># of Floors<br>1<br>Bldg. Age<br>35+   |                           |   |        |             |           |
| City (5)<br>Deepwater  |   | County (6)<br>Salem  |     | County Code (7)<br>(STATE USE ONLY) _____   |                           |   |        |             |           |
| Current Use (Prior if being demolished)<br>Chemical Plant  |   | Name of Monitoring Firm Hired by Building Owner (8)<br>Harvard Environmental Inc.  |     |   |                           |   |        |             |           |
| ASCM No. _____   |   | Name of Abatement Contractor (9)<br>Brandenburg Industrial Service Company   |     |   |                           |   |        |             |           |
| Street Address<br>760 Pulaski Highway  |   | Street Address<br>2217 Spillman Drive  |     |   |                           |   |        |             |           |
| City, State, Zip Code<br>Bear, DE 19701  |   | City, State, Zip Code<br>Bethlehem, PA 18015   |     |   |                           |   |        |             |           |
| Project Manager for Monitoring Firm<br>JT Morrison   |   | Telephone No.<br>302-326-2333  |     | Telephone No.<br>610-691-1800   |                           |   |        |             |           |
| License No.<br>00721   |   | Start Date (10)<br>1/28/2019   |     |   |                           |   |        |             |           |
| Scheduled Completion Date (11)<br>02/28/19   |   | Name of OSHA Monitor<br>Brandenburg  |     |   |                           |   |        |             |           |
| 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 checked="" type="checkbox"/> Other - Describe: DEMO - 03/4/19-3/21/19   |   |  |     | Street Address<br>2217 Spillman Drive   |                           |   |        |             |           |
|  |   |  |     | City, State, Zip Code<br>Bethlehem PA 18015   |                           |   |        |             |           |
| 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 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) 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 |
| J5   |   |  | X   | Floor Tile/Mastic   | 1550 SF                   | X   |        |             |           |
| J5   |   |  | X   | Mastic  | 1400 SF                   | X   |        |             |           |
| J5   |   |  | X   | Pipe Insulation   | 95 LF                     | X   |        |             |           |
| J5   |   |  | X   | Galbestos   | 4055 SF                   | X   |        |             |           |
| Name of Registered Waste Hauler<br>Brandenburg Industrial Service Co   |   | NJDEP Waste Hauler ID No.<br>21838   |     | Cubic Yards of Waste<br>90  |                           | Name of Registered Landfill<br>Salem Cty Landfill/Chemours Onsite |        |             |           |
| City, State<br>Bethlehem, PA   |   | Disposal Date<br>1/28/19-2/28/19   |     | City, State<br>Alloway Twship/Deepwater NJ  |                           |   |        |             |           |
| Completed by<br>Stephen Carne  |   | Title<br>Environmental Manager   |     | Signature<br>   |                           | Date<br>1/11/2019   |        |             |           |

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

**CK 00041339**

|  |   |  |     |  |   |                  |        |             |           |
|--|---|--|-----|--|---|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/11/2019   |   | Name of Building Owner/Operator (2)<br>E.I. du Pont de Nemours and Company   |     | JAN 15 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 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 |     | 974 Centre Road P.O. Box 2915  |   |                  |        |             |           |
|  |   |  |     | City, State, Zip Code<br>Wilmington, DE 19805  |   |                  |        |             |           |
|  |   | Name of Contact<br>Bryan Mumink  |     | Telephone Number<br>856-276-9224   |   |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |     |  |   |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>DuPont Chambers Works - Nitrator Zone Pipe Rack  |   |  |     | Type of Facility (4)   |   |                  |        |             |           |
| Street Address<br>Canal Road   |   |  |     | <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>Deepwater  |   | Square Feet<br>N/A   |     | # of Floors  | Bldg. Age<br>50+  |                  |        |             |           |
| County (6)<br>Salem  |   | County Code (7)<br>(STATE USE ONLY)  |     | Current Use (Prior if being demolished)<br>Chemical Plant  |   |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Harvard Environmental Inc.  |   | ASCM No.   |     | Name of Abatement Contractor (9)<br>Brandenburg Industrial Service Company   |   |                  |        |             |           |
| Street Address<br>760 Pulaski Highway  |   |  |     | Street Address<br>2217 Spillman Drive  |   |                  |        |             |           |
| City, State, Zip Code<br>Bear, DE 19701  |   |  |     | City, State, Zip Code<br>Bethlehem, PA 18015   |   |                  |        |             |           |
| Project Manager for Monitoring Firm<br>JT Morrison   |   | Telephone No.<br>302-326-2333  |     | Telephone No.<br>610-691-1800  | License No.<br>00721  |                  |        |             |           |
| Start Date (10)<br>01/28/2019  |   | Scheduled Completion Date (11)<br>02/28/2019   |     | Name of OSHA Monitor<br>Brandenburg  |   |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   |  |     | Street Address<br>2217 Spillman Drive  |   |                  |        |             |           |
| <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 checked="" type="checkbox"/> Other - Describe: DEMO- 03/4/2019-03/28/2019 |   |  |     | City, State, Zip Code<br>Bethlehem PA 18015  |   |                  |        |             |           |
| 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)   | Abatement Type   |        |             |           |
|  | Yes   | No   | N/A |  |   | Removal          | Repair | Encapsulate | Enclosure |
| Pipe Rack  |   |  | X   | Pipe Insulation  | 1200 LF   | X                |        |             |           |
| Pipe Rack  |   |  | X   | Mastic   | 3000 SF   | X                |        |             |           |
| Pipe Rack  |   |  | X   | Gaskets  | 45 EA   | X                |        |             |           |
| Pipe Rack  |   |  | X   | Heat Tracing   | 55 LF   | X                |        |             |           |
| Name of Registered Waste Hauler<br>Waste Management of NJ  |   | NJDEP Waste Hauler ID No.<br>17273   |     | Cubic Yards of Waste<br>60   | Name of Registered Landfill<br>Salem County Improvement Authority |                  |        |             |           |
| City, State<br>Camden, NJ  |   |  |     | Disposal Date<br>2/4/19-3/04/19  | City, State<br>Alloway NJ   |                  |        |             |           |
| Completed by<br>Stephen Carne  |   | Title<br>Environmental Manager   |     | Signature<br>  |   | Date<br>01/11/19 |        |             |           |



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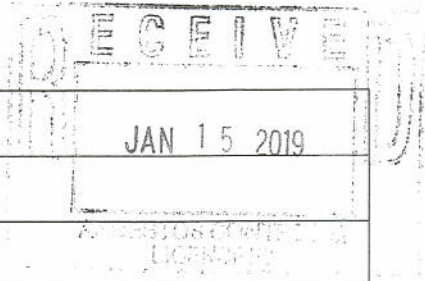
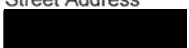
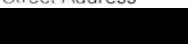
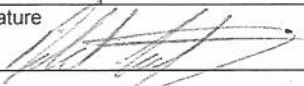
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check # 25764

|  |  |   |   |  |                |                   |        |             |
|--|--|---|---|--|----------------|-------------------|--------|-------------|
| Date of Notification (1)<br>1/11/2019  |  | Name of Building Owner/Operator (2)<br>Wishnick   |   |  |                |                   |        |             |
| Agencies Notified  | Type Notification  | Street Address  | JAN 15 2019<br>ASBESTOS CONTAINMENT   |  |                |                   |        |             |
| <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>Princeton, NJ 08540  |   |  |                |                   |        |             |
|  |  | Name of Contact<br>Lesley Wishnick  | Telephone Number  |  |                |                   |        |             |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                |                   |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential  |  | 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>Princeton, NJ 08540  |  | Square Feet<br>1800   | # of Floors<br>2  |  |                |                   |        |             |
| County (6)<br>Mercer   |  | County Code (7)<br>(STATE USE ONLY)   | Bldg. Age<br>100+/-   |  |                |                   |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>MECS  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Stevens Environmental Services, Inc.  |  |                |                   |        |             |
| Street Address<br>PO Box 341   |  | Street Address<br>PO Box 322  |   |  |                |                   |        |             |
| City, State, Zip Code<br>Crosswicks, NJ 08515  |  | City, State, Zip Code<br>Allentown, NJ 08501  |   |  |                |                   |        |             |
| Project Manager for Monitoring Firm<br>Bill Weisgarber   |  | Telephone No.<br>(609 ) 298-4070  | License No.<br>00493  |  |                |                   |        |             |
| Start Date (10)<br>1/23/2019   | Scheduled Completion Date (11)<br>1/25/2019  | Name of OSHA Monitor<br>MECS  |   |  |                |                   |        |             |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>PO Box 341  |   |  |                |                   |        |             |
| <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: 8 am 4 pm                             |  | City, State, Zip Code<br>Chesterfield, NJ 08515   |   |  |                |                   |        |             |
| 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) 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 |
| Basement   |  | X   |   | 25 lf  | X              |                   |        |             |
| 1st Floor  |  | X   |   | 20 lf  | X              |                   |        |             |
| 2nd Floor  |  | X   |   | 4 lf   | X              |                   |        |             |
| (Wrap & Cut Ductwork )   |  |   |   |  |                |                   |        |             |
| Name of Registered Waste Hauler<br>Stevens Environmental Services  |  | NJDEP Waste Hauler ID No.<br>18292  | Cubic Yards of Waste<br>1 cu  | Name of Registered Landfill<br>Fairless Landfill |                |                   |        |             |
| City, State<br>Allentown, NJ   |  | Disposal Date<br>1/25/2019  |   | City, State<br>Morrisville, PA                   |                |                   |        |             |
| Completed by<br>Mahlon E. Stevens  |  | Title<br>Project Manager  |   | Signature  |                | Date<br>1/11/2019 |        |             |

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

**CK 18260 PAID**

|  |   |  |     |   |                           |   |        |             |           |
|--|---|--|-----|---|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1)<br>1/10/19  |   | Name of Building Owner/Operator (2)<br>Rajiv Menon   |     |    |                           |   |        |             |           |
| Agencies Notified<br><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  |   | 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><br>City, State, Zip Code<br>Ridgewood, NJ 07450<br>Name of Contact<br>Rajiv Menon<br>Telephone Number<br> |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |     |   |                           |   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential 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>  |   |  |     | Square Feet<br>2700   |                           |   |        |             |           |
| City (5)<br>Ridgewood  |   |  |     | # of Floors<br>2  |                           |   |        |             |           |
| County (6)<br>Bergen   |   |  |     | Bldg. Age<br>65 +/-   |                           |   |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br>Residential Home  |     |   |                           |   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager   |   | ASCM No. _____   |     | Name of Abatement Contractor (9)<br>All Stages Abatement  |                           |   |        |             |           |
| Street Address   |   | Street Address<br>280 N. Midland Ave.  |     |   |                           |   |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Saddle Brook, NJ 07663  |     |   |                           |   |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No. _____  |     | Telephone No.<br>201-600-3184   |                           |   |        |             |           |
| Start Date (10)<br>1/26/19   |   | Scheduled Completion Date (11)<br>1/29/19  |     | License No.<br>01305  |                           |   |        |             |           |
| 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: 8 A.M to 4 P.M  |   |  |     | Name of OSHA Monitor  |                           |   |        |             |           |
| 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 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)<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) | Abatement Type  |        |             |           |
|  | Yes   | No   | N/A |   |                           | Removal   | Repair | Encapsulate | Enclosure |
| Basement   |   | x  |     | VAT   | 396 SF                    | x   |        |             |           |
|  |   |  |     |   |                           |   |        |             |           |
|  |   |  |     |   |                           |   |        |             |           |
|  |   |  |     |   |                           |   |        |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement  |   | NJDEP Waste Hauler ID No.<br>0036592   |     | Cubic Yards of Waste<br>1 yd  |                           | Name of Registered Landfill<br>Grand Central Sanitary Landfill  |        |             |           |
| City, State<br>Saddle Brook, NJ  |   | Disposal Date<br>TBD   |     | City, State<br>Pen Argyl, PA  |                           |   |        |             |           |
| Completed by<br>Richard Cristofol  |   | Title<br>President   |     | Signature<br>   |                           | Date<br>1/10/19   |        |             |           |

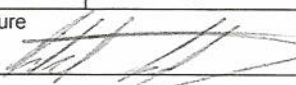


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK1859

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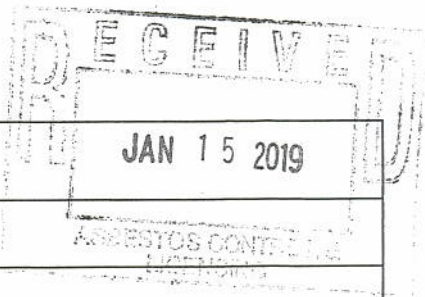
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JAN 15 2019

|   |   |   |   |   |                           |                |        |             |           |
|---|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>1/10/19   |   | Name of Building Owner/Operator (2)<br>Sarah Travaglio  |   |   |                           |                |        |             |           |
| 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 type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input 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>River Vale, NJ 07675   |   |   |                           |                |        |             |           |
|   |   | Name of Contact<br>Sarah Travaglio  | Telephone Number<br>_____   |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential 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>3100   | # of Floors<br>2  |   |                           |                |        |             |           |
| City (5)<br>River Vale  |   | Bldg. Age<br>65 +/-   |   |   |                           |                |        |             |           |
| County (6)<br>Bergen  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Residential Home   |   |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager  |   | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br>All Stages Abatement  |   |                           |                |        |             |           |
| Street Address<br>_____   |   | Street Address<br>280 N. Midland Ave.   |   |   |                           |                |        |             |           |
| City, State, Zip Code<br>_____  |   | City, State, Zip Code<br>Saddle Brook, NJ 07663   |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>_____  | Telephone No.<br>_____  | Telephone No.<br>201-600-3184   | License No.<br>01305  |   |                           |                |        |             |           |
| Start Date (10)<br>1/12/19  | Scheduled Completion Date (11)<br>1/16/19   | Name of OSHA Monitor<br>_____   |   |   |                           |                |        |             |           |
| 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: 8 A.M to 4 P.M |   | Street Address<br>_____   |   |   |                           |                |        |             |           |
|   |   | 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 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><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) | Abatement Type |        |             |           |
|   | Yes   | No  | N/A   |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement  |   | x   |   | VAT   | 424 SF                    | x              |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement   |   | NJDEP Waste Hauler ID No.<br>0036592  | Cubic Yards of Waste<br>1 yd  | Name of Registered Landfill<br>Grand Central Sanitary Landfill  |                           |                |        |             |           |
| City, State<br>Saddle Brook, NJ   |   |   | Disposal Date<br>TBD  | City, State<br>Pen Argyl, PA  |                           |                |        |             |           |
| Completed by<br>Richard Cristofol   |   | Title<br>President  | Signature<br> | Date<br>1/10/19   |                           |                |        |             |           |

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



|   |   |   |  |  |  |                                     |                          |                          |                          |
|---|---|---|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>1 / 10 / 19   |   |   | Name of Building Owner/Operator (2)<br>Muhlenberg Urban Renewal, LLC |  |  |                                     |                          |                          |                          |
| 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 checked="" type="checkbox"/> Amended<br>Amendment #2<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>2 Broad Street, Suite 400<br>City, State, Zip Code<br>Bloomfield, NJ 07003<br>Name of Contact<br>Warren Sprake<br>Telephone Number<br>908-670-5711   |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |  |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Commercial  |   |   |  | 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>1200 Randolph Road- Building 1  |   |   |  | Square Feet  |  |                                     |                          |                          |                          |
| City (5)<br>Plainfield  |   |   |  | # of Floors  |  |                                     |                          |                          |                          |
| County (6)<br>Union   |   |   |  | Bldg. Age  |  |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)  |   | Current Use (Prior if being demolished)   |  |  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Bio Terra Solutions  |   | ASCM No.  |  | Name of Abatement Contractor (9)<br>ALL PRO MANAGEMENT LLC   |  |                                     |                          |                          |                          |
| Street Address<br>P.O. Box 1224   |   | Street Address<br>27 Outwater Lane  |  |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br>Union, NJ  |   | City, State, Zip Code<br>Garfield, NJ 07026   |  |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Rick Eustaquio   |   | Telephone No.<br>973-494-3762   |  | License No.<br>1188  |  |                                     |                          |                          |                          |
| Start Date (10)<br>07 / 19 / 18   |   | Scheduled Completion Date (11)<br>01 / 31 / 20  |  | Name of OSHA Monitor<br>ALL PRO MANAGEMENT LLC   |  |                                     |                          |                          |                          |
| 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>27 Outwater Lane<br>City, State, Zip Code<br>Garfield, NJ 07026  |  |                                     |                          |                          |                          |
| 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 checked="" 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 (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 Lobbies/Floor 6 to Basement/Patient Rooms  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | VAT/Mastic   | 37,500 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wall Cavities- Floor 6 to Basement  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Pipe Insulation- Wrap and Cut  | 7,500 LF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement- Electrical & Mechanical Room  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Elbow Insulation   | 75 Elbows  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical Room   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                  | Tank Insulation  | 75 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Newark Carting   |   | NJDEP Waste Hauler ID No.<br>0283   |  | Cubic Yards of Waste<br>As Needed  | Name of Registered Landfill<br>IESI Bethlehem Landfill |                                     |                          |                          |                          |
| City, State<br>Newark, NJ   |   | Disposal Date<br>TBD  |  | City, State<br>Bethlehem, PA   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Allen Monchik   |   | Title<br>Project Manager  |  | Signature<br>Allen Monchik   |  | Date<br>1/10/19                     |                          |                          |                          |



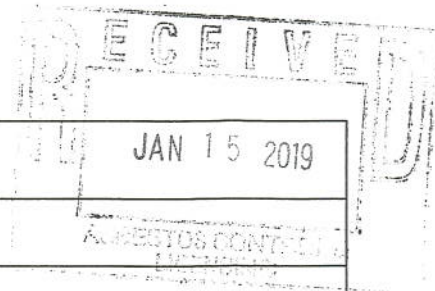
RECEIVED  
JAN 15 2019  
AGRICULTURAL CONFERENCE  
E

|  |                        |                                    |                  |
|--|------------------------|------------------------------------|------------------|
| Completed by: (Print or type)<br>Allen Monchik | Title: Project Manager | Signature:<br><i>Allen Monchik</i> | Date:<br>1/10/19 |
|--|------------------------|------------------------------------|------------------|

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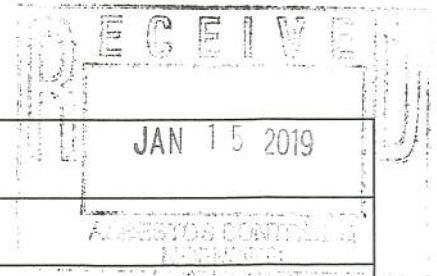
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



|   |   |  |  |  |                |  |                          |                          |                          |
|---|---|--|--|--|----------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>01 / 10 / 19  |   | Name of Building Owner/Operator (2)<br>Muhlenberg Urban Renewal, LLC   |  | JAN 15 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 (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>2 Broad Street, Suite 400<br>City, State, Zip Code<br>Bloomfield, NJ 07003<br>Name of Contact<br>Warren Sprake<br>Telephone Number<br>908-670-5711   |                |  |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |  |  |  |                |  |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Commercial  |   |  | 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>1200 Randolph Road- Building 20   |   |  | Square Feet  |  |                |  |                          |                          |                          |
| City (5)<br>Plainfield  |   |  | # of Floors  |  |                |  |                          |                          |                          |
| County (6)<br>Union   |   |  | Bldg. Age  |  |                |  |                          |                          |                          |
| County Code (7) (STATE USE ONLY)  |   | Current Use (Prior if being demolished)  |  |  |                |  |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Bio Terra Solutions  |   | ASCM No.   |  | Name of Abatement Contractor (9)<br>ALL PRO MANAGEMENT LLC   |                |  |                          |                          |                          |
| Street Address<br>P.O. Box 1224   |   | Street Address<br>27 Outwater Lane   |  | City, State, Zip Code<br>Garfield, NJ 07026  |                |  |                          |                          |                          |
| City, State, Zip Code<br>Union, NJ  |   | City, State, Zip Code<br>Garfield, NJ 07026  |  | License No.<br>1188  |                |  |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Rick Eustaquio   |   | Telephone No.<br>973-494-3762  |  | Telephone No.<br>973-928-4888  |                |  |                          |                          |                          |
| Start Date (10)<br>____ / ____ / ____   |   | Scheduled Completion Date (11)<br>03 / 29 / 19   |  | Name of OSHA Monitor<br>ALL PRO MANAGEMENT LLC   |                |  |                          |                          |                          |
| 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>27 Outwater Lane<br>City, State, Zip Code<br>Garfield, NJ 07026  |  |                |  |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |  |  |  |                |  |                          |                          |                          |
| <input 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 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                |
| 1 <sup>st</sup> Floor   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | Pipe Insulation  | 100 LF         | <input checked="" type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> Floor   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | Elbows   | 20             | <input checked="" type="checkbox"/>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TBD   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | TBD  |                | <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <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>Newark Carting   |   | NJDEP Waste Hauler ID No.<br>0283  |  | Cubic Yards of Waste<br>As Needed  |                | Name of Registered Landfill<br>IESI Bethlehem Landfill |                          |                          |                          |
| City, State<br>Newark, NJ   |   | Disposal Date<br>TBD   |  | City, State<br>Bethlehem, PA   |                |  |                          |                          |                          |
| Completed By (Print or Type)<br>Allen Monchik   |   | Title<br>Project Manager   |  | Signature<br>Allen Monchik   |                | Date<br>1/10/19  |                          |                          |                          |



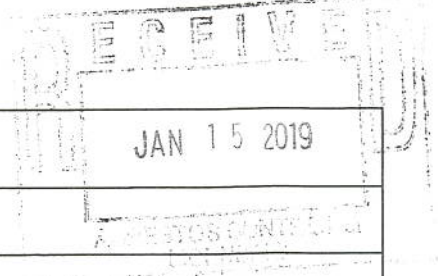
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



|   |  |  |  |   |                |                                     |                          |                          |                          |
|---|--|--|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>01 / 10 / 19</b>   |  | Name of Building Owner/Operator (2)<br><b>Muhlenberg Urban Renewal, LLC</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>2 Broad Street, Suite 400</b><br>City, State, Zip Code<br><b>Bloomfield, NJ 07003</b><br>Name of Contact<br><b>Warren Sprake</b><br>Telephone Number<br><b>908-670-5711</b>                             |  |   |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |   |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Commercial</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>1200 Randolph Road- Building 21</b>  |  | Square Feet  | # of Floors  |   |                |                                     |                          |                          |                          |
| City (5)<br><b>Plainfield</b>   |  | Bldg. Age  |  |   |                |                                     |                          |                          |                          |
| County (6)<br><b>Union</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |  |   |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>   |  | ASCM No.   |  |   |                |                                     |                          |                          |                          |
| Street Address<br><b>P.O. Box 1224</b>  |  | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |  |   |                |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Union, NJ</b>   |  | Street Address<br><b>27 Outwater Lane</b>  |  |   |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>  |  | Telephone No.<br><b>973-494-3762</b>   | Telephone No.<br><b>973-928-4888</b>   |   |                |                                     |                          |                          |                          |
| Start Date (10)<br>____ / ____ / ____   | Scheduled Completion Date (11)<br><b>03 / 29 / 19</b>  | License No.<br><b>1188</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   |  | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</b>  |  |   |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input 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 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 |  | Street Address<br><b>27 Outwater Lane</b><br>City, State, Zip Code<br><b>Garfield, NJ 07026</b>  |  |   |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>  | 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>1st Floor</b>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>Boiler Insulation</b>                                      | <b>200 SF</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1st Floor</b>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>Pipe Insulation</b>  | <b>900 LF</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1st Floor</b>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>Elbows</b>   | <b>20</b>      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>TBD</b>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   | <b>TBD</b>  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>  |  | NJDEP Waste Hauler ID No.<br><b>0283</b>   | Cubic Yards of Waste<br><b>As Needed</b>   | Name of Registered Landfill<br><b>IESI Bethlehem Landfill</b> |                |                                     |                          |                          |                          |
| City, State<br><b>Newark, NJ</b>  |  | Disposal Date<br><b>TBD</b>  |  | City, State<br><b>Bethlehem, PA</b>                           |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Allen Monchik</b>  |  | Title<br><b>Project Manager</b>  |  | Signature<br><i>Allen Monchik</i>                             |                | Date<br><b>1/10/19</b>              |                          |                          |                          |

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

CK1525 PAID



|  |  |   |   |
|--|--|---|---|
| Date of Notification (1)<br><b>01 / 10 / 19</b>  |  | Name of Building Owner/Operator (2)<br><b>Muhlenberg Urban Renewal, LLC</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 (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>2 Broad Street, Suite 400</b>                          |   |
|  |  | City, State, Zip Code<br><b>Bloomfield, NJ 07003</b>                        |   |
|  |  | Name of Contact<br><b>Warren Sprake</b>                                     | Telephone Number<br><b>908-670-5711</b> |

**FACILITY INFORMATION**

|   |   |  |   |
|---|---|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Commercial</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>1200 Randolph Road- Building 22</b>  |   |  |   |
| City (5)<br><b>Plainfield</b>   | Square Feet   | # of Floors  | Bldg. Age   |
| County (6)<br><b>Union</b>  | County Code (7) (STATE USE ONLY)                      |  | Current Use (Prior if being demolished)               |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Solutions</b>   |   | Name of Abatement Contractor (9)<br><b>ALL PRO MANAGEMENT LLC</b>  |   |
| Street Address<br><b>P.O. Box 1224</b>  |   | Street Address<br><b>27 Outwater Lane</b>  |   |
| City, State, Zip Code<br><b>Union, NJ</b>   |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>  |   | Telephone No.<br><b>973-494-3762</b>   | License No.<br><b>1188</b>                            |
| Start Date (10)<br>____ / ____ / ____   | Scheduled Completion Date (11)<br><b>03 / 29 / 19</b> |  | Name of OSHA Monitor<br><b>ALL PRO MANAGEMENT LLC</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>27 Outwater Lane</b>  |   |
|   |   | City, State, Zip Code<br><b>Garfield, NJ 07026</b>   |   |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM)<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) | Abatement Type                      |                          |                          |                          |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                       | N/A                                 |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 1 <sup>st</sup> Floor   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tank Insulation  | 850 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> Floor   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation  | 4,048 LF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> Floor   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbows   | 47                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> Floor   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceiling Tiles  | 200 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                 |  |  |   |  |
|--|---------------------------------|--|--|---|--|
| Name of Registered Waste Hauler<br><b>Newark Carting</b> |                                 | NJDEP Waste Hauler ID No.<br><b>0283</b> | Cubic Yards of Waste<br><b>As Needed</b> | Name of Registered Landfill<br><b>IESI Bethlehem Landfill</b> |  |
| City, State<br><b>Newark, NJ</b>                         |                                 | Disposal Date<br><b>TBD</b>              |  | City, State<br><b>Bethlehem, PA</b>                           |  |
| Completed By (Print or Type)<br><b>Allen Monchik</b>     | Title<br><b>Project Manager</b> | Signature<br><i>Allen Monchik</i>        |  | Date<br><b>1/10/19</b>  |  |



RECEIVED

JAN 15 2019

Abatement Type

|   |   |   |   |
|---|---|---|---|
| R | R | E | E |
| e |   | n | n |
|   |   | c | c |
|   |   | i | i |

|  |                        |                                    |                  |
|--|------------------------|------------------------------------|------------------|
| Completed by: (Print or type)<br>Allen Monchik | Title: Project Manager | Signature:<br><i>Allen Monchik</i> | Date:<br>1/10/19 |
|--|------------------------|------------------------------------|------------------|

Date:  
1/10/19

PAID

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

CK # 1162

| Date of Notification (1)<br>01/10/2019   |   | Name of Building Owner/Operator (2)<br>Piotr Torban   |  |   |                           |                |        |             |           |
|--|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]  |  |   |                           |                |        |             |           |
| <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 | City, State, Zip Code<br>Fort Lee, NJ 07024   |  |   |                           |                |        |             |           |
|  |   | Name of Contact<br>Piotr  | Telephone Number<br>[REDACTED]                         |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>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   | # of Floors  |   |                           |                |        |             |           |
| City (5)<br>Fort Lee   |   | Bldg. Age   |  |   |                           |                |        |             |           |
| County (6)<br>Bergen   | 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>Removal Safety LLC |   |                           |                |        |             |           |
| Street Address   |   | Street Address<br>8 Crosby Ave  |  |   |                           |                |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Paterson, NJ 07502   |  |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.   | Telephone No.<br>973-400-8711                          |   |                           |                |        |             |           |
|  |   |   | License No.<br>01332                                   |   |                           |                |        |             |           |
| Start Date (10)<br>01/19/2019  | Scheduled Completion Date (11)<br>01/21/2019  | Name of OSHA Monitor<br>Same as (9)   |  |   |                           |                |        |             |           |
| 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: Normal Hours  |   | Street Address  |  |   |                           |                |        |             |           |
|  |   | City, State, Zip Code   |  |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <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) 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   | 44 SF                     | x              |        | x           |           |
|  |   |   |  |   |                           |                |        |             |           |
|  |   |   |  |   |                           |                |        |             |           |
|  |   |   |  |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Removal Safety LLC  |   | NJDEP Waste Hauler ID No.<br>0037007  | Cubic Yards of Waste<br>2                              | Name of Registered Landfill<br>GROWS North  |                           |                |        |             |           |
| City, State<br>Paterson, NJ  |   |   | Disposal Date<br>TBD                                   | City, State<br>Morrisville, PA  |                           |                |        |             |           |
| Completed by<br>Lasko Veskov   |   | Title<br>President  | Signature<br><i>Lasko Veskov</i>                       | Date<br>01/10/2019  |                           |                |        |             |           |



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

**PAID**

CHK # 3494

|  |  |  |   |  |                |                                     |                          |                          |                          |
|--|--|--|---|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>1/9/19</b>  |  | Name of Building Owner / Operator (2)<br><b>State of NJ Department of Corrections</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 checked="" type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>Whittlesey Road PO Box 863</b><br>City, State & Zip Code<br><b>Trenton, NJ 08625</b><br>Name of Contact<br><b>Rob Van Tassel</b> |  |                |                                     |                          |                          |                          |
|  |  |  | Telephone Number<br><b>732-396-2713</b>   |  |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Edna Mahan Correctional for Woman</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>30 County Route 513</b>   |  | Square Feet<br><b>9000</b>   | # of Floors<br><b>2</b>   |  |                |                                     |                          |                          |                          |
| City (5)<br><b>Clinton</b>   | County (6)<br><b>Hunterdon</b>   | Bldg. Age<br><b>40+</b>  |   |  |                |                                     |                          |                          |                          |
| County Code (7)  |  | Current Use (Prior if being demolished)<br><b>Correctional</b>   |   |  |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Connection</b>   |  | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b>   |   |  |                |                                     |                          |                          |                          |
| Street Address<br><b>120 N. Warren Street</b>  |  | Street Address<br><b>1123 Beaver Street</b>  |   |  |                |                                     |                          |                          |                          |
| City, State & Zip Code<br><b>Trenton, NJ 08608</b>   |  | City, State & Zip Code<br><b>Bristol, PA 19007</b>   |   |  |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Steven Mania</b>   |  | Telephone Number<br><b>609-392-4200</b>  | License Number<br><b>00509</b>  |  |                |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br><b>1/21/19</b>  | Scheduled Completion Date (11)<br><b>1/22/19</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 type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe:<br><input checked="" type="checkbox"/> Facility Occupied During Abatement 8:00AM to 4:00PM |  | 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures<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 or Custodial Staff? (12)   |  | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)                           | Amount (Specify SF or LF)                              | Abatement Type |                                     |                          |                          |                          |
|  | Yes  | No   |   |  | N/A            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>Ackerman Bldg Ground Clinic</b>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <b>Wrap and Cut Pipe Insulation</b>                    | <b>40 LF</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"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <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 Inc.</b>   |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste<br><b>1 Cu yd</b>  | Name of Registered Landfill<br><b>Minerva Landfill</b> |                |                                     |                          |                          |                          |
| City, State<br><b>Yardley, PA</b>  |  | Disposal Date<br><b>1/22/19</b>  |   | City, State<br><b>Waynesburg, OH</b>                   |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>  |  | Title<br><b>Project Manager</b>  | Signature<br><i>Gino Pizzigoni / gm</i>   |  |                | Date<br><b>1/9/19</b>               |                          |                          |                          |

GT 18246



**PAID**

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

Chk # 3495

|   |  |   |  |   |                |                                     |                          |                          |                          |
|---|--|---|--|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>1/9/19</b>   |  | Name of Building Owner / Operator (2)<br><b>Wells Fargo Bank</b>  |  |   |                |                                     |                          |                          |                          |
| Agencies Notified   | Type Notification  | Street Address<br><b>One South Broad Street</b>   |  |   |                |                                     |                          |                          |                          |
| <input type="checkbox"/> EPA  | <input checked="" type="checkbox"/> Initial                              | City, State & Zip Code<br><b>Philadelphia, PA 19107</b>   |  |   |                |                                     |                          |                          |                          |
| <input type="checkbox"/> DEP  | <input type="checkbox"/> Amended   | Name of Contact<br><b>Steve Colton</b>  |  |   |                |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> DOL   | <input type="checkbox"/> Emergency                                       | Telephone Number<br><b>267-321-7784</b>   |  |   |                |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> DOH   | <input type="checkbox"/> Cancellation                                    |   |  |   |                |                                     |                          |                          |                          |
| <input type="checkbox"/> DCA  |  |   |  |   |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Wells Fargo Trenton Brunswick Ave</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>891 Brunswick Avenue</b>   |  | Square Feet<br><b>4500</b>  | # of Floors<br><b>2</b>  |   |                |                                     |                          |                          |                          |
| City (5)<br><b>Trenton</b>  | County (6)<br><b>Mercer</b>  | Bldg. Age<br><b>45+</b>   |  |   |                |                                     |                          |                          |                          |
| County Code (7)   |  | Current Use (Prior if being demolished)<br><b>Banking Offices</b>   |  |   |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Environmental Connection</b>  |  | ASCM No.  |  |   |                |                                     |                          |                          |                          |
| Street Address<br><b>120 North Warren Street</b>  |  | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b>  |  |   |                |                                     |                          |                          |                          |
| City, State & Zip Code<br><b>Trenton, NJ 08010</b>  |  | Street Address<br><b>1123 Beaver Street</b>   |  |   |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rollie Jones</b>  |  | City, State & Zip Code<br><b>Bristol, PA 19007</b>  |  |   |                |                                     |                          |                          |                          |
| Telephone Number<br><b>609-392-4200</b>   |  | Telephone Number<br><b>(215) 788-6040</b>   | License Number<br><b>00509</b>   |   |                |                                     |                          |                          |                          |
| Scheduled Start Date (10)<br><b>1/21/19</b>   | Scheduled Completion Date (11)<br><b>1/21/19</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 Hours - 7am to 3pm<br>Describe: <b>5:00 PM to 1:30 AM</b><br><input type="checkbox"/> Facility Occupied During Abatement  |  | Street Address<br><b>1123 Beaver Street</b>   |  |   |                |                                     |                          |                          |                          |
| 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 $\geq 260$ 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 checked="" type="checkbox"/> Glove Bag Procedures<br><input type="checkbox"/> Non-Exempted and Non-Friable Procedure |  | City, State & Zip Code<br><b>Bristol, PA 19007</b>  |  |   |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>in Facility<br>(13)  | Is Location Normally Used Solely by Maintenance or 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>Boiler Room</b>  | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/>  | <input type="checkbox"/>   | <b>Pipe Insulation</b>                                  | <b>36 LF</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"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   |   |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <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>1/4 CU YD</b>   | Name of Registered Landfill<br><b>Fairless Landfill</b> |                |                                     |                          |                          |                          |
| City, State<br><b>Bristol, PA</b>   |  | Disposal Date<br><b>1/21/19</b>   | City, State<br><b>Fairless Hills, PA</b>   |   |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>   |  | Title<br><b>Project Manager</b>   | Signature<br><i>Gino Pizzigoni / JK</i>  |   |                |                                     | Date<br><b>1/9/19</b>    |                          |                          |



PAID

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

Chk# 3497

|   |  |  |   |  |                                     |                          |                          |                          |
|---|--|--|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>1/11/19</b>  |  | Name of Building Owner / Operator (2)<br><b>County of Monmouth</b>                         |   | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED<br/> JAN 15 2019 </div>  |                                     |                          |                          |                          |
| Agencies Notified   | Type Notification  | Street Address<br><b>Special Services Complex, 2<sup>nd</sup> Flr, 300 Halls Mill Road</b> |   |  |                                     |                          |                          |                          |
| <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"/> Emergency<br><input type="checkbox"/> Cancellation | City, State & Zip Code<br><b>Freehold, NJ 07728</b>  |   |  |                                     |                          |                          |                          |
|   |  | Name of Contact<br><b>Casey Hornstra</b>   |   | Telephone Number<br><b>732-431-7760</b>  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Monmouth County Special Services Complex</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>300 Halls Mill Road</b>  |  |  | Square Feet<br><b>45000</b>   |  |                                     |                          |                          |                          |
| City (5)<br><b>Freehold</b>   |  | County (6)<br><b>Monmouth</b>  | County Code (7)   | # of Floors<br><b>3</b>  | Bldg. Age<br><b>55+</b>             |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>NV5</b>   |  |  | ASCM No.<br><b>00030</b>  | Name of Abatement Contractor (9)<br><b>Bristol Environmental, Inc.</b>   |                                     |                          |                          |                          |
| Street Address<br><b>850 Bear Tavern Road</b>   |  |  | Street Address<br><b>1123 Beaver Street</b>   |  |                                     |                          |                          |                          |
| City, State & Zip Code<br><b>Trenton, NJ 08628</b>  |  |  | City, State & Zip Code<br><b>Bristol, PA 19007</b>  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Ryan Broadwater</b>   |  | Telephone Number<br><b>609-323-2555</b>  |   | Telephone Number<br><b>(215) 788-6040</b>  | License Number<br><b>00509</b>      |                          |                          |                          |
| Scheduled Start Date (10)<br><b>1/21/18</b>   | Scheduled Completion Date (11)<br><b>1/21/18</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 Hours – 7am to 3pm<br>Describe: <b>8:00AM – 8:00PM</b><br><input type="checkbox"/> Facility Occupied During Abatement |  |  | 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures<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 or 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>8 LF</b>   | Abatement Type                      |                          |                          |                          |
|   | Yes  | No   |   |  | N/A                                 | Removal                  | Repair                   | Encapsulate              |
| <b>Voter Storage Room</b>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <b>Pipe Insulation Fittings</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"/>            | <input type="checkbox"/> | <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 Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste<br><b>1 Cu Yd</b>  | Name of Registered Landfill<br><b>Minerva Landfill</b>   |                                     |                          |                          |                          |
| City, State<br><b>Yardley, PA</b>   |  | Disposal Date<br><b>1/21/19</b>  |   | City, State<br><b>Waynesburg, OH</b>   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Gino Pizzigoni</b>   |  | Title<br><b>Project Manager</b>  | Signature<br><i>Gino Pizzigoni / gpr</i>  |  | Date<br><b>1/11/19</b>              |                          |                          |                          |

CK 1526

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

RECEIVED  
JAN 15 2019  
ASBESTOS CONTROL

| Date of Notification (1)<br>01 / 10 / 19  |  | Name of Building Owner/Operator (2)<br>540 Broad Street Owners, LLC  |  |  |  |                                     |                          |                          |                          |
|---|--|--|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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>1865 Palmer Avenue, Suite 203<br>City, State, Zip Code<br>Larchmont, NY 10538  |  |  |  |                                     |                          |                          |                          |
|   |  | Name of Contact<br>Patrick Dobbins   | Telephone Number<br>914-833-3000                           |  |  |                                     |                          |                          |                          |
| FACILITY INFORMATION  |  |  |  |  |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Commercial  |  | 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>540 Broad Street  |  | Square Feet  | # of Floors  |  |  |                                     |                          |                          |                          |
| City (5)<br>Newark  |  | Bldg. Age  |  |  |  |                                     |                          |                          |                          |
| County (6)<br>Essex   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)  |  |  |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Whitman Environmental  |  | ASCN No.   | Name of Abatement Contractor (9)<br>ALL PRO MANAGEMENT LLC |  |  |                                     |                          |                          |                          |
| Street Address<br>7 Pleasant Hill Road  |  | Street Address<br>27 Outwater Lane   |  |  |  |                                     |                          |                          |                          |
| City, State, Zip Code<br>Cranbury, NJ   |  | City, State, Zip Code<br>Garfield, NJ 07026  |  |  |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Kevin Lovely   | Telephone No.<br>732-390-5858  | Telephone No.<br>973-928-4888  | License No.<br>1188  |  |  |                                     |                          |                          |                          |
| Start Date (10)<br>01 / 11 / 19   | Scheduled Completion Date (11)<br>01 / 18 / 19   | Name of OSHA Monitor<br>ALL PRO MANAGEMENT LLC   |  |  |  |                                     |                          |                          |                          |
| 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>27 Outwater Lane<br>City, State, Zip Code<br>Garfield, NJ 07026  |  |  |  |                                     |                          |                          |                          |
| 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<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) 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              | Enclose                  |
| 1st Floor   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>                        | Pipe Insulation- Wrap and Cut  | 35 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>Newark Carting   |  | NJDEP Waste Hauler ID No.<br>0283  |  | Cubic Yards of Waste<br>As Needed  | Name of Registered Landfill<br>IESI Bethlehem Landfill |                                     |                          |                          |                          |
| City, State<br>Newark, NJ   |  | Disposal Date<br>TBD   |  | City, State<br>Bethlehem, PA   |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Allen Monchik   |  | Title<br>Project Manager   |  | Signature<br>Allen Monchik   |  | Date<br>1/10/19                     |                          |                          |                          |



State of NJ

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

D&amp;S Proj. #: 19-04

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|   |  |   |                           |
|---|--|---|---------------------------|
| Date of Notification (1)<br>01/11/19  |  | Name of Building Owner/Operator (2)<br>joann crawford |                           |
| 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                             |  | Street Address<br>[REDACTED]                          |                           |
| 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 |  | City, State, Zip Code<br>RIDGEWOOD, NJ 07450          |                           |
|   |  | Name of Contact<br>marilyn becker                     | Telephone Number<br>_____ |

## FACILITY INFORMATION

|  |                      |   |  |  |                         |
|--|----------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>joann crawford   |                      |   | 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>RIDGEWOOD  | County (6)<br>bergen | County Code (7)<br>(State use only)     | Current Use (Prior if being demolished)  |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)   |                      | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |  |                         |
| Street Address   |                      |   | Street Address<br>20 California Ave.   |  |                         |
| City, State, Zip Code  |                      |   | City, State, Zip Code<br>Paterson, NJ 07503  |  |                         |
| Project Manager for Monitoring Firm  |                      | Phone Number                            | Telephone Number<br>973-345-8020   |  | License Number<br>01169 |
| Start Date (10)<br>01/10/19  |                      | Sched. Completion Date (11)<br>01/25/19 | Name of OSHA Monitor<br>D & S Restoration, 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-Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                      |   | Street Address<br>20 California Avenue   |  |                         |
|  |                      |   | City, State, Zip Code<br>Paterson, NJ 07503  |  |                         |

|  |  |   |                                     |   |  |  |  |
|--|--|---|-------------------------------------|---|--|--|--|
| Scope of Work (check all that apply)               |  |   |                                     | <input type="checkbox"/> Full Containment w/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 |  |  |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition |   |  |  |  |

| 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) | 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"/> |     | PIPE INSULATION                                   | 45 l ft                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| GARAGE   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION                                   | 70 l ft                   | <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"/> |

|  |                           |                                |   |
|--|---------------------------|--------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>2 yds. | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>01/11/19 | City, State<br>TULLYTOWN, PA   |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                      | Date<br>01/07/19  |



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

D&S Proj. #: 19-06

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JAN 15 2019

|   |  |   |                  |
|---|--|---|------------------|
| Date of Notification (1)<br>01/10/17/19   |  | Name of Building Owner/Operator (2)<br>seth hammond |                  |
| 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                             |  | Street Address<br>[REDACTED]                        |                  |
| 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 |  | City, State, Zip Code<br>cranford, nj 07016         |                  |
|   |  | Name of Contact<br>seth hammond                     | Telephone Number |

FACILITY INFORMATION

|  |  |  |  |                                     |             |
|--|--|--|--|-------------------------------------|-------------|
| Name of facility where abatement is taking place (3)<br>seth hammond |  |  | 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  |                                     |             |
| City (5)<br>cranford   |  |  | County (6)<br>union  | County Code (7)<br>(State use only) | # of Floors |
|  |  |  | Bldg. Age  |                                     |             |
|  |  |  | Current Use (Prior if being demolished)  |                                     |             |

|   |   |              |   |                         |
|---|---|--------------|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |   | ASCM No.     | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC. |                         |
| Street Address  |   |              | Street Address<br>20 California Ave.                        |                         |
| City, State, Zip Code   |   |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |
| Project Manager for Monitoring Firm   |   | Phone Number | Telephone Number<br>973-345-8020                            | License Number<br>01169 |
| Start Date (10)<br>01/08/19   | Sched. Completion Date (11)<br>01/18/19 |              | Name of OSHA Monitor<br>D & S Restoration, 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- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |   |              | Street Address<br>20 California Avenue                      |                         |
|   |   |              | City, State, Zip Code<br>Paterson, NJ 07503                 |                         |

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 w/negative pressure       |
| <input 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) | 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"/> |     | PIPE INSULATION                                   | 70-100 l ft               | <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>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 yd | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>01/09/19 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>01/07/2019  |



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

D&S Proj. #: 19-07

CK 7428

PAID

JAN 15 2019

|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br>01/11/19  |  | Name of Building Owner/Operator (2)<br>bryant ghee |                  |
| 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                       |  | Street Address<br>[REDACTED]                       |                  |
| 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 |  | City, State, Zip Code<br>linden, nj 07036          |                  |
|   |  | Name of Contact<br>bryant ghee                     | Telephone Number |

FACILITY INFORMATION

|   |  |  |  |                                     |             |
|---|--|--|--|-------------------------------------|-------------|
| Name of facility where abatement is taking place (3)<br>bryant ghee   |  |  | 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  |                                     |             |
| City (5)<br>linden  |  |  | County (6)<br>union  | County Code (7)<br>(State use only) | # of Floors |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |  |  | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |                                     |             |
| Street Address  |  |  | Street Address<br>20 California Ave.   |                                     |             |
| City, State, Zip Code   |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |                                     |             |
| Project Manager for Monitoring Firm   |  |  | Telephone Number<br>973-345-8020   |                                     |             |
| Phone Number  |  |  | License Number<br>01169  |                                     |             |
| Start Date (10)<br>01/21/19   |  |  | Sched. Completion Date (11)<br>02/08/19  |                                     |             |
| 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- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |  |  | Name of OSHA Monitor<br>D & S Restoration, Inc.  |                                     |             |
|   |  |  | Street Address<br>20 California Avenue   |                                     |             |
|   |  |  | City, State, Zip Code<br>Paterson, NJ 07503  |                                     |             |

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 w/negative pressure       |
| <input type="checkbox"/> ≥160 sf or ≥260 lf        | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-enclosure                  |
|  |  | <input checked="" type="checkbox"/> Glovebag procedure              |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |     | Description of asbestos-containing material (ACM) | 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  |     | PIPE INSULATION                                   | 110 lf                    | X                          |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |
|  |  |    |     |   |                           |                            |                            |                       |                  |

|  |                           |                               |   |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 yd. | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>01/22/19 | City, State<br>TULLYTOWN, PA  |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                     | Date<br>01/07/19  |

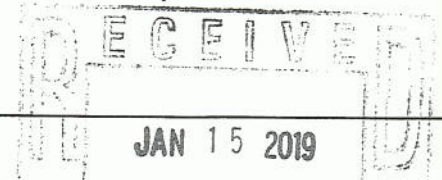


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 19-09

CK 7427

PAID



|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br>10/11/10 18/11/19   |  | Name of Building Owner/Operator (2)<br>jeanne bausmith |                  |
| 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                             |  | Street Address<br>[REDACTED]                           |                  |
| 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 |  | City, State, Zip Code<br>MAPLEWOOD, NJ 07040           |                  |
|   |  | Name of Contact<br>jeanne bausmith                     | Telephone Number |

FACILITY INFORMATION

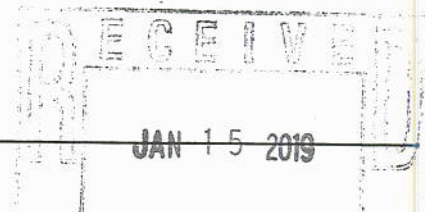
|   |                     |   |  |  |  |
|---|---------------------|---|--|--|--|
| Name of facility where abatement is taking place (3)<br>jeanne bausmith   |                     |   | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than 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>MAPLEWOOD   | County (6)<br>essex | County Code (7)<br>(State use only)     | Current Use (Prior if being demolished)  |  |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |                     | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |  |  |
| Street Address  |                     |   | Street Address<br>20 California Ave.   |  |  |
| City, State, Zip Code   |                     |   | City, State, Zip Code<br>Paterson, NJ 07503  |  |  |
| Project Manager for Monitoring Firm   |                     | Phone Number                            | Telephone Number<br>973-345-8020   |  |  |
| Start Date (10)<br>01/09/19   |                     | Sched. Completion Date (11)<br>01/31/19 | License Number<br>01169  |  |  |
| 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- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                     |   | Name of OSHA Monitor<br>D & S Restoration, Inc.  |  |  |
|   |                     |   | Street Address<br>20 California Avenue   |  |  |
|   |                     |   | City, State, Zip Code<br>Paterson, NJ 07503  |  |  |

|  |  |                                     |     |   |   |                                     |                            |                          |                          |
|--|--|-------------------------------------|-----|---|---|-------------------------------------|----------------------------|--------------------------|--------------------------|
| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition |  |                                     |     | <input type="checkbox"/> Full Containment w/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)   | 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"/> |     | PIPE INSULATION   | 101 ft  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT BOILER ROOM   |  | <input checked="" type="checkbox"/> |     | boiler insulation   | 35 sq ft  | <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"/> |
| Registered Waste Hauler<br>D & S RESTORATION, INC.   |  | NJDEP Hauler ID#<br>13506           |     | Cubic Yards of Waste<br>1 yd  | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |                                     |                            |                          |                          |
| City, State<br>PATERSON, NJ 07503  |  | Disposal Date<br>01/10/19           |     | City, State<br>TULLYTOWN, PA  |   |                                     |                            |                          |                          |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC   |  | Title<br>PRESIDENT                  |     | Signature   |   | Date<br>01/08/19                    |                            |                          |                          |



D&amp;S Proj. #: 19-08

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



CK 7427 PAID

Date of Notification (1)  
10/11/10 18/11/19

Name of Building Owner/Operator (2)  
Mattie Drakeford

Street Address  
[REDACTED]

City, State, Zip Code  
ENGLEWOOD, NJ 07631

Name of Contact  
Mattie Drakeford

Telephone Number

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

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

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Mattie Drakeford

Street Address  
[REDACTED]

City (5)  
ENGLEWOOD

County (6)  
bergen

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)  
D & S RESTORATION, INC.

Street Address  
20 California Ave.

City, State, Zip Code  
Paterson, NJ 07503

Telephone Number  
973-345-8020

License Number  
01169

Name of OSHA Monitor  
D & S Restoration, Inc.

Street Address  
20 California Avenue

City, State, Zip Code  
Paterson, NJ 07503

Project Manager for Monitoring Firm  
[REDACTED]

Phone Number

Start Date (10)  
01/09/19

Sched. Completion Date (11)  
01/31/19

Occupancy Status During Abatement (Check only one)  
☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours- Describe:  
☒ Other-Describe: NORMAL HOURS

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
- ☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
- ☐ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (\*) and Non-friable procedure

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |                                     |     | Description of asbestos-containing material (ACM) | 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"/> |     | PIPE INSULATION                                   | 50 l ft (ONLY)            | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |                                     |     |   |                           | <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  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd.

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ 07503

Disposal Date  
01/10/19

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

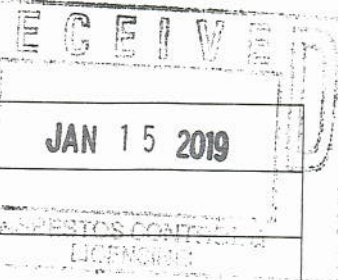
Title  
PRESIDENT

Signature

Date  
01/08/19



State of New Jersey

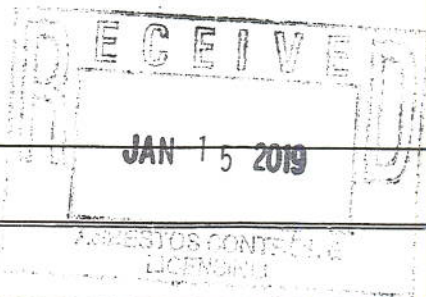
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)


|   |  |   |  |   |                           |                   |        |             |           |
|---|--|---|--|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/11/2019  |  | Name of Building Owner/Operator (2)<br>The Chemours Company   |  |   |                           |                   |        |             |           |
| Agencies Notified   | Type Notification  | Street Address<br>1007 Market Street  |  |   |                           |                   |        |             |           |
| <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><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Wilmington, DE 19899   |  |   |                           |                   |        |             |           |
|   |  | Name of Contact<br>Jim Lacey  | Telephone Number<br>856-540-2394   |   |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Chemours Chamber Works Facility - Bldg J4   |  | 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>Canal Road  |  | Square Feet<br>600  | # of Floors<br>1   |   |                           |                   |        |             |           |
| City (5)<br>Deepwater   |  | Bldg. Age<br>35+  |  |   |                           |                   |        |             |           |
| County (6)<br>Salem   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Chemical Plant   |  |   |                           |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Harvard Environmental Inc.   |  | ASCM No.  | Name of Abatement Contractor (9)<br>Brandenburg Industrial Service Company |   |                           |                   |        |             |           |
| Street Address<br>760 Pulaski Highway   |  | Street Address<br>2217 Spillman Drive   |  |   |                           |                   |        |             |           |
| City, State, Zip Code<br>Bear, DE 19701   |  | City, State, Zip Code<br>Bethlehem, PA 18015  |  |   |                           |                   |        |             |           |
| Project Manager for Monitoring Firm<br>JT Morrison  |  | Telephone No.<br>302-326-2333   | License No.<br>00721   |   |                           |                   |        |             |           |
| Start Date (10)<br>1/28/2019  | Scheduled Completion Date (11)<br>02/07/19   | Name of OSHA Monitor<br>Brandenburg   |  |   |                           |                   |        |             |           |
| 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 checked="" type="checkbox"/> Other - Describe: DEMO - 02/11/19-2/15/19 |  | Street Address<br>2217 Spillman Drive   |  |   |                           |                   |        |             |           |
|   |  | City, State, Zip Code<br>Bethlehem PA 18015   |  |   |                           |                   |        |             |           |
| 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 checked="" 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 |
| J4  |  |   | X  | Floor Tile/Mastic   | 200 SF                    | X                 |        |             |           |
| J4  |  |   | X  | Roof  | 600 SF                    | X                 |        |             |           |
|   |  |   |  |   |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>Brandenburg Industrial Service Co  |  | NJDEP Waste Hauler ID No.<br>21838  | Cubic Yards of Waste<br>30   | Name of Registered Landfill<br>Salem Cty Landfill/Chemours Onsite   |                           |                   |        |             |           |
| City, State<br>Bethlehem, PA  |  |   | Disposal Date<br>1/28/19-2/15/19   | City, State<br>Alloway Township/Deepwater NJ  |                           |                   |        |             |           |
| Completed by<br>Stephen Carne   |  | Title<br>Environmental Manager  |  | Signature<br>   |                           | Date<br>1/11/2019 |        |             |           |



D&amp;S Proj. #: 19-07

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



|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br>01/11/19    |  | Name of Building Owner/Operator (2)<br>bryant ghee |  |
| Agencies Notified                       | Type Notification  | Street Address<br>[REDACTED]                       |  |
| <input type="checkbox"/> EPA            | <input type="checkbox"/> Initial                             | City, State, Zip Code<br>linden, nj 07036          |  |
| <input type="checkbox"/> DEP            | <input checked="" type="checkbox"/> Amended                  | Name of Contact<br>bryant ghee                     |  |
| <input checked="" type="checkbox"/> DOL | Amendment #: 1   | Telephone Number                                   |  |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) |  |  |
| <input type="checkbox"/> DCA            | <input type="checkbox"/> Cancellation                        |  |  |

## FACILITY INFORMATION

|   |                     |   |  |  |                         |
|---|---------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>bryant ghee   |                     |   | 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>linden  | County (6)<br>union | County Code (7)<br>(State use only)     | Current Use (Prior if being demolished)  |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |                     | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |  |                         |
| Street Address  |                     |   | Street Address<br>20 California Ave.   |  |                         |
| City, State, Zip Code   |                     |   | City, State, Zip Code<br>Paterson, NJ 07503  |  |                         |
| Project Manager for Monitoring Firm   |                     | Phone Number                            | Telephone Number<br>973-345-8020   |  | License Number<br>01169 |
| Start Date (10)<br>01/14/19   |                     | Sched. Completion Date (11)<br>01/31/19 | Name of OSHA Monitor<br>D & S Restoration, 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- Describe:<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                     |   | Street Address<br>20 California Avenue   |  |                         |
|   |                     |   | City, State, Zip Code<br>Paterson, NJ 07503  |  |                         |

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 w/negative pressure       |
| <input 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) | 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"/> |     | PIPE INSULATION                                   | 110 lf                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                                     |     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |                               |   |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 yd. | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>01/22/19 | City, State<br>TULLYTOWN, PA  |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                     | Date<br>01/10/19  |



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


OK 10929 PAID

|  |   |   |   |  |                           |                                     |                          |                          |                          |
|--|---|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>1 / 3 / 19   |   | Name of Building Owner/Operator (2)<br>JCP&L/FirstEnergy Company / Job #1812-5421 Check #10929  |   |  |                           |                                     |                          |                          |                          |
| 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<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>10 Legion Place- Building A   |   |  |                           |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br>Morristown, NJ 07960   |   |  |                           |                                     |                          |                          |                          |
|  |   | Name of Contact<br>Keith  | Telephone Number<br>[REDACTED] 87                     |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>JCP&L  |   | 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>50 Route 10 West   |   |   |   |  |                           |                                     |                          |                          |                          |
| City (5)<br>East Hanover, NJ   |   | Square Feet   | # of Floors<br>Bldg. Age                              |  |                           |                                     |                          |                          |                          |
| County (6)<br>Morris   | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Substation   |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>1 Source Safety & Health, Inc.  |   | ASCM No.  | Name of Abatement Contractor (9)<br>AbateTech, Inc.   |  |                           |                                     |                          |                          |                          |
| Street Address<br>140 S. Village Ave. Suite 130  |   | Street Address<br>30 Maple Ave. PO Box 25   |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Exton, PA 19341   |   | City, State, Zip Code<br>Lumberton, NJ 08048  |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Brian Hovendon  |   | Telephone No.<br>610-524-5525   | Telephone No.<br>609-265-2107<br>License No.<br>00529 |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br>1 / 3 / 19  | Scheduled Completion Date (11)<br>1 / 3 / 19  | Name of OSHA Monitor<br>EMSL Analytical   |   |  |                           |                                     |                          |                          |                          |
| 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 - 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"/> ≥160 sf or ≥260 lf  |   | <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 |   |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No  | N/A   |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior Pole  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                   | Asbestos risers  | 16 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>                              |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>AbateTech, Inc.   |   | NJDEP Waste Hauler ID No.<br>18750  | Cubic Yards of Waste<br>2                             | Name of Registered Landfill<br>G.R.O.W.S. Landfill   |                           |                                     |                          |                          |                          |
| City, State<br>Lumberton, NJ   |   | Disposal Date<br>1/3/19   |   | City, State<br>Tullytown, PA   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Gwen Trumbetti   |   | Title<br>Operations Coordinator   |   | Signature<br>  |                           | Date<br>1/3/19                      |                          |                          |                          |



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

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JAN 15 2019  
ASBESTOS CONTAINMENT

|   |  |   |   |
|---|--|---|---|
| Date of Notification (1)<br><div style="text-align: center;">1 / 4 / 19</div>   |  | Name of Building Owner/Operator (2)<br><b>Inspira Health Network / Job #1801-5255 Check #</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 type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>3280 Peachtree Road, NW Suite 1400</b>                                   |   |
|   |  | City, State, Zip Code<br><b>Atlanta, Georgia 30305</b>  |   |
|   |  | Name of Contact<br><b>John Devine</b>   | Telephone Number<br><b>856-262-1800</b> |

**FACILITY INFORMATION**

|  |  |  |  |
|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Neale Farm Building #1</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>700 Mullica Hill Road</b>   |  | Square Feet  | # of Floors  |
| City (5)<br><b>Mullica Hill, NJ</b>  |  | Bldg. Age  |  |
| County (6)<br><b>Gloucester</b>  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>M.E.C.S.</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>AbateTech, Inc.</b> |
| Street Address<br><b>PO Box 341</b>  |  | Street Address<br><b>30 Maple Ave. PO Box 25</b>   |  |
| City, State, Zip Code<br><b>CHesterfield, NJ 08515</b>   |  | City, State, Zip Code<br><b>Lumberton, NJ 08048</b>  |  |
| Project Manager for Monitoring Firm<br><b>William Weisgarber Jr.</b>   |  | Telephone No.<br><b>609-298-4070</b>   | License No.<br><b>00529</b>                                |
| Start Date (10)<br><div style="text-align: center;">12 / 26 / 18</div>   | Scheduled Completion Date (11)<br><div style="text-align: center;">1 / 31 / 18</div> | Name of OSHA Monitor<br><b>EMSL Analytical</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 - 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 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>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                |
| Throughout  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | White Ceiling Panels  | 300 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>AbateTech, Inc.</b>  |  | NJDEP Waste Hauler ID No.<br><b>18750</b> | Cubic Yards of Waste<br><b>40</b> | Name of Registered Landfill<br><b>G.R.O.W.S. Landfill</b> |  |
| City, State<br><b>Lumberton, NJ</b>                        |  | Disposal Date<br><b>1/31/19</b>           |                                   | City, State<br><b>Tullytown, PA</b>                       |  |
| Completed By (Print or Type)<br><b>Gwendolyn Trumbetti</b> | Title<br><b>Operations Coordinator</b> | Signature<br>                             |                                   | Date<br><b>1/4/19</b>                                     |  |



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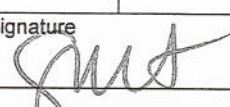
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

|  |  |  |                                  |
|--|--|--|----------------------------------|
| Date of Notification (1)<br>1 / 8 / 19   |  | Name of Building Owner/Operator (2)<br>PSE&G / Job # 1812-5419      Check #10930 |                                  |
| 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<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>4000 Hadley Road   |                                  |
|  |  | City, State, Zip Code<br>South Plainfield, NJ                                    |                                  |
|  |  | Name of Contact<br>Ken Carmelia  | Telephone Number<br>609-410-0038 |

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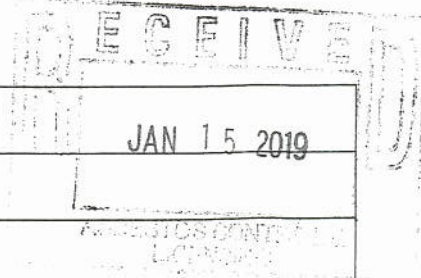
| FACILITY INFORMATION   |   |  |   |
|--|---|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br>PSE&G- Central Gas Plant   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |
| Street Address<br>Blair Road & Markley Street  |   | Square Feet  | # of Floors   |
| City (5)<br>Woodbridge, NJ   |   | Bldg. Age  |   |
| County (6)<br>Middlesex  | County Code (7)(STATE USE ONLY)               | Current Use (Prior if being demolished)<br>Gas Plant   |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Health & Safety   |   | ASCM No.   | Name of Abatement Contractor (9)<br>AbateTech, Inc. |
| Street Address<br>PO Box 365   |   | Street Address<br>30 Maple Ave. PO Box 25  |   |
| City, State, Zip Code<br>Berlin, NJ 08009  |   | City, State, Zip Code<br>Lumberton, NJ 08048   |   |
| Project Manager for Monitoring Firm<br>James Proctor   |   | Telephone No.<br>609-265-2107  | License No.<br>00529                                |
| Start Date (10)<br>1 / 17 / 19   | Scheduled Completion Date (11)<br>1 / 17 / 19 | Name of OSHA Monitor<br>EMSL Analytical  |   |
| 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 - 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 <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"/> 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   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Coal Tar Wrap  | 15 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                 |   |                            |  |  |
|--|---------------------------------|---|----------------------------|--|--|
| Name of Registered Waste Hauler<br>Environmental Transport Group |                                 | NJDEP Waste Hauler ID No.<br>NJD0006920   | Cubic Yards of Waste<br>10 | Name of Registered Landfill<br>G.R.O.W.S. Landfill |  |
| City, State<br>Flanders, NJ                                      |                                 | Disposal Date<br>1/17/19  |                            | City, State<br>Morrisville, PA                     |  |
| Completed By (Print or Type)<br>Gwendolyn Trumbetti              | Title<br>Operations Coordinator | Signature<br> |                            | Date<br>1-8-19                                     |  |



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



| Date of Notification (1)<br>01/08/2019  |  | Name of Building Owner/Operator (2)<br>E.I. du Pont de Nemours and Company  |  |   |                           |                |        |             |           |
|---|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified   | Type Notification  | Street Address<br>974 Centre Road P.O. Box 2915   |  |   |                           |                |        |             |           |
| <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><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Wilmington, DE 19805   |  |   |                           |                |        |             |           |
|   |  | Name of Contact<br>Bryan Mumink   | Telephone Number<br>856-276-9224   |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>DuPont Chambers Works - Building 1146   |  | 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>Canal Road  |  | Square Feet<br>1800   | # of Floors<br>1   |   |                           |                |        |             |           |
| City (5)<br>Deepwater   |  | Bldg. Age<br>50+  |  |   |                           |                |        |             |           |
| County (6)<br>Salem   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Chemical Plant   |  |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Harvard Environmental Inc.   |  | ASC No.   | Name of Abatement Contractor (9)<br>Brandenburg Industrial Service Company |   |                           |                |        |             |           |
| Street Address<br>760 Pulaski Highway   |  | Street Address<br>2217 Spillman Drive   |  |   |                           |                |        |             |           |
| City, State, Zip Code<br>Bear, DE 19701   |  | City, State, Zip Code<br>Bethlehem, PA 18015  |  |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>JT Morrison  |  | Telephone No.<br>302-326-2333   | Telephone No.<br>610-691-1800  |   |                           |                |        |             |           |
|   |  |   | License No.<br>00721   |   |                           |                |        |             |           |
| Start Date (10)<br>01/22/2019   | Scheduled Completion Date (11)<br>01/31/2019   | Name of OSHA Monitor<br>Brandenburg   |  |   |                           |                |        |             |           |
| 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 checked="" type="checkbox"/> Other - Describe: DEMO- 01/31/2019-02/15/2019   |  | Street Address<br>2217 Spillman Drive   |  |   |                           |                |        |             |           |
|   |  | City, State, Zip Code<br>Bethlehem PA 18015   |  |   |                           |                |        |             |           |
| 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<br><input checked="" 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 (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|   | Yes  | No  | N/A  |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| 1st Floor   |  |   | X  | Floor Tile/Mastic   | 800 SF                    | X              |        |             |           |
| 1st Floor   |  |   | X  | Transite Wall Panels/Fume Hood  | 380 SF                    | X              |        |             |           |
| Throughout  |  |   | X  | Light Gaskets   | 5 EA                      | X              |        |             |           |
| Throughout  |  |   | X  | Fire Doors  | 3 EA                      | X              |        |             |           |
| Name of Registered Waste Hauler<br>Brandenburg Industrial Service Co  |  | NJDEP Waste Hauler ID No.<br>21838  | Cubic Yards of Waste<br>20   | Name of Registered Landfill<br>Salem County Improvement Authority   |                           |                |        |             |           |
| City, State<br>Bethlehem, PA  |  |   | Disposal Date<br>02/15/19  | City, State<br>Alloway NJ   |                           |                |        |             |           |
| Completed by<br>Stephen Carne   |  | Title<br>Environmental Manager  | Signature<br>  | Date<br>01/08/19  |                           |                |        |             |           |



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

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|  |  |  |   |  |                           |                    |        |             |           |
|--|--|--|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/08/2019   |  | Name of Building Owner/Operator (2)<br>61 Lincoln Highway Corporation  |   |  |                           |                    |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>61 Lincoln Highway   |   |  |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <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>Kearny, NJ 07032  |   |  |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Name of Contact<br>Alex Tullo  | Telephone Number<br>201-563-0443                          |  |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Tullo Truck Stop (Garage/Warehouse)  |  | 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>61 Lincoln Highway   |  | Square Feet<br>2,500   | # of Floors<br>1  |  |                           |                    |        |             |           |
| City (5)<br>Kearny   |  | Bldg. Age<br>60  |   |  |                           |                    |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Garage/Warehouse  |   |  |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>IRIS Environmental Laboratories   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Hazmat Diagnostic LLC |  |                           |                    |        |             |           |
| Street Address<br>2333 US-22   |  | Street Address<br>16 Glenwild Ave  |   |  |                           |                    |        |             |           |
| City, State, Zip Code<br>Union, NJ 07083   |  | City, State, Zip Code<br>Bloomingdale, NJ 07403  |   |  |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Rick Eustaquio  |  | Telephone No.<br>973-494-3762  | Telephone No.<br>973-928-3995                             |  |                           |                    |        |             |           |
| Start Date (10)<br>01/21/2019  |  | Scheduled Completion Date (11)<br>01/31/2019   | License No.<br>01181                                      |  |                           |                    |        |             |           |
| 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>Hazmat Diagnostic LLC  |   |  |                           |                    |        |             |           |
|  |  | Street Address<br>16 Glenwild Ave  |   |  |                           |                    |        |             |           |
|  |  | City, State, Zip Code<br>Bloomingdale, NJ 07403  |   |  |                           |                    |        |             |           |
| 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<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 |
| Roof   |  |  | x   | Built-up roofing   | 2,250 SF                  | x                  |        |             |           |
| Roof   |  |  | x   | Perimeter flashing   | 380 SF                    | x                  |        |             |           |
| Roof   |  |  | x   | Sky light flashing   | 48 SF                     | x                  |        |             |           |
| Name of Registered Waste Hauler<br>Bryce Alt. Trucking/Newark Carting LLC  |  | NJDEP Waste Hauler ID No.<br>35848/4509  | Cubic Yards of Waste<br>TBD                               | Name of Registered Landfill<br>Minerva Enterprises/Fairless Landfill   |                           |                    |        |             |           |
| City, State<br>Milesburg, PA / Newark, NJ  |  |  | Disposal Date<br>TBD                                      | City, State<br>Waynesburg, OH / Morrisville, PA  |                           |                    |        |             |           |
| Completed by<br>Tatiana Rotaru   |  | Title<br>Clerk   | Signature<br><i>Rauf</i>                                  |  |                           | Date<br>01/08/2019 |        |             |           |



B &amp; G proj. #: 2019-10

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

Check # 9102

**PAID**

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br>01/08/19  |   | Name of Building Owner/Operator (2)<br>Caitlin Pinto & Jared Rogers |  |
| 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>Bernardsville, NJ 07924  |   |  |
|   | Name of Contact<br>Caitlin Pinto  |   |  |
|   | Telephone Number  |   |  |

## FACILITY INFORMATION

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| Name of facility where abatement is taking place (3)<br>Caitlin Pinto & Jared Rogers   |  |   | 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  |  |   |
| City (5)<br>Bernardsville  |  |   | County (6)<br>Somerset   |  | County Code (7)<br>(State use only)                         |
| 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  |  |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |   |
| Project Manager for Monitoring Firm  |  | Phone Number                              | Telephone Number<br>(973)696-6869  |  | License Number<br>00378                                     |
| Scheduled Start Date (10)<br>01/18/2019  |  | Sched. Completion Date (11)<br>01/18/2019 |  |  |   |
| 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: _____ |  |   |  |  |   |
| Name of OSHA Monitor<br>B & G Restoration, Inc.  |  |   |  |  |   |
| 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 type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | 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"/> | pipe insulation                                   | 8 lf                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Basement   |  |    | <input checked="" type="checkbox"/> | pipe  | 130 lf                    | <input type="checkbox"/>            | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |

|  |                              |                                  |   |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>3/4      | Name of Registered Landfill<br>Grand Central Landfill |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>01/19/2018  | 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>1/8/2019                                      |



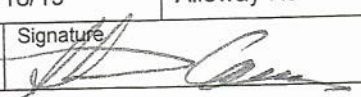
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK00640788

PAID


**RECEIVED**

JAN 15 2019

|   |   |   |     |  |   |                  |        |             |           |
|---|---|---|-----|--|---|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/08/2019  |   | Name of Building Owner/Operator (2)<br>E.I. du Pont de Nemours and Company  |     | JAN 15 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 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 |     | 974 Centre Road P.O. Box 2915  |   |                  |        |             |           |
|   |   |   |     | City, State, Zip Code<br>Wilmington, DE 19805  |   |                  |        |             |           |
|   |   | Name of Contact<br>Bryan Mumink   |     | Telephone Number<br>856-276-9224   |   |                  |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |     |  |   |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>DuPont Chambers Works - Building 1221   |   |   |     | Type of Facility (4)   |   |                  |        |             |           |
| Street Address<br>Canal Road  |   |   |     | <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>Deepwater   |   |   |     | Square Feet<br>3500  | # of Floors<br>3  |                  |        |             |           |
|   |   |   |     | Bldg. Age<br>50+   |   |                  |        |             |           |
| County (6)<br>Salem   |   | County Code (7)<br>(STATE USE ONLY) _____   |     | Current Use (Prior if being demolished)<br>Chemical Plant  |   |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Harvard Environmental Inc.   |   | ASCM No. _____  |     | Name of Abatement Contractor (9)<br>Brandenburg Industrial Service Company   |   |                  |        |             |           |
| Street Address<br>760 Pulaski Highway   |   |   |     | Street Address<br>2217 Spillman Drive  |   |                  |        |             |           |
| City, State, Zip Code<br>Bear, DE 19701   |   |   |     | City, State, Zip Code<br>Bethlehem, PA 18015   |   |                  |        |             |           |
| Project Manager for Monitoring Firm<br>JT Morrison  |   | Telephone No.<br>302-326-2333   |     | Telephone No.<br>610-691-1800  | License No.<br>00721  |                  |        |             |           |
| Start Date (10)<br>01/22/2019   |   | Scheduled Completion Date (11)<br>02/14/2019  |     | Name of OSHA Monitor<br>Brandenburg  |   |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   |   |     | Street Address<br>2217 Spillman Drive  |   |                  |        |             |           |
| <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 checked="" type="checkbox"/> Other - Describe: DEMO- 02/18/2019-02/28/2019 |   |   |     | City, State, Zip Code<br>Bethlehem PA 18015  |   |                  |        |             |           |
| 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 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 |
| Throughout  |   |   | X   | Pipe Insulation  | 170 LF  | X                |        |             |           |
| Throughout  |   |   | X   | Tank Insulation  | 900 SF  | X                |        |             |           |
| Throughout  |   |   | X   | Light Gaskets  | 90 EA   | X                |        |             |           |
| Throughout  |   |   | X   | Galbestos  | 450 SF  | X                |        |             |           |
| Name of Registered Waste Hauler<br>Brandenburg Industrial Service Co  |   | NJDEP Waste Hauler ID No.<br>21838  |     | Cubic Yards of Waste<br>30   | Name of Registered Landfill<br>Salem County Improvement Authority |                  |        |             |           |
| City, State<br>Bethlehem, PA  |   |   |     | Disposal Date<br>02/18/19  | City, State<br>Alloway NJ   |                  |        |             |           |
| Completed by<br>Stephen Carne   |   | Title<br>Environmental Manager  |     | Signature<br>  |   | Date<br>01/08/19 |        |             |           |

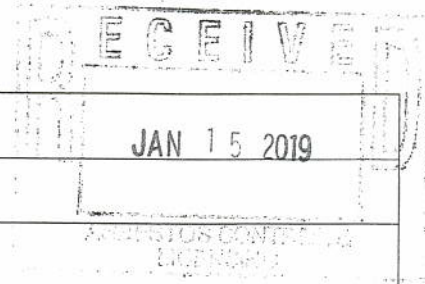
\* Do not use this form for asbestos licensure exempted activities.

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

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| Date of Notification (1)<br>1/7/19  |  | Name of Building Owner/Operator (2)<br>Miguel Abreu                                   |   | JAN 15 2019  |  |
| 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 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 | City, State, Zip Code<br>Fair Lawn, NJ 07410  |   |  |  |
|   |  | Name of Contact<br>Miguel Abreu   |   | Telephone Number   |  |
| <b>FACILITY INFORMATION</b>   |  |   |   |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential 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>2020   | # of Floors<br>2   | Bldg. Age<br>70 +/-  |
| City (5)<br>Fair Lawn   |  |   | Current Use (Prior if being demolished)<br>Residential Home   |  |  |
| County (6)<br>Bergen  |  | County Code (7)<br>(STATE USE ONLY) _____   |   |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager  |  | ASCM No.  |   | Name of Abatement Contractor (9)<br>All Stages Abatement   |  |
| Street Address  |  | Street Address<br>280 N. Midland Ave.   |   |  |  |
| City, State, Zip Code   |  | City, State, Zip Code<br>Saddle Brook, NJ 07663                                       |   |  |  |
| Project Manager for Monitoring Firm   |  | Telephone No.   |   | Telephone No.<br>201-600-3184  | License No.<br>01305   |
| Start Date (10)<br>1/9/19   |  | Scheduled Completion Date (11)<br>1/12/19   |   | 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: 8 A.M to 4 P.M |  |   |   | Street Address   |  |
|   |  |   |   | City, State, Zip Code  |  |
| Scope of Work (Check All That Apply)  |  |   |   |  |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<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><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)                                      |
|   | Yes  | No  | N/A   |  |  |
| Basement  |  | x   |   | VAT  | 796 SF   |
|   |  |   |   |  |  |
|   |  |   |   |  |  |
|   |  |   |   |  |  |
| Name of Registered Waste Hauler<br>All Stages Abatement   |  | NJDEP Waste Hauler ID No.<br>0036592  |   | Cubic Yards of Waste<br>3 yd   | Name of Registered Landfill<br>Grand Central Sanitary Landfill |
| City, State<br>Saddle Brook, NJ   |  | Disposal Date<br>TBD  |   | City, State<br>Pen Argyl, PA   |  |
| Completed by<br>Richard Cristofol   |  | 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)

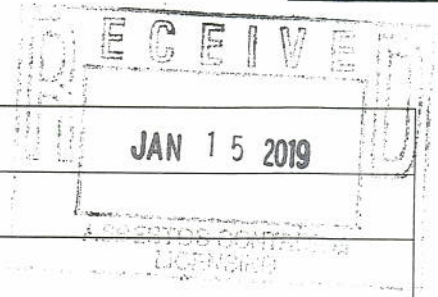


| <b>CK1857 PAID</b><br>Date of Notification (1)<br>1/7/19  |  | Name of Building Owner/Operator (2)<br>Doug Heim  |  |  |                           |                |        |             |           |
|---|--|---|--|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified<br><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   | 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>Saddle Brook, NJ 07663<br>Name of Contact<br>Doug Heim   |  |  |                           |                |        |             |           |
|   |  | Telephone Number<br>_____   |  |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |  |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential 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>1800   | # of Floors<br>2   |  |                           |                |        |             |           |
| City (5)<br>Saddle Brook  |  | Bldg. Age<br>70 +/-   |  |  |                           |                |        |             |           |
| County (6)<br>Bergen  | County Code (7)<br>(STATE USE ONLY) _____  | Current Use (Prior if being demolished)<br>Residential Home   |  |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager  |  | ASCM No.<br>_____   | Name of Abatement Contractor (9)<br>All Stages Abatement |  |                           |                |        |             |           |
| Street Address<br>_____   |  | Street Address<br>280 N. Midland Ave.   |  |  |                           |                |        |             |           |
| City, State, Zip Code<br>_____  |  | City, State, Zip Code<br>Saddle Brook, NJ 07663   |  |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>_____  |  | Telephone No.<br>_____  | Telephone No.<br>201-600-3184                            |  |                           |                |        |             |           |
| License No.<br>_____  |  | License No.<br>01305  |  |  |                           |                |        |             |           |
| Start Date (10)<br>1/28/19  | Scheduled Completion Date (11)<br>1/30/19  | Name of OSHA Monitor<br>_____   |  |  |                           |                |        |             |           |
| 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: 8 A.M. to 4 P.M. |  | Street Address<br>_____   |  |  |                           |                |        |             |           |
|   |  | City, State, Zip Code<br>_____  |  |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |  |   |  |  |                           |                |        |             |           |
| <input 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  |  |   |  |  |                           |                |        |             |           |
| <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><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 |
| Storage Room  |  | x   |  | VAT  | 107 SF                    | x              |        |             |           |
|   |  |   |  |  |                           |                |        |             |           |
|   |  |   |  |  |                           |                |        |             |           |
|   |  |   |  |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement   |  | NJDEP Waste Hauler ID No.<br>0036592  | Cubic Yards of Waste<br>2 yd                             | Name of Registered Landfill<br>Grand Central Sanitary Landfill   |                           |                |        |             |           |
| City, State<br>Saddle Brook, NJ   |  |   | Disposal Date<br>TBD                                     | City, State<br>Pen Argyl, PA   |                           |                |        |             |           |
| Completed by<br>Richard Cristofol   |  | Title<br>President  | Signature<br>  | Date<br>1/7/19   |                           |                |        |             |           |

CK1856

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>Dimitri Krasnovsky  |  |  |                           |                |        |             |           |
| 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 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>River Edge, NJ 07661  |  |  |                           |                |        |             |           |
|   |   | Name of Contact<br>Dimitri Krasnovsky  | Telephone Number   |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |  |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential 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>1950  | # of Floors<br>2   |  |                           |                |        |             |           |
| City (5)<br>River Edge  |   | Bldg. Age<br>70 +/-  |  |  |                           |                |        |             |           |
| County (6)<br>Bergen  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Residential Home  |  |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager  |   | ASCM No.   | Name of Abatement Contractor (9)<br>All Stages Abatement |  |                           |                |        |             |           |
| Street Address  |   | Street Address<br>280 N. Midland Ave.  |  |  |                           |                |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Saddle Brook, NJ 07663  |  |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>201-600-3184  | License No.<br>01305                                     |  |                           |                |        |             |           |
| Start Date (10)<br>1/16/19  | Scheduled Completion Date (11)<br>1/20/19   | 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: 8 A.M to 4 P.M |   | Street Address   |  |  |                           |                |        |             |           |
|   |   | City, State, Zip Code  |  |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |   |  |  |  |                           |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<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><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 |
| Main Basement   |   | x  |  | VAT  | 222 SF                    | x              |        |             |           |
| Utility   |   | x  |  | VAT  | 227 SF                    | x              |        |             |           |
|   |   |  |  |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement   |   | NJDEP Waste Hauler ID No.<br>0036592   | Cubic Yards of Waste<br>2 yd                             | Name of Registered Landfill<br>Grand Central Sanitary Landfill   |                           |                |        |             |           |
| City, State<br>Saddle Brook, NJ   |   |  | Disposal Date<br>TBD                                     | City, State<br>Pen Argyl, PA   |                           |                |        |             |           |
| Completed by<br>Richard Cristofol   |   | 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>01/09/2019   |   | Name of Building Owner/Operator (2)<br>The Port Authority of New York & New Jersey  |  |   |                |         |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>70 Brewster Road  |  |   |                |         |        |             |           |
| <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>Newark, NJ 07114   |  |   |                |         |        |             |           |
|  |   | Name of Contact<br>Michael DaCosta  | Telephone Number<br>973-961-6390   |   |                |         |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                |         |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Newark Airport   |   | 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>350 Scargo Earhart Drive   |   | Square Feet<br>N/A  | # of Floors<br>N/A   |   |                |         |        |             |           |
| City (5)<br>Newark   |   | Bldg. Age<br>35+  |  |   |                |         |        |             |           |
| County (6)<br>Union  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Underground Fuel Piping  |  |   |                |         |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Matrix New World Engineering  |   | ASCM No. _____  | Name of Abatement Contractor (9)<br>Brandenburg Industrial Service Company   |   |                |         |        |             |           |
| Street Address<br>26 Columbia Turnpike   |   | Street Address<br>2217 Spillman Drive   |  |   |                |         |        |             |           |
| City, State, Zip Code<br>Florham Park, NJ 07932  |   | City, State, Zip Code<br>Bethlehem, PA 18015  |  |   |                |         |        |             |           |
| Project Manager for Monitoring Firm  | Telephone No.<br>973-240-1800   | Telephone No.<br>610-691-1800   | License No.<br>00721   |   |                |         |        |             |           |
| Start Date (10)<br>01/23/2019  | Scheduled Completion Date (11)<br>03/22/2019  | Name of OSHA Monitor<br>Brandenburg   |  |   |                |         |        |             |           |
| 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 checked="" type="checkbox"/> Other - Describe: <u>Piping is subsurface outdoors</u> |   | Street Address<br>2217 Spillman Drive   |  |   |                |         |        |             |           |
|  |   | City, State, Zip Code<br>Bethlehem PA 18015   |  |   |                |         |        |             |           |
| 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 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 |
| Underground Fuel Piping  |   |   | X  | Black Tar Mastic/Paper                          | 4000 LF        | X       |        |             |           |
|  |   |   |  |   |                |         |        |             |           |
|  |   |   |  |   |                |         |        |             |           |
|  |   |   |  |   |                |         |        |             |           |
| Name of Registered Waste Hauler<br>Brandenburg Industrial Service Co   |   | NJDEP Waste Hauler ID No.<br>21838  | Cubic Yards of Waste<br>500  | Name of Registered Landfill<br>Minerva Landfill |                |         |        |             |           |
| City, State<br>Bethlehem, PA   |   |   | Disposal Date<br>1/28/19-3/28/19   | City, State<br>Waynesburg, OH                   |                |         |        |             |           |
| Completed by<br>Stephen Carne  |   | Title<br>Environmental Manager  | Signature<br>                              | Date<br>01/09/2019                              |                |         |        |             |           |

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



|   |   |   |     |  |   |                  |        |             |           |
|---|---|---|-----|--|---|------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/08/2019  |   | Name of Building Owner/Operator (2)<br>E.I. du Pont de Nemours and Company  |     | JAN 15 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 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 |     | 974 Centre Road P.O. Box 2915  |   |                  |        |             |           |
|   |   |   |     | City, State, Zip Code<br>Wilmington, DE 19805  |   |                  |        |             |           |
|   |   | Name of Contact<br>Bryan Mumink   |     | Telephone Number<br>856-276-9224   |   |                  |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |     |  |   |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>DuPont Chambers Works - Building 1140   |   |   |     | Type of Facility (4)   |   |                  |        |             |           |
| Street Address<br>Canal Road  |   |   |     | <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>Deepwater   |   | Square Feet<br>3500   |     | # of Floors<br>2   | Bldg. Age<br>50+  |                  |        |             |           |
| County (6)<br>Salem   |   | County Code (7)<br>(STATE USE ONLY) _____   |     | Current Use (Prior if being demolished)<br>Chemical Plant  |   |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Harvard Environmental Inc.   |   | ASCM No. _____  |     | Name of Abatement Contractor (9)<br>Brandenburg Industrial Service Company   |   |                  |        |             |           |
| Street Address<br>760 Pulaski Highway   |   | Street Address<br>2217 Spillman Drive   |     |  |   |                  |        |             |           |
| City, State, Zip Code<br>Bear, DE 19701   |   | City, State, Zip Code<br>Bethlehem, PA 18015  |     |  |   |                  |        |             |           |
| Project Manager for Monitoring Firm<br>JT Morrison  |   | Telephone No.<br>302-326-2333   |     | Telephone No.<br>610-691-1800  | License No.<br>00721  |                  |        |             |           |
| Start Date (10)<br>01/22/2019   |   | Scheduled Completion Date (11)<br>01/31/2019  |     | Name of OSHA Monitor<br>Brandenburg  |   |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   |   |     | Street Address<br>2217 Spillman Drive  |   |                  |        |             |           |
| <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 checked="" type="checkbox"/> Other - Describe: DEMO- 01/31/2019-02/15/2019 |   |   |     | City, State, Zip Code<br>Bethlehem PA 18015  |   |                  |        |             |           |
| 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 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)   | Abatement Type   |        |             |           |
|   | Yes   | No  | N/A |  |   | Removal          | Repair | Encapsulate | Enclosure |
| Throughout Bldg   |   |   | X   | Pipe Mastic  | 1600 SF   | X                |        |             |           |
| Throughout Bldg   |   |   | X   | Light Gaskets  | 52 EA   | X                |        |             |           |
|   |   |   |     |  |   |                  |        |             |           |
| Name of Registered Waste Hauler<br>Brandenburg Industrial Service Co  |   | NJDEP Waste Hauler ID No.<br>21838  |     | Cubic Yards of Waste<br>10   | Name of Registered Landfill<br>Salem County Improvement Authority |                  |        |             |           |
| City, State<br>Bethlehem, PA  |   |   |     | Disposal Date<br>02/15/19  | City, State<br>Alloway NJ   |                  |        |             |           |
| Completed by<br>Stephen Carne   |   | Title<br>Environmental Manager  |     | Signature<br>  |   | Date<br>01/08/19 |        |             |           |



State of NJ

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

B &amp; G proj. #: 2019-14

PAID

Check # 9706

Date of Notification (1)

01/11/19

Name of Building Owner/Operator (2)

Gia Infantolino &amp; Mario Gatti

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Florham Park, NJ 07932

Name of Contact

Gia Infantolino &amp; Mario Gatti

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

residence

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
residential

Street Address

City (5)

Florham Park

County (6)

Morris

County Code (7)

(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.  
n/a

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

01/24/2019

Sched. Completion Date (11)

01/25/2019

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_☐ Other-Describe: \_\_\_\_\_

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ Full Containment w/negative pressure☐ Glovebag procedure☐ >3 sf or >3 lf☒ ≥160 sf or ≥260 lf☐ Mini-enclosure☐ Non-friable procedureLocation of  
asbestos-containing  
material to be  
abated in facility (13)Is location normally used solely  
by maintenance/custodial  
staff (12)

Yes

No

N/A

Description of asbestos-containing  
material (ACM)Amount  
(Specify SF or  
LF)R  
e  
m  
o  
v  
eR  
e  
p  
a  
i  
rE  
n  
c  
a  
pE  
n  
c  
l

Third Floor

☐☐☒

VAT &amp; mastic

180 sqft

☒☐☐☐Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
2Name of Registered Landfill  
Grand Central LandfillCity, State  
Lincoln Park, NJDisposal Date  
01/25/19City, State  
Pen Argyl, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna

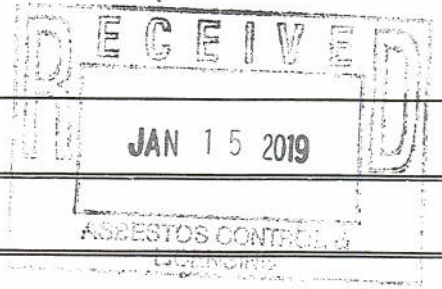
Date  
1/11/2019



D&amp;S Proj. #: 19-03

PAID

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



|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>01/10/2019  |  | Name of Building Owner/Operator (2)<br>elizabeth pinkowsky  |  |
| 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 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]  |  | City, State, Zip Code<br>union, nj 07083  |  |
| Name of Contact<br>kevin o'keefe  |  | Telephone Number  |  |

## FACILITY INFORMATION

|   |                     |   |  |  |                         |
|---|---------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>elizabeth pinkowsky   |                     |   | 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>union   | County (6)<br>union | County Code (7)<br>(State use only)     | Current Use (Prior if being demolished)  |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)  |                     | ASCM No.                                | Name of Abatement Contractor (9)<br>D & S RESTORATION, INC.  |  |                         |
| Street Address  |                     |   | Street Address<br>20 California Ave.   |  |                         |
| City, State, Zip Code   |                     |   | City, State, Zip Code<br>Paterson, NJ 07503  |  |                         |
| Project Manager for Monitoring Firm   |                     | Phone Number                            | Telephone Number<br>973-345-8020   |  | License Number<br>01169 |
| Start Date (10)<br>01/04/19   |                     | Sched. Completion Date (11)<br>01/28/19 | Name of OSHA Monitor<br>D & S Restoration, 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- Describe: _____<br><input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS |                     |   | Street Address<br>20 California Avenue   |  |                         |
|   |                     |   | City, State, Zip Code<br>Paterson, NJ 07503  |  |                         |

| Scope of Work (check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition |  |                                     |     | <input type="checkbox"/> Full Containment w/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)   | 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"/> |     | PIPE INSULATION   | 80 lf                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT Bathroom soffit   |  | <input checked="" type="checkbox"/> |     | PIPE INSULATION   | 5 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"/> |

|  |                           |                              |   |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler<br>D & S RESTORATION, INC. | NJDEP Hauler ID#<br>13506 | Cubic Yards of Waste<br>1 yd | Name of Registered Landfill<br>TULLYTOWN, RESOURCE RECOVERY |
| City, State<br>PATERSON, NJ 07503                  | Disposal Date<br>01/05/19 | City, State<br>TULLYTOWN, PA |   |
| Completed by (Print or Type)<br>BOGDAN JOLDZIC     | Title<br>PRESIDENT        | Signature                    | Date<br>01/02/2019  |



B &amp; G proj. #:

2019-12

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

Check # 9105

|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br>01/11/19    |   | Name of Building Owner/Operator (2)<br>Devin Caro |  |
| Agencies Notified                       | Type Notification                           | Street Address<br>[REDACTED]                      |  |
| <input type="checkbox"/> EPA            | <input checked="" type="checkbox"/> Initial | City, State, Zip Code<br>Weehawken, NJ 07086      |  |
| <input type="checkbox"/> DEP            | <input type="checkbox"/> Amendment          | Name of Contact<br>Devin Caro                     |  |
| <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>Devin Caro   |                      |   | 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>Weehawken, NJ 07086  | County (6)<br>Hudson | 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  |                      |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |  |                         |
| Project Manager for Monitoring Firm  |                      | Phone Number                              | Telephone Number<br>(973)696-6869  |  | License Number<br>00378 |
| Scheduled Start Date (10)<br>01/25/2019  |                      | Sched. Completion Date (11)<br>01/26/2019 | 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>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"/> | pipe insulation                                   | 130 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"/> |

|  |                              |                              |   |
|--|------------------------------|------------------------------|---|
| 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>01/26/2019  | City, State<br>Pen Argyl, PA |   |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br>Gordana Luna    | Date<br>01/11/2019                                    |



B &amp; G proj. #: 2019-11

**PAID**

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

Check # 9103

|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>01/10/19  |  | Name of Building Owner/Operator (2)<br>Gina Santamaria  |  |
| 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>Berkeley Heights, NJ 07901   |  |
| Name of Contact<br>Gina Santamaria  |  | Telephone Number  |  |

## FACILITY INFORMATION

|  |                     |   |  |   |                         |
|--|---------------------|---|--|---|-------------------------|
| Name of facility where abatement is taking place (3)<br>Gina Santamaria  |                     |   | 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>Berkeley Heights   | County (6)<br>Union | 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  |                     |   | City, State, Zip Code<br>Lincoln Park, NJ 07035  |   |                         |
| Project Manager for Monitoring Firm  |                     | Phone Number                              | Telephone Number<br>(973)696-6869  |   | License Number<br>00378 |
| Scheduled Start Date (10)<br>01/21/2019  |                     | Sched. Completion Date (11)<br>01/24/2019 |  | 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)

- ☐ 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) | Remove                              | Repair                   | Encap                    | Encl                     |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No | N/A                                 |   |                           |                                     |                          |                          |                          |
| Basement   |  |    | <input checked="" type="checkbox"/> | VAT & mastic                                      | 1,150 sf                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  |    |                                     |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                              |                                  |   |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>10       | Name of Registered Landfill<br>Grand Central Landfill |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>01/24/19    | 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>1/10/2019                                     |



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

**RECEIVED**

|  |   |  |   |  |  |                    |        |             |           |
|--|---|--|---|--|--|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>01/11/2019   |   | Name of Building Owner/Operator (2)<br>AMI Property Services Inc   |   | JAN 15 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>191 Engle St<br>City, State, Zip Code<br>Englewood, NJ 07631<br>Name of Contact<br>Ira<br>Telephone Number<br>(201) 280-6714   |  |                    |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |  |  |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>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>Maplewood  |   |  | Square Feet   | # of Floors  | Bldg. Age  |                    |        |             |           |
| County (6)<br>Essex  |   | 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>Removal Safety LLC   |  |                    |        |             |           |
| Street Address   |   | Street Address<br>8 Crosby Ave   |   |  |  |                    |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Paterson, NJ 07502  |   |  |  |                    |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.  |   | Telephone No.<br>973-400-8711  | License No.<br>01332                             |                    |        |             |           |
| Start Date (10)<br>01/21/2019  |   | Scheduled Completion Date (11)<br>01/24/2019   |   | Name of OSHA Monitor<br>Same as (9)  |  |                    |        |             |           |
| 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>Normal Hours</u> |   |  |   | Street Address   |  |                    |        |             |           |
|  |   |  |   | City, State, Zip Code  |  |                    |        |             |           |
| 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 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) (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  |   | Elbows   | 6 LF   | x                  |        | x           |           |
|  |   |  |   |  |  |                    |        |             |           |
|  |   |  |   |  |  |                    |        |             |           |
|  |   |  |   |  |  |                    |        |             |           |
| Name of Registered Waste Hauler<br>Removal Safety LLC  |   | NJDEP Waste Hauler ID No.<br>0037007   |   | Cubic Yards of Waste<br>1  | Name of Registered Landfill<br>Fairless Landfill |                    |        |             |           |
| City, State<br>Paterson, NJ  |   |  |   | Disposal Date<br>TBD   | City, State<br>Morrisville, PA                   |                    |        |             |           |
| Completed by<br>Lasko Veskov   |   | Title<br>President   |   | Signature<br><i>Lasko Veskov</i>   |  | Date<br>01/11/2019 |        |             |           |