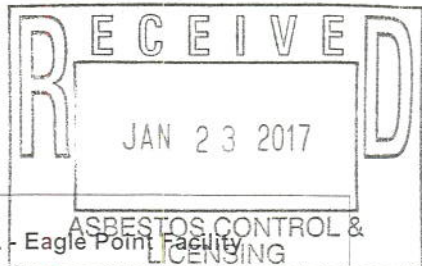


NOCK

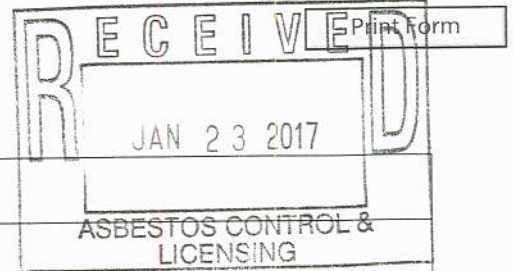
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



| | | | | | | | | |
|---|--|--|--|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>01</u> / <u>17</u> / <u>17</u> | | Name of Building Owner/Operator (2) Sunoco Partners Marketing & Terminals, L.P. - Eagle Point Facility | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1240 Crown Point Road | | | | | | |
| | | City, State, Zip Code Westville, NJ 08093 | | | | | | |
| | | Name of Contact Ron Rosendorn | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Sunoco Partners Marketing & Terminals, L.P. - Eagle Point Facility | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 1240 Crown Point Road | | Square Feet N/A | # of Floors N/A | | | | | |
| City (5) Westville, NJ 08093 | | Bldg. Age N/A | | | | | | |
| County (6) Gloucester | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Petroleum Fuels Storage (Tank Farm) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Kenny Atlantic Industrial Services, LLC | | ASCM No. | Name of Abatement Contractor (9) Kenny Atlantic Industrial Services | | | | | |
| Street Address 800 Billingsport Road | | Street Address 800 Billingsport Road | | | | | | |
| City, State, Zip Code Paulsboro, NJ 08086 | | City, State, Zip Code Paulsboro, NJ 08086 | | | | | | |
| Project Manager for Monitoring Firm Tom Kennedy | Telephone No. 856-491-5934 | Telephone No. 856-491-5934 | License No. 00857 | | | | | |
| Start Date (10) <u>01</u> / <u>29</u> / <u>17</u> | Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>17</u> | Name of OSHA Monitor Kenny Atlantic Industrial Services, LLC | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 800 Billingsport Road | | | | | | |
| | | City, State, Zip Code Paulsboro, NJ 08086 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| Various Outdoor Areas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2000LF/1000S F | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Republic Services | | NJDEP Waste Hauler ID No. 27158 | Cubic Yards of Waste 400 | Name of Registered Landfill Gloucester County Solid Waste Complex | | | | |
| City, State Camden, NJ | | Disposal Date Various | | City, State Swedesboro, NJ | | | | |
| Completed By (Print or Type) Ron Rosendorn | | Title Environmental Specialist | | Signature <i>Ron Rosendorn</i> | | | Date 01-17-17 | |

CK 3898

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



| | | | |
|---|--|---|------------------|
| Date of Notification (1) 01/17/2017 | | Name of Building Owner/Operator (2) Frenklin Township Public Schools | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1755 Amwell Road | |
| | | City, State, Zip Code Somerset NJ 08873 | |
| | | Name of Contact James Strimple | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) Sampson G Smith School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 1649 Amwell Road | | Square Feet 90,000 | # of Floors 2 |
| City (5) Somerset NJ 08873 | | Bldg. Age 30 years | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Public High School | |
| Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants | | ASCM No. 0057 | Name of Abatement Contractor (9) Savic Construction Corp |
| Street Address PO Box 385 | | Street Address 205 Route 46 Suite 15 | |
| City, State, Zip Code Oceanville, NJ, 08231-0385 | | City, State, Zip Code Totowa, NJ 07512 | |
| Project Manager for Monitoring Firm John Smoyer | | Telephone No. 609-652-1833 | Telephone No. 973-339-9735 |
| | | License No. 01034 | |
| Start Date (10) 01/27/2017 | Scheduled Completion Date (11) 01/29/2017 | | Name of OSHA Monitor Savic Construction Corp |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Start 3pm | | Street Address 205 Route 46 Suite 15 | |
| | | City, State, Zip Code Totowa, NJ 07512 | |

Scope of Work (Check All That Apply)

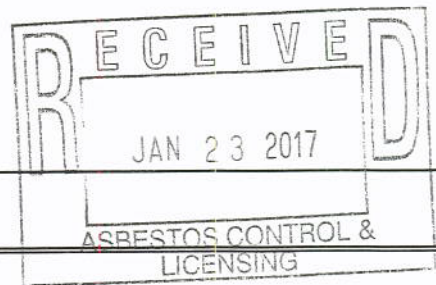
| | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Nurse's Office | | X | | transite panels | 45 SF | X | | | |
| Nurse's Office | | X | | ACM Tile | 385 SF | X | | | |
| Coach's office | | X | | ACM Tile | 225 SF | X | | | |
| | | | | | | | | | |

| | | | | | |
|--|--------------------------|------------------------------------|---------------------------------|--------------------------------------|--|
| Name of Registered Waste Hauler Savic Construction Corp | | NJDEP Waste Hauler ID No. 32253 | Cubic Yards of Waste 10 yrd | Name of Registered Landfill GROWS | |
| City, State Newark NJ | | Disposal Date 01/30/2017 | City, State Morriseville, PA | | |
| Completed by Milos Savic | Title Project Manager | Signature <i>Milos Savic</i> | Date 01/17/2017 | | |

CK6951
D&S Proj. #: 17-25

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



| | | | |
|--|---|--|------------------|
| Date of Notification (1) 10/1/12/17 | | Name of Building Owner/Operator (2) debbie rybka howard | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code millburn, nj 07041 | |
| | | Name of Contact debbie rybka howard | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3) debbie rybka howard | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet | # of Floors | Bldg. Age |
| City (5) millburn | County (6) ESSEX | County Code (7) (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) D & S RESTORATION, INC. | | |
| Street Address | | Street Address 20 California Ave. | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07503 | | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | License Number 01169 | |
| Start Date (10) 01/30/17 | Sched. Completion Date (11) 02/28/17 | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | | |
| Name of OSHA Monitor D & S Restoration, Inc. | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| attic | | <input checked="" type="checkbox"/> | | vermiculite attic insulation | 672 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"/> |

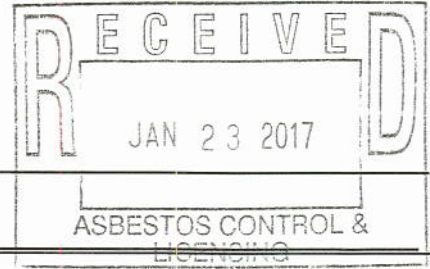
| | | | | | |
|--|---------------------------|-------------------------------|---|--|--|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 7 yds | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | | |
| City, State PATERSON, NJ 07503 | | Disposal Date 01/31/17 | City, State TULLYTOWN, PA | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 01/16/2017 | | |

* Do not use this form for asbestos license exempted activities

CK6950

D&S Proj. #: 17-24

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



| | | | |
|---|---|---|------------------|
| Date of Notification (1) 10/1/176/1/17 | | Name of Building Owner/Operator (2) russell nussbaum | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code WESTFIELD, NJ 07090 | |
| | | Name of Contact russell nussbaum | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|--|---------------------|-------------------------------------|--|-------------|-----------|
| Name of facility where abatement is taking place (3) russell nussbaum | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet | # of Floors | Bldg. Age |
| City (5) WESTFIELD | County (6) UNION | County Code (7) (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) D & S RESTORATION, INC. | | |
| Street Address | | Street Address 20 California Ave. | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07503 | | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | License Number 01169 | |
| Start Date (10) 01/16/17 | Sched. Completion Date (11) 01/20/17 | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | | |
| Name of OSHA Monitor D & S Restoration, Inc. | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

Scope of Work (check all that apply)

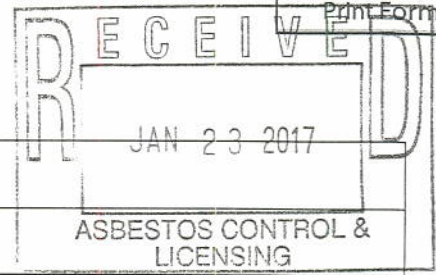
| | | |
|--|--|---|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-enclosure |
| | | <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 e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 20 - 30 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 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 01/17/17 | City, State TULLYTOWN, PA | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 01/16/17 2017 | |

CK 2991

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



| | | | |
|--|--|---|------------------|
| Date of Notification (1) 1/18/17 | | Name of Building Owner/Operator (2) City of Paterson | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 155 Market Stt | |
| | | City, State, Zip Code Paterson, NJ | |
| | | Name of Contact Paul Miller | Telephone Number |

FACILITY INFORMATION

| | | | | |
|--|---|---|------------------|------------------|
| Name of Facility Where Abatement is Taking Place (3) ABANDONDED HOUSE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 12 Watson St | | Square Feet 2100 | # of Floors 2 | Bldg. Age 50+ |
| City (5) Paterson, NJ | | Current Use (Prior if being demolished) Abandoned House | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | | | |

| | | | | |
|--|--|---|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Yannuzzi Environmental Services | |
| Street Address | | Street Address 135 Kinnelon Rd suite 102 | | |
| City, State, Zip Code | | City, State, Zip Code Kinnelon, NJ 07405 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 908-218-0880 | License No. 01228 |

| | | | | |
|---|--|---|--|--|
| Start Date (10) 1/24/17 | Scheduled Completion Date (11) 2/7/17 | Name of OSHA Monitor Yannuzzi Environmental Services | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>abandoned house</u> | | Street Address 135 Kinnelon Rd suite 102 | | |
| | | City, State, Zip Code Kinnelon, NJ 07405 | | |

Scope of Work (Check All That Apply)

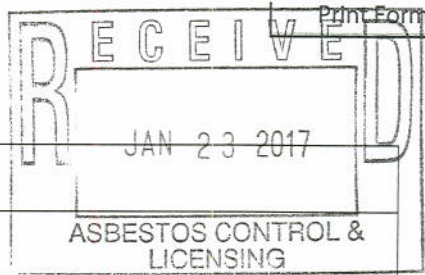
| | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/>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

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

| | | | | | |
|---|--|------------------------------------|-----------------------------------|--------------------------------------|-----------------|
| Name of Registered Waste Hauler Yannuzzi Group | | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste 10 | Name of Registered Landfill Grows | |
| City, State kinnelon NJ | | Disposal Date 2/6/17 | | City, State Morrisville PA | |
| Completed by John Mucha | | Title Project Mang | Signature <i>John P. Mucha</i> | | Date 1/18/17 |

CK 2991

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



| | | | |
|---|---|---|------------------------------|
| Date of Notification (1) 1/18/17 | | Name of Building Owner/Operator (2) City of Paterson | |
| Agencies Notified | Type Notification | Street Address 155 Market Stt | ASBESTOS CONTROL & LICENSING |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Paterson, NJ | |
| | | Name of Contact Paul Miller | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) ABANDONDED HOUSE | | Type of Facility (4) | |
| Street Address 12 Watson St | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Paterson, NJ | Square Feet 2100 | # of Floors 2 | Bldg. Age 50+ |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Abandoned House | |

| | | | |
|--|---------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Yannuzzi Environmental Services | |
| Street Address | | Street Address 135 Kinnelon Rd suite 102 | |
| City, State, Zip Code | | City, State, Zip Code Kinnelon, NJ 07405 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 908-218-0880 | License No. 01228 |

| | | | |
|---|--|---|--|
| Start Date (10) 1/24/17 | Scheduled Completion Date (11) 2/7/17 | Name of OSHA Monitor Yannuzzi Environmental Services | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 135 Kinnelon Rd suite 102 | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>abandoned house</u> | | City, State, Zip Code Kinnelon, NJ 07405 | |

Scope of Work (Check All That Apply)

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

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

| | | | |
|---|------------------------------------|----------------------------|--------------------------------------|
| Name of Registered Waste Hauler Yannuzzi Group | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste 10 | Name of Registered Landfill Grows |
| City, State kinnelon NJ | | Disposal Date 2/6/17 | City, State Morrisville PA |
| Completed by John Mucha | Title Project Mang | Signature | Date 1/18/17 |

Jan/18/2017 4:28:10 PM

Yannuzzi Group 9082554473

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

RECEIVED 2/8
Print Form
JAN 23 2017
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING
JAN 18 2017
WAIVER APPROVED

| | | | |
|--|---|---|--|
| Date of Notification (1) 1/18/17 | | Name of Building Owner/Operator (2) City of Paterson | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 155 Market St | |
| | | City, State, Zip Code Paterson, NJ | |
| | | Name of Contact Paul Miller | |
| | | Telephone Number | |

| | | | |
|--|--|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) ABANDONED HOUSE | | | |
| Street Address 12 Watson St | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Paterson, NJ | | Square Feet 2100 | # of Floors 2 |
| County (6) Passaic | | Blgd. Age 50+ | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Abandoned House | |

| | | | | |
|--|--|---|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Yannuzzi Environmental Services | |
| Street Address | | Street Address 135 Kinnelon Rd suite 102 | | |
| City, State, Zip Code | | City, State, Zip Code Kinnelon, NJ 07405 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 908-218-0880 | License No. 01228 |
| Start Date (10) 1/24/17 | Scheduled Completion Date (11) 2/7/17 | | Name of OSHA Monitor Yannuzzi Environmental Services | |

| | | | | |
|--|--|---|--|--|
| Occupancy Status During Abatement (Check Only One) | | Street Address 135 Kinnelon Rd suite 102 | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | City, State, Zip Code Kinnelon, NJ 07405 | | |
| <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | | | |
| <input type="checkbox"/> Other - Describe: abandoned house | | | | |

| | | | | |
|--|--|---|--|--|
| Scope of Work (Check All That Apply) | | Full Containment with Negative Pressure | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | | <input checked="" type="checkbox"/> Renovation | | |
| <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 lf | | <input checked="" type="checkbox"/> Demolition | | |
| | | <input type="checkbox"/> Mini-Enclosure | | |
| | | <input checked="" type="checkbox"/> Glovebag Procedure | | |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | |

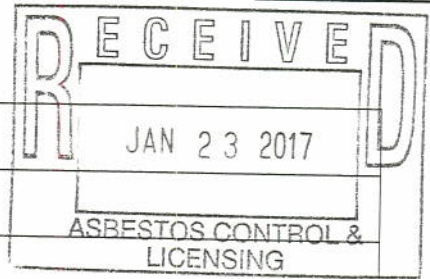
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF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

| | | | | | |
|---|--|------------------------------------|--------------------------------|--------------------------------------|--|
| Name of Registered Waste Hauler Yannuzzi Group | | NJDEP Waste Hauler ID No. 17487 | Cubic Yards of Waste 10 | Name of Registered Landfill Grows | |
| City, State Kinnelon NJ | | Disposal Date 2/6/17 | | City, State Morrisville PA | |
| Completed by John Mucha | | Title Project Mang | Signature <i>John Mucha</i> | Date 1/18/17 | |

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

CK 1062

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



| | | | |
|--|---|--|--|
| Date of Notification (1) 1/19/17 | | Name of Building Owner/Operator (2) Sue Cirello | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] |
| | | | City, State, Zip Code Bound Brook, NJ 08805 |
| | | | Name of Contact Sue Cirello |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | |
|--|-------------------------------------|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) Residential Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1900 | # of Floors 3 |
| City (5) Bound Brook | | Bldg. Age 60+/- | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential Home | |

| | | | | |
|---|--|---|--|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor | | ASCM No. | Name of Abatement Contractor (9) All Stages Abatement | |
| Street Address | | Street Address 280 N. Midland Ave. | | |
| City, State, Zip Code | | City, State, Zip Code Saddle Brook, NJ 07663 | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201-600-3184 | License No. 01305 |

| | | | | |
|---|---|-----------------------|--|--|
| Start Date (10) 1/28/17 | Scheduled Completion Date (11) 1/29/17 | Name of OSHA Monitor | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M | | Street Address | | |
| | | City, State, Zip Code | | |

Scope of Work (Check All That Apply)

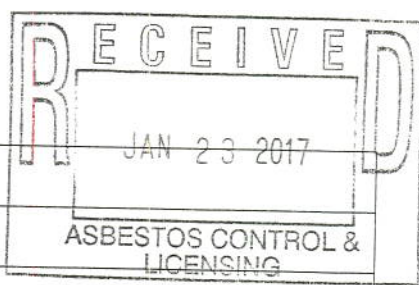
| | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | x | | Pipe Wrap | 61 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|------------------------------|---|--|
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 3 CU | Name of Registered Landfill IESI Landfil | |
| City, State Newark, NJ | | Disposal Date TBD | City, State Bethlehem, PA | | |
| Completed by Richard Cristofol | | Title President | Signature | Date 1/19/17 | |

CK 3146

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



| | | | |
|--|---|---|--|
| Date of Notification (1) 1/19/17 | | Name of Building Owner / Operator (2) Verizon | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 524 Main Street |
| | | | City, State & Zip Code Fort Lee New Jersey |
| Name of Contact Alex Baylor | | | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|--|-----------------------------|-----------------|---|-------------------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) Leonia Central Office | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 524 Main Street | | | Square Feet 40000 | # of Floors 4 | Bldg. Age |
| City (5) Fort Lee | County (6) Bergen | County Code (7) | Current Use (Prior if being demolished) Communications | | |

| | | | | | |
|--|--|--|--|--------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc. | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | |
| Street Address 8436 Enterprise Avenue | | Street Address 1123 BEAVER STREET | | | |
| City, State & Zip Code Philadelphia Pa 19153 | | City, State & Zip Code BRISTOL, PA 19007 | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone Number 215-365-5810 | Telephone Number 215-788-6040 | License Number 00509 | |
| Scheduled Start Date (10) 2/2/17 | Scheduled Completion Date (11) 2/13/17 | | | | |

| | | | | | |
|---|--|--|--|--|--|
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input type="checkbox"/> Facility Occupied During Abatement | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | | | |
| | | Street Address 1123 BEAVER STREET | | | |
| | | City, State & Zip Code BRISTOL, PA 19007 | | | |

Scope of Work (Check all that apply)

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

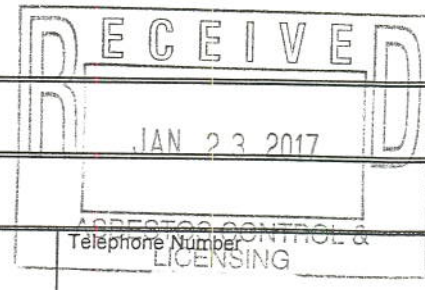
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| AC ROOM | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/Mastic | 250 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AC ROOM | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings | 50 EA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|--|--|------------------------|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 3 | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date TBD | | City, State WAYNESBURG, OH 44688 | |
| Completed By (Print or Type) Patrick T. DeCaro | | Title PROJ. MGR. | Signature <i>Patrick T. DeCaro / gk</i> | | Date 1/19/17 |

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

B & G proj. #: 2017-09

Check # 8218



| | | | |
|---|--|---|--|
| Date of Notification (1) <u>10/11/2017</u> | | Name of Building Owner/Operator (2) Rutgers, The State University of New Jersey | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address 89 Market Street, 8th Floor | | City, State, Zip Code Newark, NJ 07102 | |
| Name of Contact Mack McAleer | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|--|---|--|---|-------------------------------------|
| Name of facility where abatement is taking place (3) Vacant Building | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 75-77 Halsey Street | | | Square Feet | | |
| City (5) Newark, NJ 07102 | | | County (6) Essex | | County Code (7) (State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) E2PM | | | ASCM No. | | |
| Street Address 87 Hibernia Avenue | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| City, State, Zip Code Rockaway, NJ 07866 | | | Street Address 105 Ryerson Road | | |
| Project Manager for Monitoring Firm Gianmarco Ferrante | | Phone Number 201-320-2926 | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| Scheduled Start Date (10) 01/30/2017 | | Sched. Completion Date (11) 02/10/2017 | | Telephone Number (973)696-6869 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe: | | | | License Number 00378 | |
| | | | | Name of OSHA Monitor B & G Restoration, Inc. | |
| | | | | Street Address 105 Ryerson Road | |
| | | | | City, State, Zip Code LincolnPark, NJ 07035 | |

Scope of Work (check all that apply)

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

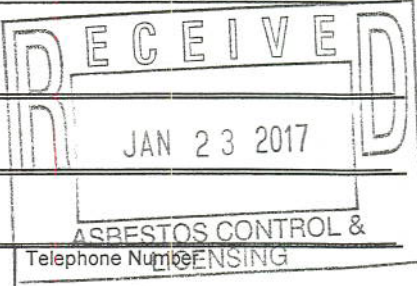
| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| Office sections | | | X | VAT & mastic | 1,116 SF | X | | | |
| Office sections | | | X | mastic | 1,308 SF | X | | | |
| Roof | | | X | mastic under 1st layer of roofing | 5,000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|--|--|--------------------------------------|--|----------------------------------|--|---|--|
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEP Hauler ID# 19563 | | Cubic Yards of Waste 100 | | Name of Registered Landfill Tullytown Resource & Recovery Center | |
| City, State Lincoln Park, NJ | | Disposal Date 01/30/17 - 02/11/17 | | City, State Tullytown, PA | | | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | | Signature <i>Gordana Luna</i> | | Date 01/20/2017 | |

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

B & G proj. #: 2017-10

Check # 8219

| | | | | |
|---|---|--|--|---|
| Date of Notification (1) <u>10/11/2017</u> | | Name of Building Owner/Operator (2) Dolores Carpenter | |  |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Ridgewood, NJ 07451 | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact Dolores Carpenter | | |
| <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) Dolores Carpenter | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet | # of Floors | Bldg. Age |
| City (5) Ridgewood, NJ 07451 | County (6) Bergen | County Code (7) (State use only) | Current Use (Prior if being demolished) residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED] | | ASCM No. n/a | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address [REDACTED] | | Street Address 105 Ryerson Road | | | |
| City, State, Zip Code [REDACTED] | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |
| Project Manager for Monitoring Firm | Phone Number | | Telephone Number (973)696-6869 | License Number 00378 | |
| Scheduled Start Date (10) 01/30/2017 | Sched. Completion Date (11) 02/01/2017 | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code LincolnPark, NJ 07035 | | |

Scope of Work (check all that apply)

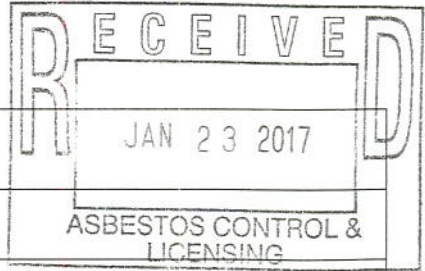
| | | | |
|---|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/>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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff(12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|---|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| basement | | | X | VAT & mastic | 1000 sf | X | | | |
| well room | | | X | pipe insulation | 18 lf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 12 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 02/01/2017 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 01/20/2017 |

CK 25054

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



| | | | |
|---|--|--|------------------|
| Date of Notification (1) <u>01</u> / <u>20</u> / <u>17</u> | | Name of Building Owner/Operator (2) US Department of Veteran Affairs | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 151 Knollcroft Road | |
| | | City, State, Zip Code Lyons, NJ 07939 | |
| | | Name of Contact Gary Boehner | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Veteran Affairs Medical Center Building 135 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 151 Knollcroft Road | | Square Feet 62,000 | # of Floors 2 |
| City (5) Lyons | | Bldg. Age 32 | |
| County (6) Somerset | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hospital | |

| | | | |
|---|---------------------------------------|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Egan Environmental Consulting Inc | ASCM No. 28941 | Name of Abatement Contractor (9) Superior Abatement Inc | |
| Street Address 14 High Street | | Street Address 2 Henderson Drive | |
| City, State, Zip Code Mahwah NJ 07430 | | City, State, Zip Code West Caldwell, NJ 07006 | |
| Project Manager for Monitoring Firm Tom Egan | Telephone No. (201)848-7790 | Telephone No. (973) 808-1616 | License No. 00411 |

| | | | |
|---|---|---|--|
| Start Date (10) <u>1</u> / <u>30</u> / <u>17</u> | Scheduled Completion Date (11) <u>2</u> / <u>1</u> / <u>17</u> | Name of OSHA Monitor Superior Abatement Inc | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30AM-3:30PM / _____PM-_____AM | | Street Address 2 Henderson Drive | |
| | | City, State, Zip Code West Caldwell, NJ 07006 | |

Scope of Work (Check all that apply)

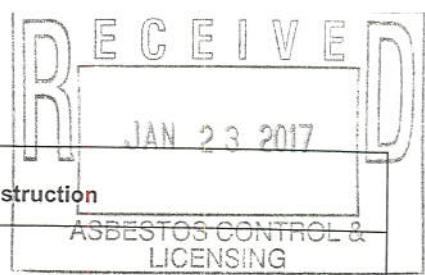
| | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) <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 |
| North Exterior Wall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Black Waterproofing on Foundation | 280 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--|----------------------------------|--|
| Name of Registered Waste Hauler Service Transport Group, Inc | NJDEP Waste Hauler ID No. SW2117 | Cubic Yards of Waste 2 | Name of Registered Landfill Minerva Landfill |
| City, State New Castle, DE | | Disposal Date 2/1/17 | City, State Waynesburgh, OH |
| Completed By (Print or Type) Nick Petrovski | Title VPO | Signature | Date 1-20-17 |

CK 1874

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 01 / 20 / 17 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 20 W. State Street, 3rd Flr. |
| | | | City, State, Zip Code Trenton, NJ 08608 |
| | | | Name of Contact Rick Ferrera |

FACILITY INFORMATION

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

| | | | |
|--|-------------------------------|--|---------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | |
| Project Manager for Monitoring Firm Rick Eustaquio | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | License No. 1188 |

| | | | |
|---|--|--|--|
| Start Date (10) 01 / 23 / 17 | Scheduled Completion Date (11) 03 / 23 / 17 | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane | |
| | | City, State, Zip Code Garfield, NJ 07026 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | white thermal paper | 3 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 125 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|---------------------------------------|-----------------------------------|--|
| Name of Registered Waste Hauler ATC | NJDEP Waste Hauler ID No. SW-24310 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises |
| City, State Shirley, NY | | Disposal Date TBD | City, State Waynesburg, OH |
| Completed By (Print or Type) Allen Monchik | Title Project Manager | Signature | Date 1/20/12 |

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

CK 1874

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

RECEIVED
 JAN 23 2017
 ASBESTOS CONTROL & LICENSING

| | | | |
|---|--|--|------------------|
| Date of Notification (1) 01 / 20 / 17 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 20 W. State Street, 3rd Flr. | |
| | | City, State, Zip Code Trenton, NJ 08608 | |
| | | Name of Contact Rick Ferrera | Telephone Number |

FACILITY INFORMATION

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

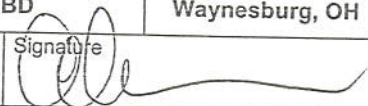
| | | | | |
|---|--|--|---|----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | License No. 1188 |
| Start Date (10) 01 / 23 / 17 | Scheduled Completion Date (11) 03 / 23 / 17 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | |

| | | | |
|---|--|--|--|
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM | | Street Address 27 Outwater Lane | |
| | | City, State, Zip Code Garfield, NJ 07026 | |

Scope of Work (Check all that apply)

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

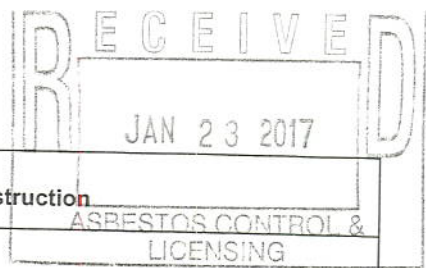
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Interior- All Air Vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | white thermal paper | 33 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen- Crawl Space | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | air cell pipe insulation | 50 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | waterproofing on foundation | 500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|---------------------------------|---|--|---|--|
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. SW-24310 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises | |
| City, State Shirley, NY | | Disposal Date TBD | | City, State Waynesburg, OH | |
| Completed By (Print or Type) Allen Monchik | Title Project Manager | Signature  | | Date 1/20/17 | |

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

CK1874

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



| | | | |
|---|--|--|------------------|
| Date of Notification (1) 01 / 20 / 17 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 20 W. State Street, 3rd Flr. | |
| | | City, State, Zip Code Trenton, NJ 08608 | |
| | | Name of Contact Rick Ferrera | Telephone Number |

FACILITY INFORMATION

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

| | | | | |
|---|--|--|---|----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | License No. 1188 |
| Start Date (10) 01 / 23 / 17 | Scheduled Completion Date (11) 03 / 23 / 17 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | |

| | | | |
|--|--|--|--|
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane | |
| | | City, State, Zip Code Garfield, NJ 07026 | |

Scope of Work (Check all that apply)

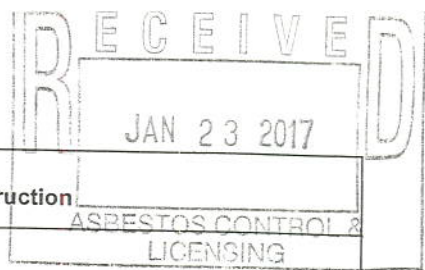
| | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input 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 |
| All plaster walls and ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | plaster | 4,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st & 2 nd Floor- Air Vents | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | white thermal paper | 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"/> |

| | | | | | |
|--|---------------------------------|--|--|---|--|
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. SW-24310 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises | |
| City, State Shirley, NY | | Disposal Date TBD | | City, State Waynesburg, OH | |
| Completed By (Print or Type) Allen Monchik | Title Project Manager | Signature | | Date 1/20/17 | |

CK1874

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 01 / 20 / 17 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 20 W. State Street, 3rd Flr. |
| | | | City, State, Zip Code Trenton, NJ 08608 |
| | | | Name of Contact Rick Ferrera |

FACILITY INFORMATION

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

| | | | | |
|--|--|---|--|---------------------|
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | License No. 1188 |
| Start Date (10) 01 / 23 / 17 | Scheduled Completion Date (11) 03 / 23 / 17 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | |

| | | | | |
|--|--|---|--|--|
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM | | Street Address 27 Outwater Lane | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | |

Scope of Work (Check all that apply)

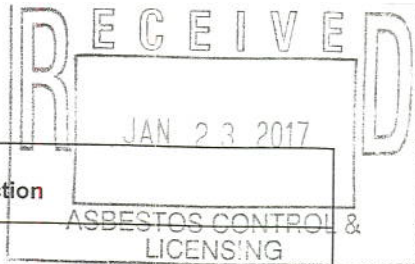
| | | |
|--|--|---|
| <input type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> >160 sf or >260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| All plaster walls and ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | plaster | 4,250 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Air cell pipe insulation | 15 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|---------------------------------------|-----------------------------------|--|--|
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. SW-24310 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises | |
| City, State Shirley, NY | | Disposal Date TBD | | City, State Waynesburg, OH | |
| Completed By (Print or Type) Allen Monchik | Title Project Manager | Signature | | Date 1/20/17 | |

CK1874

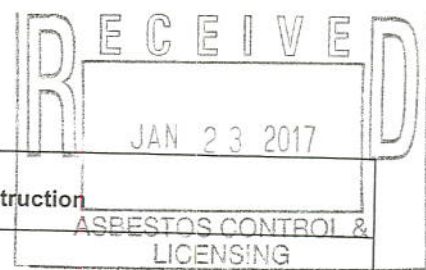
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1) 01 / 20 / 17 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
|---|--|---|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Rahway, NJ | | Bldg. Age | | | | | | | |
| County (6) Union | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | | | | | | |
| License No. 1188 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | |
| Start Date (10) 01 / 23 / 17 | Scheduled Completion Date (11) 03 / 23 / 17 | Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | | | | | | |
| Street Address 27 Outwater Lane | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" 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"/> 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 |
| All plaster walls and ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | plaster | 5,100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inside plaster walls | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Air cell pipe insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor Closets | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 15 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. SW-24310 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY | | Disposal Date TBD | | City, State Waynesburg, OH | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature | | | Date 1/20/12 | | |

CK1874

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



Date of Notification (1)
 01 / 20 / 17

Name of Building Owner/Operator (2)
 Division of Property Management & Construction

Agencies Notified
 EPA
 DOLWD
 DOH
 DCA (NJAC 5:23-8)

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

Street Address
 20 W. State Street, 3rd Flr.

City, State, Zip Code
 Trenton, NJ 08608

Name of Contact
 Rick Ferrera

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Residential House

Street Address
 [REDACTED]

City (5)
 Rahway, NJ

County (6)
 Union

County Code (7) (STATE USE ONLY)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
 Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
 ALL PRO MANAGEMENT LLC

Street Address
 P.O. Box 1224

Street Address
 27 Outwater Lane

City, State, Zip Code
 Union, NJ

City, State, Zip Code
 Garfield, NJ 07026

Project Manager for Monitoring Firm
 Rick Eustaquio

Telephone No.
 973-494-3762

Telephone No.
 973-928-4888

License No.
 1188

Start Date (10)
 01 / 23 / 17

Scheduled Completion Date (11)
 03 / 23 / 17

Name of OSHA Monitor
 ALL PRO MANAGEMENT LLC

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM

Street Address
 27 Outwater Lane

City, State, Zip Code
 Garfield, NJ 07026

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

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

| Location of Asbestos-Containing Material (ACM) 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 |
| All plaster walls and ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | plaster | 3,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 180 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 st Floor bathroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 55 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Registered Waste Hauler
 ATC

NJDEP Waste Hauler ID No.
 SW-24310

Cubic Yards of Waste
 As Needed

Name of Registered Landfill
 Minerva Enterprises

City, State
 Shirley, NY

Disposal Date
 TBD

City, State
 Waynesburg, OH

Completed By (Print or Type)
 Allen Monchik

Title
 Project Manager

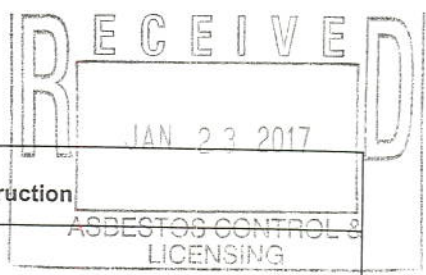
Signature

Date
 1/20/17

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

CK1874

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



| Date of Notification (1) 01 / 20 / 17 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrara | | | | | | |
| | | | Telephone Number | | | | | | |
| | FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House Street Address [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| City (5) Rahway, NJ | | Square Feet | # of Floors | | | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | | | | | | |
| License No. 1188 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | |
| Start Date (10) 01 / 23 / 17 | | Scheduled Completion Date (11) 03 / 23 / 17 | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM | | Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| Den | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | White insulation | 3 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All plaster walls and ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | plaster | 4,700 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inside plaster walls | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | air cell pipe insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. SW-24310 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY | | Disposal Date TBD | | City, State Waynesburg, OH | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature | | Date 1/20/17 | | | |

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

CK1874

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

RECEIVED
 JAN 23 2017
 ASBESTOS CONTROL & LICENSING

Date of Notification (1)
 01 / 20 / 17

Name of Building Owner/Operator (2)
Division of Property Management & Construction

Agencies Notified
 EPA
 DOLWD
 DOH
 DCA (NJAC 5:23-8)

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

Street Address
20 W. State Street, 3rd Flr.

City, State, Zip Code
Trenton, NJ 08608

Name of Contact
Rick Ferrara

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Residential House

Street Address
 [REDACTED]

City (5)
Rahway, NJ

County (6)
Union

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

Square Feet # of Floors Bldg. Age

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

Name of Monitoring Firm Hired by Building Owner (8)
Bio Terra Solutions

ASCM No.

Name of Abatement Contractor (9)
ALL PRO MANAGEMENT LLC

Street Address
P.O. Box 1224

Street Address
27 Outwater Lane

City, State, Zip Code
Union, NJ

City, State, Zip Code
Garfield, NJ 07026

Project Manager for Monitoring Firm
Rick Eustaquio

Telephone No.
973-494-3762

Telephone No.
973-928-4888

License No.
1188

Start Date (10)
 01 / 23 / 17

Scheduled Completion Date (11)
 03 / 23 / 17

Name of OSHA Monitor
ALL PRO MANAGEMENT LLC

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM

Street Address
27 Outwater Lane

City, State, Zip Code
Garfield, NJ 07026

Scope of Work (Check all that apply)

>3 sf or >3 lf
 >160 sf or >260 lf

Renovation
 Demolition

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

| Location of Asbestos-Containing Material (ACM) 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 |
| All 2 nd Floor walls and ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | plaster | 2,250 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
ATC

NJDEP Waste Hauler ID No.
SW-24310

Cubic Yards of Waste
As Needed

Name of Registered Landfill
Minerva Enterprises

City, State
Shirley, NY

Disposal Date
TBD

City, State
Waynesburg, OH

Completed By (Print or Type)
Allen Monchik

Title
Project Manager

Signature

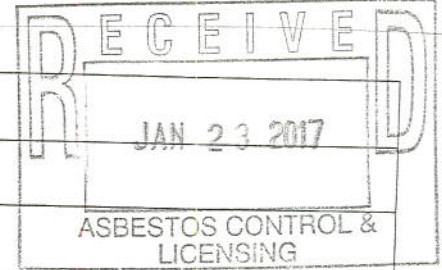
Date
1/20/17

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

CK # 7604

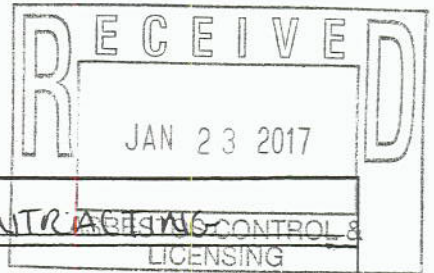
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

"OPEN NOTIFICATION"



| Date of Notification (1) 11/22/2016 | | Name of Building Owner/Operator (2) PSE&G | | | | | | | | |
|--|--|---|---|---|---------------------------|----------------|--------------------|-------------|-----------|--|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 4000 HADLEY ROAD | | | | | | | | |
| | | City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 | | | | | | | | |
| | | Name of Contact JOHN BRADLEY | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| Street Address 13 EISENHOWER PARKWAY | | Square Feet APPX 8500 | # of Floors 3 | | | | | | | |
| City (5) ROSELAND | | Bldg. Age APPX 82 YRS | | | | | | | | |
| County (6) ESSEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) SWITCH STATION | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | | ASCM No. 0045 | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA | | | | | | | |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telephone No. 732-290-2217 | Telephone No. 732-432-8350 | | | | | | | |
| | | License No. 01111 | | | | | | | | |
| Start Date (10) 12/7/2016 | Scheduled Completion Date (11) 3/1/2017 | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>NECESSARY OPERATORS ONLY</u> | | Street Address 396 WHITEHEAD AVE. | | | | | | | | |
| | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| WINDOWS | | X | | ACM CAULKING | 850 LF | X | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. 1125 | Cubic Yards of Waste APPX 30 | Name of Registered Landfill GROWS NORTH | | | | | | |
| City, State ELIZABETH, NJ | | Disposal Date TBD | | City, State MORRISVILLE, PA | | | | | | |
| Completed by CAROL RAIMO | | Title OFFICE MANAGER | Signature <i>Carol Raimo</i> | | | | Date 11/22/2016 | | | |

CK# 4154



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

| | | | |
|---|---|---|------------------|
| Date of Notification (1) <u>1-28-17</u> | | Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING CONTROL & LICENSING</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>155 RT 50</u> | |
| | | City, State, Zip Code <u>GREENFIELD N.J 08230</u> | |
| | | Name of Contact <u>BRUCE</u> | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|--|---|
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet # of Floors Bldg. Age <u>2000 2 50+</u> | |
| City (5) <u>OCEAN CITY</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>VACANT</u> | |
| County (6) <u>CAPE MAY</u> | Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | ASCM No. | Name of Abatement Contractor (9) <u>KLEMCO INC</u> |
| Street Address | | Street Address <u>369 S SPRUCE AVE</u> | |
| City, State, Zip Code | | City, State, Zip Code <u>MAPLE SHADE N.J 08052</u> | |
| Project Manager for Monitoring Firm | | Telephone No. <u>856-779-0472</u> | License No. <u>00444</u> |
| Start Date (10) <u>1-28-17</u> | Scheduled Completion Date (11) <u>2-2-17</u> | Name of OSHA Monitor <u>N/A</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | |
| | | City, State, Zip Code | |

Scope of Work (Check all that apply)

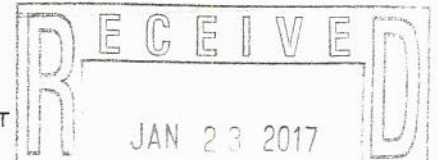
| | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|----------|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| <u>SIDING</u> | | | <u>X</u> | <u>TRANSITE</u> | <u>2750-SF</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|---------------------------------|---|
| Name of Registered Waste Hauler <u>KLEMCO INC</u> | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste | Name of Registered Landfill <u>C.M.C.M.U.A</u> |
| City, State <u>MAPLE SHADE N.J</u> | | Disposal Date | City, State <u>WOODBRIE</u> |
| Completed By <u>MICHAEL KLOMM</u> | Title <u>SUP.</u> | Signature <u>[Signature]</u> | Date <u>1-28-17</u> |

CK 44154

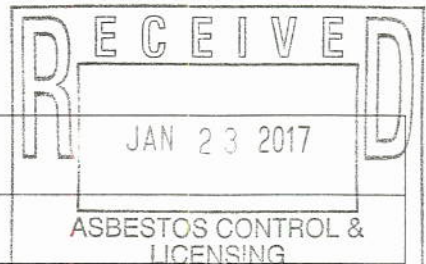
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) <u>1-18-17</u> | | Name of Building Owner/Operator (2) <u>Tom WELSH</u> | | | | | | | | |
|--|---|--|--|--|---------------------------|----------------|--------|-------------|-----------|--|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | | |
| Street Address <u>661 POMONIA AVE</u> | | City, State, Zip Code <u>HADDONFIELD N.J 08033</u> | | | | | | | | |
| Name of Contact <u>TOM</u> | | Telephone Number _____ | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | | |
| Street Address [REDACTED] | | Square Feet <u>1000</u> | | | | | | | | |
| City (5) <u>AVALON</u> | | # of Floors <u>1</u> | Bldg Age <u>50+</u> | | | | | | | |
| County (6) <u>CAPE MAY</u> | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) <u>VACANT</u> | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. _____ | Name of Abatement Contractor (9) <u>KLEMCO INC</u> | | | | | | | |
| Street Address _____ | | Street Address <u>369 S SPRUCE AVE</u> | | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>MAPLE SHADE N.J 08052</u> | | | | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. _____ | Telephone No. <u>856-779-0472</u> | | | | | | | |
| Start Date (10) <u>1-28-17</u> | | Scheduled Completion Date (11) <u>2-4-17</u> | License No. <u>00444</u> | | | | | | | |
| Name of OSHA Monitor <u>N/A</u> | | Street Address _____ | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code _____ | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| <u>SIDING</u> | | | <u>X</u> | <u>TRANSITE</u> | <u>1500 SF</u> | <u>X</u> | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler <u>KLEMCO INC</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste <u>3</u> | Name of Registered Landfill <u>C. M. C. M. U. A</u> | | | | | | |
| City, State <u>MAPLE SHADE N.J</u> | | Disposal Date _____ | City, State <u>WOODBINE</u> | | | | | | | |
| Completed By <u>MICHAEL KLEMM</u> | | Title <u>SUP.</u> | Signature <u>[Signature]</u> | | Date <u>1-18-17</u> | | | | | |

CK3072

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



| | | | |
|---|--|--|------------------|
| Date of Notification (1) 1 / 17 / 17 | | Name of Building Owner/Operator (2) Diocese of Camden | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 631 Market Street | |
| | | City, State, Zip Code Camden, NJ 08102 | |
| | | Name of Contact Pat Williams | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Saint Mary's Cemetery | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 515 West Browning Road | | | |
| City (5) Bellmawr | Square Feet 5,000 | # of Floors 2 | Bldg. Age 100 |
| County (6) Camden | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Maintenance Building | |
| Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC | | Name of Abatement Contractor (9) Shade Environmental, LLC | |
| Street Address 1000 Maplewood Drive, Suite 207 | | Street Address 623 Cutler Avenue | |
| City, State, Zip Code Maple Shade, NJ 08052 | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Project Manager for Monitoring Firm Chris Macri | Telephone No. 856-755-9300 | Telephone No. 856-755-0099 | License No. 00842 |
| Start Date (10) 01 / 30 / 17 | Scheduled Completion Date (11) 01 / 31 / 17 | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 200 Route 130 North | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

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

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

| | | | |
|---|---------------------------------------|----------------------------|---|
| Name of Registered Waste Hauler Freehold Cartage | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 2 | Name of Registered Landfill Cumberland County Landfill |
| City, State Freehold, NJ | Disposal Date 01/31/2017 | City, State Newburg, PA | |
| Completed By (Print or Type) Christina Lynch | Title Vice President of Operations | Signature | Date 1/17/17 |

CK4153

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

RECEIVED
 JAN 23 2017

| | | | |
|---|--|--|------------------|
| Date of Notification (1) <u>1-16-17</u> | | Name of Building Owner/Operator (2) <u>HALLIDAY & LODMARE</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>700 HAVENI AVE</u> | |
| | | City, State, Zip Code <u>OCEAN CITY N.J. 08226</u> | |
| | | Name of Contact <u>SAUE</u> | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) <u>OCEAN CITY</u> | Square Feet <u>1000</u> | # of Floors <u>1</u> | Bldg. Age <u>50+</u> |
| County (6) <u>CAPE MAY</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>VACANT</u> | |

| | | | |
|---|---------------|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | ASCM No. | Name of Abatement Contractor (9) <u>KLEMCO INC.</u> | |
| Street Address | | Street Address <u>369 S. SPRUCE AVE</u> | |
| City, State, Zip Code | | City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u> | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. <u>856-779-0472</u> | License No. <u>00444</u> |

| | | | |
|--|---|------------------------------------|--|
| Start Date (10) <u>1-26-17</u> | Scheduled Completion Date (11) <u>2-2-17</u> | Name of OSHA Monitor <u>N/A</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | |
| | | City, State, Zip Code | |

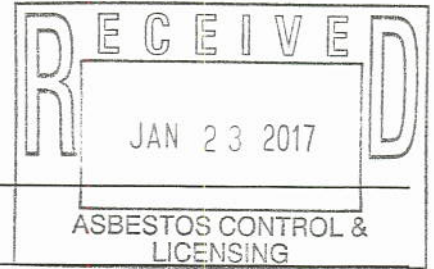
Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|----------|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| <u>SIDING TO BE ABATED</u> | | | <u>X</u> | <u>TRANSITE</u> | <u>1750 SF</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|---|----------------------------------|---|
| Name of Registered Waste Hauler <u>KLEMCO INC.</u> | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste <u>3</u> | Name of Registered Landfill <u>C.M.C.M.U.A</u> |
| City, State <u>MAPLE SHADE N.J.</u> | | Disposal Date | City, State <u>WOODBINE</u> |
| Completed By <u>MICHAEL KLEMM</u> | Title <u>SUP.</u> | Signature <u>[Signature]</u> | Date <u>1-16-17</u> |

CK 38420



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

| | | | |
|---|--|--|------------------------------|
| Date of Notification 0 1 1 8 1 7 | | Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED) | ASBESTOS CONTROL & LICENSING |
| Agencies Notified X USEPA X DEP X DCA/DOL X DOH | Type of Notification Initial X Notification Amended Cancellation | Street Address 7 WEST SEVENTH STREET | |
| | | City, State, Zip Code CINCINNATI, OHIO 45202 | |
| | | Name of Contact Joe Anello | Telephone Number |

FACILITY INFORMATION

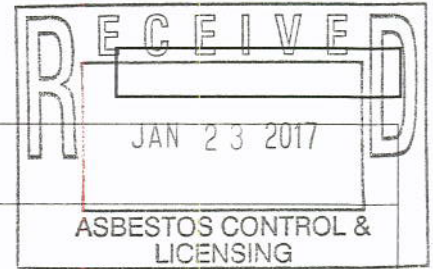
| | | | | | |
|---|-----------------|--|--|---|---------------------|
| Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER Mall Backstage | | | Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.) | | |
| Street Address ROUTE 1 | | | SF of Bldg. 1 MILLION +SF | # Floor 3 | Age of Bldg. 50+ |
| City WOODBRIDGE | County UNION | County Code State use Only | Current Use (prior if being demolished) | | |
| Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES | | ASCM No. | Name of Abatement Contractor ACM CONSULTING CORP. | | |
| Street Address 515 GROVE STREET SUITE 1B | | | Street Address 2150 STANLEY TERRACE | | |
| City, State, Zip Code HADDEN HEIGHTS, NJ 08035 | | | City, State, Zip Code UNION, NJ 07083 | | |
| Project Manager for Monitoring Firm TO BE DETERMINED | | Telephone No. TO BE DETERMINED | Telephone Number 908-687-1008 | License Number 00575 | |
| Scheduled Start Date 1 16 2017 | | Scheduled Completion Date 2 16 2017 | | Name of OSHA Monitor EMSL ANALYTICAL | |
| Month Day Year | | Month Day Year | | Street Address 307 WEST 38TH STREET | |
| Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:00PM TO 6:30AM Other - Describe: _____ | | | City, State, Zip Code NEW YORK, NY 10118 | | |

| | |
|--|--|
| Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation | Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Friable Procedure |
|--|--|

| Location of ACM Facility | Is Location Normally Used by Custodial Staff | | | Description of ACM to be Removed | Amount to be Removed (Specify SF/LF) | Abatement Type | | |
|-------------------------------------|--|----|-----|----------------------------------|--------------------------------------|----------------|------|------|
| | Yes | NO | N/A | | | Rem. | Rep. | Enc. |
| 3RD FL - OUTSIDE FITTING ROOM AREA | | | | VAT & MASTIC | 70SF | X | | |
| 3RD FL - CHECKOUT AREA BY ESCALATOR | | | | VAT & MASTIC | 1660SF | X | | |
| 3RD FL - NEAR ESCALATOR | | | | VAT & MASTIC | 300SF | X | | |
| 3RD FL - OFFICE CORRIDOR | | | | VAT & MASTIC | 400SF | X | | |

| | | | |
|--|------------------------------|--|---|
| Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC. | NJDEP Waste ID No. SW1896 | Cubic Yds waste TBD | Name of Registered Landfill MINERVA ENTERPRISES, INC |
| City, State BRONX, NY | Disposal Date TBD | City, State of Registered Landfill WAYNESBURG, OHIO | |
| Completed By (Print or Type) ANITA SMOLAR | Title GENERAL MANAGER | Signature <i>Anita Smolar</i> | Date 1/18/17 |

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



Check#2698

| | | | |
|---|--|--|------------------|
| Date of Notification (1) 01 / 18 / 17 | | Name of Building Owner/Operator (2) Anna Bradshaw | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code Madison, NJ 07940 | |
| | | Name of Contact Anna Bradshaw | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Madison, NJ 07940 | | Square Feet | # of Floors |
| County (6) Morris | | Bldg. Age | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |

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

| | | | |
|---------------------------------|--|---|--|
| Start Date (10) 01 / 28 / 17 | Scheduled Completion Date (11) 01 / 29 / 17 | Name of OSHA Monitor Envirovision Consultants, Inc | |
|---------------------------------|--|---|--|

| | | | |
|--|--|---|--|
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 20-21 Wagaraw Road, Bldg. # 35E | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | |

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

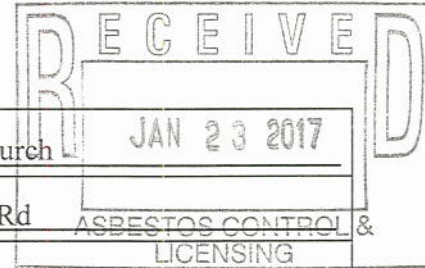
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 115 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second floor-closet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 10 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|----------------|--------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler Gr Tech LLC | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc | |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | | City, State Tullytown, PA | |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | | Date 01/18/17 | |

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

C12#25371

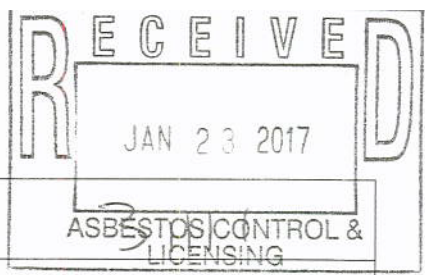
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



| | | | | | | | | | | |
|--|--|--|-------------------------------------|--|---------------------------|-------------------------------------|--------|-------------|-----------|--|
| Date of Notification (1) <u>12/16/16</u> | | Name of Building Owner/Operator (2) <u>St Bernard's Church</u> | | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>88 Claremont Rd</u> | | | | | | | | |
| | | City, State, Zip Code <u>Bernardsville, NJ 07924</u> | | | | | | | | |
| | | Name of Contact <u>Stephen Galpin</u> | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Parish House</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | | |
| Street Address <u>88 Claremont Rd.</u> | | Square Feet <u>4500</u> | # of Floors <u>3</u> | | | | | | | |
| City (5) <u>Bernardsville, NJ</u> | | Bldg. Age <u>100+/-</u> | | | | | | | | |
| County (6) <u>Somerset</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | ASCM No. | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | | | | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | | | | | | | | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | | | |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> | | | | | | | |
| Start Date (10) <u>12/17/16</u> | Scheduled Completion Date (11) <u>12/18/16</u> | Name of OSHA Monitor <u>MECS</u> | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address <u>PO Box 341</u> | | | | | | | | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure | |
| <u>Crawl space</u> | <input checked="" type="checkbox"/> | | | <u>Thermal Pipe Insulation</u> | <u>60 lf</u> | <input checked="" type="checkbox"/> | | | | |
| | | | | <u>Pipe Debris</u> | <u>20 lf</u> | <input checked="" type="checkbox"/> | | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> | Name of Registered Landfill <u>GROWS Landfill</u> | | | | | | |
| City, State <u>Allentown, NJ</u> | | | Disposal Date <u>12/19/16</u> | City, State <u>Morrisville, PA</u> | | | | | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | | | Date <u>12/16/16</u> | | | | | |

CK 31111

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



| | | | |
|--|--|---|------------------|
| Date of Notification (1) <u>01</u> / <u>18</u> / <u>17</u> | | Name of Building Owner/Operator (2) Xtreme Building Makeovers | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 28 Arlene Drive | |
| | | City, State, Zip Code West Long Branch, NJ 07764 | |
| | | Name of Contact Ken Eagle | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | | |
| City (5) Belmar | Square Feet 1700 | # of Floors sf | Bldg. Age 65 |
| County (6) Monmouth | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | ASCM No. | |
| Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code Toms River, New Jersey 08755 | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Project Manager for Monitoring Firm Nicholas Fernicola | Telephone No. 732-349-9932 | Telephone No. 732-349-9932 | License No. 00624 |
| Start Date (10) <u>01</u> / <u>19</u> / <u>17</u> | Scheduled Completion Date (11) <u>01</u> / <u>23</u> / <u>17</u> | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | |

Scope of Work (Check all that apply)

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

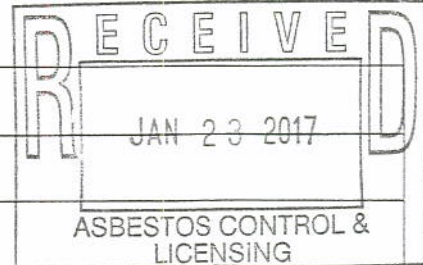
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos containing stucco | 1200 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|---------------------------------|---|----------------------------------|--|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 5 | Name of Registered Landfill T.R.R.F. | |
| City, State Toms River, New Jersey | | Disposal Date 1/24/17 | | City, State Tullytown, Pennsylvania | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | | Date 1/18/17 | |

NOCK

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

"OPEN NOTIFICATION"



| | | | |
|--|--|---|------------------------------|
| Date of Notification (1) 1/17/2017 | | Name of Building Owner/Operator (2) PSE&G | |
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTROL & LICENSING |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 | |
| | | Name of Contact | Telephone Number |
| | | JOHN D'ANGELO | |

| | | | |
|--|--|--|-------------|
| Name of Facility Where Abatement is Taking Place (3) PSE&G | | Type of Facility (4) | |
| Street Address 155 RAYMOND BLVD | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) NEWARK | | Square Feet | # of Floors |
| County (6) ESSEX | | Bldg. Age | |
| County Code (7) ESSEX | | Current Use (Prior if being demolished) | |

| | | | |
|---|--------------------------------------|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | ASCM No. 0045 | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA | |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | |
| City, State, Zip Code MATAWAN, NJ 07747 | | City, State, Zip Code SOUTH RIVER, NJ 08882 | |
| Project Manager for Monitoring Firm TOM GEIGER | Telephone No. 732-290-2217 | Telephone No. 732-432-8350 | License No. 01111 |

| | | | |
|--|--|--|--|
| Start Date (10) 12/27/16 | Scheduled Completion Date (11) 1/17/2017 | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 396 WHITEHEAD AVE. | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary operators only | | City, State, Zip Code SOUTH RIVER, NJ 08882 | |

Scope of Work (Check All That Apply)

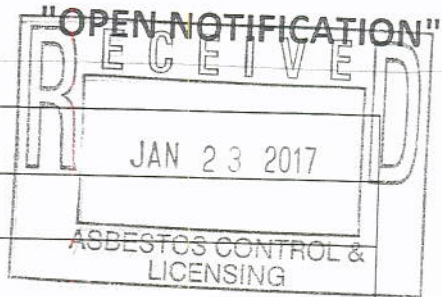
| | | |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> WRAP & CUT |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative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

| Location of Asbestos-Containing Material (ACM) In Facility (13) | 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 |
| OUTSIDE VAULTS | | <input checked="" type="checkbox"/> | | WIRE SOCK | 252 LF | <input checked="" type="checkbox"/> | | | |
| OLD 26KV Dog House | | <input checked="" type="checkbox"/> | | ACM CAULKING ROOFING MATERIALS | 120 LF 200 SF | <input checked="" type="checkbox"/> | | | |
| 26KV House-CONTROL ROOM | | <input checked="" type="checkbox"/> | | ACM FLOOR COVERING | 2490 SF | <input checked="" type="checkbox"/> | | | |
| " " " " | | <input checked="" type="checkbox"/> | | TRANSITE FLOOR PANELS | 580 SF | <input checked="" type="checkbox"/> | | | |

| | | | |
|--|--|--|---|
| Name of Registered Waste Hauler WASTE MANAGEMENT | NJDEP Waste Hauler ID No. 1125 | Cubic Yards of Waste APPR 40 | Name of Registered Landfill GROWS NORTH |
| City, State ELIZABETH, NJ | Disposal Date T.B.D. | City, State MORRISVILLE, PA | |
| Completed by CAROL RAIMO | Title OFFICE MANAGER | Signature <i>Carol Raimo</i> | Date 1/17/17 |

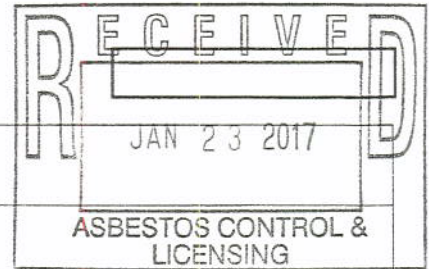
CK # 7736

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



| Date of Notification (1) 1/4/2017 | | Name of Building Owner/Operator (2) PSE&G | | | | | | | |
|--|---|--|--|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 4000 HADLEY ROAD | | | | | | | |
| | | City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 | | | | | | | |
| | | Name of Contact JOHN D'ANGELO | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 155 RAYMOND BLVD | | Square Feet | # of Floors | | | | | | |
| City (5) NEWARK | | Bldg. Age | | | | | | | |
| County (6) ESSEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | | ASCM No. 0045 | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA | | | | | | |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | Telephone No. 732-290-2217 | Telephone No. 732-432-8350 | License No. 01111 | | | | | | |
| Start Date (10) 12/27/16 | Scheduled Completion Date (11) 6/30/2017 | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary operators only | | Street Address 396 WHITEHEAD AVE. | | | | | | | |
| | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> WRAP & CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) In Facility (13) | 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 |
| OUTSIDE VAULTS | | <input checked="" type="checkbox"/> | | WIRE SOCK | 252 LF | <input checked="" type="checkbox"/> | | | |
| OLD 26KV Dog House | | <input checked="" type="checkbox"/> | | ACM CAULKING | 120 LF | <input checked="" type="checkbox"/> | | | |
| 26KV House - CONTROL ROOM | | <input checked="" type="checkbox"/> | | ROOFING MATERIALS | 200 SF | <input checked="" type="checkbox"/> | | | |
| " " " " | | <input checked="" type="checkbox"/> | | ACM FLOOR COVERING | 2490 SF | <input checked="" type="checkbox"/> | | | |
| " " " " | | <input checked="" type="checkbox"/> | | TRANSITE FLOOR PANELS | 580 SF | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. 1125 | Cubic Yards of Waste APPX 40 | Name of Registered Landfill GROWS NORTH | | | | | |
| City, State ELIZABETH, NJ | | Disposal Date TBD | | City, State MORRISVILLE, PA | | | | | |
| Completed by CAROL RAIMO | | Title OFFICE MANAGER | Signature <i>Carol Raimo</i> | | | Date 1/4/17 | | | |

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



Check#2697

| | | | |
|---|--|---|---------------------------------|
| Date of Notification (1) 01 / 16 / 17 | | Name of Building Owner/Operator (2) Alison Mount | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] |
| | City, State, Zip Code Basking Ridge, NJ 07920 | | Name of Contact Alison Mount |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | |
|---|----------------------------------|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Private house | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet | # of Floors |
| City (5) Basking Ridge, NJ 07920 | | Bldg. Age | |
| County (6) Somerset | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

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

| | | | |
|---|--|---|--|
| Start Date (10) 01 / 25 / 17 | Scheduled Completion Date (11) 01 / 26 / 17 | Name of OSHA Monitor Envirovision Consultants, Inc | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 20-21 Wagaraw Road, Bldg. # 35E | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | |

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

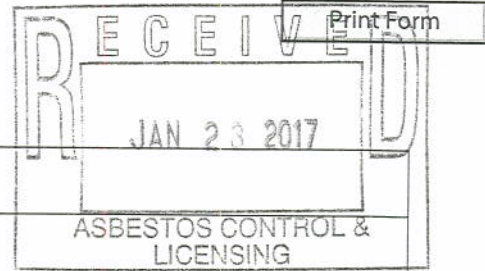
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Crawl space | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 150 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------------------|-------------------------------|---|
| Name of Registered Waste Hauler Gr Tech LLC | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc |
| City, State Wayne, NJ 07470 | | Disposal Date TBD | City, State Tullytown, PA |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | Date 01/16/17 |

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

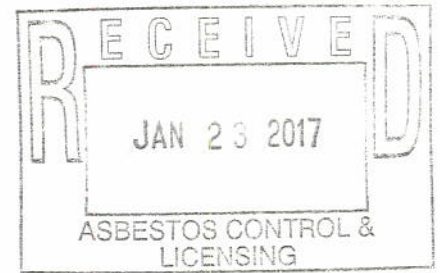
CK83641

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



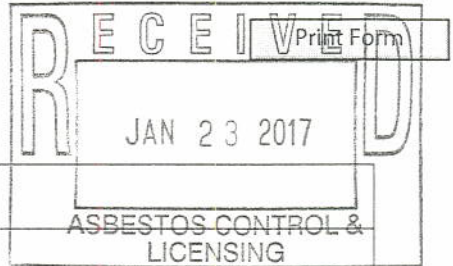
| | | | | | | | | | |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 01/13/2017 | | Name of Building Owner/Operator (2) Honey well International | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 115 Tabor Road | | | | | | | |
| | | City, State, Zip Code Morris Plains, NJ 07950 | | | | | | | |
| | | Name of Contact Glen Stock | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Administration Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 101 Columbia Road | | Square Feet 228,357 | # of Floors 4 | | | | | | |
| City (5) Morris Township | | Bldg. Age 56 | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Vacant/Administration | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Assessment Resources & Technology (ART) | | ASCM No. N/A | Name of Abatement Contractor (9) PAL Environmental Services | | | | | | |
| Street Address 111 John Street Suite 538 | | Street Address 11-02 Queens Plaza South | | | | | | | |
| City, State, Zip Code New York, NY 10038 | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Project Manager for Monitoring Firm Paul Ottens | | Telephone No. 212-785-0266 | Telephone No. 718-349-0900 | | | | | | |
| | | | License No. 28675 | | | | | | |
| Start Date (10) 1/30/17 | Scheduled Completion Date (11) 2/28/17 | Name of OSHA Monitor Martin McRea | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 714 Kennedy Blvd. | | | | | | | |
| | | City, State, Zip Code Bayonne, NJ 07002 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| | | | | Please see attached quantity list | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste 80 Yards | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY 11967 | | | Disposal Date | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Aric Domozick | | Title VP | Signature | | | Date 01/13/17 | | | |

| M1 Administration Bldg | | | Quantities | |
|------------------------|------------|--------------------------|--------------|------------|
| Floor | Location | ACM | SF | LF |
| G-3 | Throughout | Pipe Insulation/Fittings | | 908 |
| G-3 | Throughout | VAT & Mastic | 10,280 | |
| G | Throughout | Boiler/Tank Insulation | 1463 | |
| G | Throughout | Breeching | 1678 | |
| Totals | | | 13421 | 908 |



CK5245

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



| | | | |
|--|---|--|------------------|
| Date of Notification (1) 1/16/17 | | Name of Building Owner/Operator (2) Jeff Melcer | |
| Agencies Notified | Type Notification | Street Address | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | [REDACTED] | |
| | | City, State, Zip Code Lakewood, NJ 08701 | |
| | | Name of Contact Jeff | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] Lakewood, NJ | | Type of Facility (4) | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Lakewood | Square Feet | # of Floors | Bldg. Age |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) home | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS |
| Street Address | | Street Address 6 WHITE DOVE COURT | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 |
| Start Date (10) 1/26/17 | Scheduled Completion Date (11) 1/30/17 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code LAKEWOOD, NJ 08701 | |

Scope of Work (Check All That Apply)

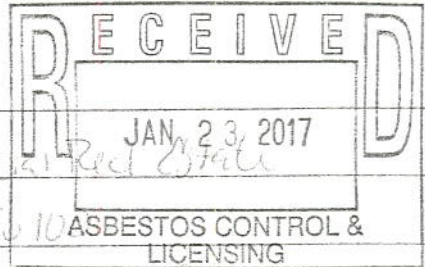
| | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | | | | Popcorn ceiling | 1200SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|----------------------------|-------------------------------------|------|
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 10 | Name of Registered Landfill IESI | |
| City, State NEWARK, NJ | | Disposal Date 1/30/17 | | City, State BETHLEHEM PA | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | Date |

CK# 3083

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



| | | | |
|---|---|--|--|
| Date of Notification (1) 1/18/17 | | Name of Building Owner/Operator (2) Interstate Commercial Real Estate | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 14000 Horizon Way S 10 |
| | City, State, Zip Code Mt. Laurel, New Jersey 08059 | | Telephone Number 08059 |
| Name of Contact Laurie DeB | | | |

FACILITY INFORMATION

| | | | |
|---|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) Interstate Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 300 Rt 73 | | Square Feet 5000 | # of Floors 1 |
| City (5) Berlin | | Blg. Age 50+ | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacated Building | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Ace Insulation Co., Inc |
| Street Address | | Street Address 95 Montrose Rd | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, New Jersey | |
| Project Manager for Monitoring Firm | | Telephone No. 732 294 1757 | License No. 00029 |
| Start Date (10) 1/27/17 | Scheduled Completion Date (11) 2/3/17 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: Jan 7pm | | Street Address | |
| | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

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

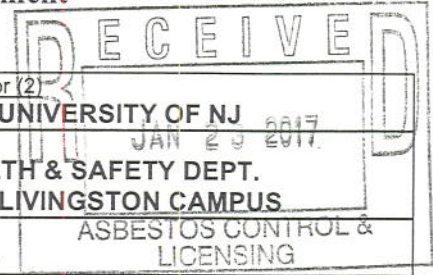
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 17 floor | | | X | floor tile | 4,500 SF | X | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|---------------------------|--|
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 6 | Name of Registered Landfill Chriss Landfill |
| City, State Colts Neck, New Jersey | | Disposal Date | City, State Easton, PA |
| Completed by Bree McGuire | Title Secretary Treasurer | Signature Bree McGuire | Date 1/18/17 |

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 2987

GAC Project # 060-17



| | | | |
|---|---|--|--|
| <u>Date of Notification (1)</u> January 17, 2017 | | <u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ | |
| <u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | <u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | <u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | |
| | | <u>City, State, Zip Code</u> PISCATAWAY, NJ 08854 | |
| | | <u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY | <u>Telephone Number</u> |
| FACILITY INFORMATION | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> LIPMAN HALL, BLDG# 6025 | | <u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| <u>Street Address</u> COOK CAMPUS | | <u>Sq. Feet: N/A</u> <u># of Floors: 4</u> <u>Bldg. Age: 80+ years</u> | |
| <u>City (5)</u> NEW BRUNSWICK | <u>County (6)</u> MIDDLESEX | <u>County Code (7)</u> (State Use Only) | |
| | | <u>Current Use (prior if being demolished):</u> ACADEMIC | |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC | | <u>ASCM No.</u> 0098 | <u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC. |
| <u>Street Address</u> 3 TERRI LANE | | <u>Street Address</u> 268 MAIN STREET | |
| <u>City, State, Zip Code</u> BURLINGTON, NJ 08016 | | <u>City, State, Zip Code</u> BUTLER, NJ 07405 | |
| <u>Project Manager for Monitoring Firm</u> BRIAN KEARNY | <u>Telephone Number</u> 609-386-8800 | <u>Telephone Number</u> 973-492-0477 | <u>License Number</u> 00840 |
| <u>Scheduled Start Date (10)</u> 01/27/17 | <u>Scheduled Completion Date (11)</u> 1/30/17 | <u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC. | |
| <u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) | | <u>Street Address</u> 20-21 WARGARAW ROAD | |
| | | <u>City, State, Zip Code</u> FAIRLAWN, NJ | |
| <u>Scope of Work (Check all that apply)</u> | | | |
| <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Rooms 309,328,331 | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/> | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT | <u>Amount (Specify SF or LF)</u> 1200 SF |
| | | <u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/> | |
| <u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2 | <u>NJDEP Waste Hauler ID #</u> See Below | <u>Cubic Yards of Waste:</u> 15 CY | <u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill |
| <u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561 | | <u>Disposal Date</u> 1/27/2017 | <u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| <u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509 | | | |
| <u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO | <u>Title</u> SENIOR PROJECT MANAGER | <u>Signature</u> <i>Raymond C. Pedalino</i> | <u>Date</u> January 17, 2017 |

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

| | | | |
|---|---|--|------------------|
| Date of Notification (1) 1-13-17 | | Name of Building Owner/Operator (2) ANNIE KABO | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code MARGATE NJ 08402 | |
| | | Name of Contact ANNIE KABO | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|-------------------------------------|---|------------------------|
| Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1600 | |
| City (5) MARGATE | | # of Floors 3 | Bldg. Age NA |
| County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENTIAL | |

| | | | | |
|--|--|--|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSP. | | ASCM No. | Name of Abatement Contractor (9) FRYMAR CONSTRUCTION INC. | |
| Street Address PO BOX 11645 | | Street Address PO BOX 11587 | | |
| City, State, Zip Code PHILA PA 19116 | | City, State, Zip Code PHILA PA 19116 | | |
| Project Manager for Monitoring Firm JASON | | Telephone No. 267-784-4693 | Telephone No. 267-784-4694 | License No. 01276 |

| | | | | |
|--|--|--|--|--|
| Start Date (10) 1-31-17 | Scheduled Completion Date (11) 1-31-17 | Name of OSHA Monitor EFRAIM DUA | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 279 HENDRIX PL. | | |
| | | City, State, Zip Code PHILA PA 19116 | | |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) In Facility (13) | 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 | |
| CRAWLSPACE | | <input checked="" type="checkbox"/> | | PIPE WRAP | 20 LF | <input checked="" type="checkbox"/> | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | | | | | |
|---|------------------------|---|-------------------------------------|---|--|
| Name of Registered Waste Hauler FRYMAR CONSTRUCTION | | NJDEP Waste Hauler ID No. 0036759 | Cubic Yards of Waste 1 | Name of Registered Landfill GROWS | |
| City, State PHILA PA | | Disposal Date 1-31-17 | City, State TULLEYTOWN PA | | |
| Completed by EFRAIM DUA | Title ✓ PRES | Signature <i>Efraim DUA</i> | Date 1-13-17 | | |

NOCK

1-17-17

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

RECEIVED
JAN 23 2017
ASBESTOS CONTROL & LICENSING

| Date of Notification (1) 11-8-14 | | Name of Building Owner/Operator (2) Cooper River Associates | | | | | | | |
|---|---|---|--|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 6991 N Park Drive | | | | | | | |
| | | City, State, Zip Code Pennsauken, NJ 08109 | | | | | | | |
| | | Name of Contact Bill Pounds | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) COOPER RIVER EAST | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 6991 N Park Dr | | Square Feet 46000 | # of Floors 4 | | | | | | |
| City (5) Pennsauken | | Bldg. Age 60 yrs | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Finog Inc | | ASCM No. | Name of Abatement Contractor (9) AWI Joe Abatement Demolition LLC | | | | | | |
| Street Address | | Street Address 1212 Burlington Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Delanco NJ 08015 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 609-346-0914 | License No. 01070 | | | | | | |
| Start Date (10) 11-18-16 | Scheduled Completion Date (11) 1/31/17 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>under repair</u> | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| 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 st Floors | | | ✓ | ACM Floor tile | 7500SF | ✓ | | | |
| 2 nd Floors | | | ✓ | ACM Floor tile | 7500SF | ✓ | | | |
| 3 rd Floors | | | ✓ | ACM Floor tile | 7500SF | ✓ | | | |
| 4 th Floors | | | ✓ | ACM Floor tile | 7500SF | ✓ | | | |
| Name of Registered Waste Hauler AWI JOE LLC | | NJDEP Waste Hauler ID No. 20547 | Cubic Yards of Waste 2504 | Name of Registered Landfill WM of PA | | | | | |
| City, State Delanco NJ | | Disposal Date TBD | City, State Tullytown PA | | | | | | |
| Completed by Joseph T Hill | | Title V. President | Signature | Date 11-8-16 | | Date 1-17-17 | | | |

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

CK 50134

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



| | | | |
|--|---|---|------------------|
| Date of Notification (1) 1/19/17 | | Name of Building Owner/Operator (2) Sean Clancy Private Home | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code Beach Haven NJ 08008 | |
| | | Name of Contact Jeff | Telephone Number |

FACILITY INFORMATION

| | | | | |
|--|---------------------|---|--|------------------|
| Name of Facility Where Abatement is Taking Place (3) Sean Clancy Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | Square Feet 1000+ | # of Floors 1 | Bldg. Age 35+ |
| City (5) Beach Haven NJ 08008 | County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | |

| | | | | |
|--|---------------|--|----------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | |
| Street Address | | Street Address PO Box 329 | | |
| City, State, Zip Code | | City, State, Zip Code West Berlin NJ 08091 | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 856-753-9800 | License No. 00727 | |

| | | | | |
|--|--|------------------------------|--|--|
| Start Date (10) 1/30/17 | Scheduled Completion Date (11) 2/3/17 | Name of OSHA Monitor Same | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | |
| | | City, State, Zip Code | | |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) <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 |
| Trough out | | | x | floor Tile | 600 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|------------------------------------|---------------------------|---|--|--|
| Name of Registered Waste Hauler United Roll Off | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | |
| City, State Elm NJ | | Disposal Date 2/3/17 | City, State Morrisville PA 19067 | | |
| Completed by Anthony T Perna | Title President | Signature | Date 1/19/16 | | |