

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

Check # 12760

**RECEIVED**

JUL - 5 2017

ASBESTOS CONTROL & LICENSING

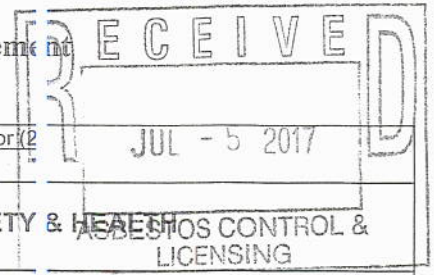
GAC Project # 605-2017

Date of Notification (1) <b>June 26, 2017</b>			Name of Building Owner/Operator (2) <b>KEAN UNIVERSITY</b>		
Agencies Notified  <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		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 - additional material and quantity <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL SAFETY &amp; HEALTH 1000 MORRIS AVENUE</b> City, State, Zip Code <b>UNION, NJ 07083</b> Name of Contact <b>MS. SUZANNE KUPIEC DIRECTOR OF ENVIRONMENTAL HEALTH &amp; SAFETY</b> Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>WILKINS THEATRE</b>			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.) Sq. Feet: <b>N/A</b> # of Floors: <b>Bldg. Age: 40+ years</b>		
Street Address <b>MAIN CAMPUS - 1000 MORRIS AVENUE</b>			Current Use (prior if being demolished): <b>ACADEMIC</b>		
City (5) <b>UNION</b>	County (6) <b>UNION</b>	County Code (7) (State Use Only)	Name of Monitoring Firm Hired by Bldg. Owner (8) <b>HILLMAN CONSULTING</b>		
Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>			Street Address <b>268 MAIN STREET</b>		
Street Address <b>1600 Route 22 East - Suite #107</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
City, State, Zip Code <b>UNION, NJ 07083</b>			Telephone Number <b>973-492-0477</b>		
Project Manager for Monitoring Firm <b>MR. CRAIG ABRAMS</b>		Telephone Number <b>908-688-7800</b>	License Number <b>00840</b>		
Scheduled Start Date (10) <b>06/26/2017</b>		Scheduled Completion Date (11) <b>07/10/2017</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>7:00 AM - 7:00 PM (24 HRS. &amp; WEEKENDS AS NEEDED)</b>			Street Address <b>20-21 WARGARAW ROAD</b>		
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOMS 141 &amp; 143</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>FLOOR TILE (including mastic)</b>	Amount (Specify SF or LF) <b>2514 SF</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
<b>ROOMS 141 &amp; 143</b>		<input checked="" type="checkbox"/>	<b>TRANSITE</b>	<b>670 SF</b>	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>40 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509				Disposal Date <b>07/10/2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>June 26, 2017</b>

Copies To: KEAN, Attn: Susan Kupiec & Hillman, Attn: Craig Abrams



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



GAC Project # 605-2017

Date of Notification (1) <b>June 16, 2017</b>			Name of Building Owner/Operator (2) <b>KEAN UNIVERSITY</b>		
Agencies Notified  <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		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification attached) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL SAFETY &amp; HEALTH</b> <b>1000 MORRIS AVENUE</b>	
				City, State, Zip Code <b>UNION, NJ 07083</b>	
		Name of Contact <b>MS. SUZANNE KUPIEC</b> <b>DIRECTOR OF ENVIRONMENTAL HEALTH &amp; SAFETY</b>		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>WILKINS THEATRE</b>			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 <b>MAIN CAMPUS - 1000 MORRIS AVENUE</b>			Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>40+ years</b>		
City (5) <b>UNION</b>	County (6) <b>UNION</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>HILLMAN CONSULTING</b>			Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>1600 Route 22 East - Suite #107</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>UNION, NJ 07083</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>MR. CRAIG ABRAMS</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>06/26/2017</b>		Scheduled Completion Date (11) <b>07/10/2017</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>7:00 AM - 7:00 PM (24 HRS. &amp; WEEKENDS AS NEEDED)</b>			Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 If <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOMS 141 &amp; 143</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NO	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>FLOOR TILE (including mastic)</b>	Amount (Specify SF or LF) <b>2514 SF</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>30 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			Disposal Date <b>07/10/2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>June 16, 2017</b>

Copies To: KEAN, Attn: Susan Kupiec & Hillman, Attn: Craig Abrams



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

GAC Project # 608-2017

Date of Notification (1) <b>June 26, 2017</b>		Name of Building Owner/Operator (2) <b>BLAIR ACADEMY</b>	
Agencies Notified  <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	Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification #1 Consultant address change <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>2 PARK PLACE - P.O. BOX 0600</b> City, State, Zip Code <b>BLAIRSTOWN, NJ 07825-6100</b> Name of Contact <b>MR. DAVID SCHMIDT</b>
	Telephone Number  		
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>BLAIR ACADEMY - MAIN CAMPUS</b>		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.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>WEBER HALL</b>		Current Use (prior if being demolished): <b>MUNICIPAL OFFICES</b>	
City (5) <b>BLAIRSTOWN</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		ASCM No. <b>00079</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>20-21 WARGARAW ROAD</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>FAIRLAWN, NJ</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>FRED LARSON</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/27/2017</b>	Scheduled Completion Date (11) <b>06/28/2017</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <b>NOT SUB 8 - SHIFT HOURS 4:00 PM - 2:30 AM (24 hours as needed)</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT (including mastic)</b>	Amount (Specify SF or LF) <b>12 SF</b>
Mechanical Equipment Room & Adjacent Hallway	<input checked="" type="checkbox"/>		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b>	NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Notes: <b>None</b>		Disposal Date <b>06/28/2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>June 26, 2017</b>

Copies To: BLAIR ACADEMY Attn: Mr. Dave Schmidt and EnviroVision Inc., Attn: Fred Larson



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

GAC Project # 608-2017

Date of Notification (1)

June 26, 2017

## Agencies Notified

- ☐ EPA  
☐ DCA  
☒ DOL  
☒ DEP - No Longer REQUIRED  
☒ DOH

## Notification Type

- ☐ Initial Notification  
☐ Amended Certification #1  
 Consultant address change  
☒ Emergency (including justification)  
☐ Cancelled

Name of Building Owner/Operator (2)

BLAIR ACADEMY

Street Address

2 PARK PLACE - P.O. BOX 0600

City, State, Zip Code

BLAIRSTOWN, NJ 07825-9000

Name of Contact

MR. DAVID SCHMIDT

Telephone Number

ASBESTOS CONTROL &amp; LICENSING

JUL 27 2017

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

BLAIR ACADEMY - MAIN CAMPUS

Street Address

WEBER HALL

City (5)

BLAIRSTOWN

County (6)

MORRIS

County Code (7)

(State Use Only)

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

ENVIROVISION, INC.

ASCM No.

00079

Street Address

20-21 WARGARAW ROAD

City, State, Zip Code

FAIRLAWN, NJ

Project Manager for Monitoring Firm

FRED LARSON

Telephone Number

973-636-9145

Scheduled Start Date (10)

06/27/2017

Scheduled Completion Date (11)

08/28/2017

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement☒ Abatement Performed Outside of Normal Facility Hours - Describe☒ Facility Unoccupied During Entire Period of Abatement

NOT SUB 8 - SHIFT HOURS 4:00 PM - 2:30 AM (24 hours as needed)

Source 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) in Facility (13)

Is Location Normally Used Solely by Maint./Custodial Staff? (12)

YES NO NA

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

12 SF

Abatement Type

Remediate, Repair, Enclose, Enclose

Mechanical Equipment Room &amp; Adjacent Hallway

Name of Reg. Waste Hauler

Newark Carting, Inc.

Newark, NJ 04509

NJDEP Waste Hauler ID #

NJ DEP # 4509

Cubic Yards of Waste: 5 CY

Name of Reg. Landfill

G.R.O.W.S. North Landfill

Notes: None

Disposal Date

08/28/2017

City, State

100 New Ford Mill Rd.

Northville, Pa 18067

15-735-1700

Completed by (Print or Type)

RAYMOND C. PEDALINO

Title

SENIOR PROJECT

MANAGER

Signature

Raymond C. Pedalino

Date

June 26, 2017

Copies To: BLAIR ACADEMY Attn: Mr. Dave Schmidt and EnviroVision Inc., Attn: Fred Larson



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

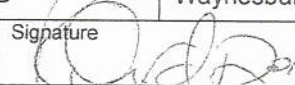
U.S. MAIL  
 4048

Date of Notification (1) 6/27/17		Name of Building Owner/Operator (2) MR PATRICK KE		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 5 2017  ASBESTOS CONTROL &amp; </div>	
Agencies Notified	Type Notification	Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELIZABETH N.J. 07201 Name of Contact MR KELLANER			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)	
City (5) ELIZABETH N.J. 07201				Square Feet 3000	# of Floors 2
County (6) UNION				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				NGVATECH INC	
City, State, Zip Code				P.O. Box 814	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. License No.	
				732 282-7500 / 00806	
Start Date (10) 6/27/17		Scheduled Completion Date (11) 7/30/17		Name of OSHA Monitor	
				NGVATECH INC	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				P.O. Box 814	
				City, State, Zip Code	
				OLD Bridge N.J. 08857	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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"/> Grab Bag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
EXTERIOR			X	SIDING	2900 SF
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	
NGVATECH INC		18501		3	
City, State		Disposal Date		Name of Registered Landfill	
OLD Bridge N.J. 08857		7/31/17		GROWS	
Completed by		Title		Signature	
CARLOS ALMEIDA		PRESIDENT		[Signature]	
				Date	
				6/27/17	



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

CHECK # 239 5/23925/24001/24174/24335

Date of Notification (1) 06-26-17		Name of Building Owner/Operator (2) Unilever		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  JUL - 5 2017 </div>					
Agencies Notified	Type Notification	Street Address 700 Sylvan Avenue							
<input type="checkbox"/> EPA <input 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 # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood Cliffs, NJ							
		Name of Contact Mohnish Joshi							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  700 Sylvan Avenue				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Englewood Cliffs				Square Feet	# of Floors				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) ALC Environmental		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 121 West 27th Street, Suite 402		Street Address 200 Broad Street							
City, State, Zip Code New York, NY 10001		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Shawn Waldron		Telephone No. (212) 675-5544		Telephone No. 201-939-6565	License No. 00756				
Start Date (10) 03-18-17(2)04-04-17		Scheduled Completion Date (11) 07-31-17		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 10-59 Jackson Avenue					
<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 Long Island City, NY 1101					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building D: 2nd Floor			x	Fireproofing	1,000SF	x			
Building D: 1st Floor			x	VAT	125SF	x			
Building D: 1st Floor			x	Pipe Insulation	16LF	x			
Building D: 3rd Floor			x	Fireproofing	11,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager		Signature 		Date 06-26-17			



**Title Of Project: 700 Sylvan Avenue, Englewood Cliffs, NJ  
Additional Materials / Floors**



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Building D: 2nd Floor	N/A	Pipe & Fitting	1,400LF	Removal
Building D: 3rd Floor	N/A	Pipe & Fitting	1,400LF	Removal
Building B: Basement	N/A	Fireproofing	144SF	Removal
Building B: 2nd Floor	N/A	Mastic	1,200SF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	6LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	11LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	10LF	Removal
Building A: Ground Floor	N/A	Debris	100SF	Removal
Building A: 1st Floor	N/A	Pipe Insulation	6LF	Removal
(2) Under Pedestrian Bridge between Bldgs. B&C	N/A	Pipe Insulation	60LF	Removal
(2) Under Pedestrian Bridge between Bldgs. A&B	N/A	Pipe Insulation	65LF	Removal
(3) Building A: 3rd Floor	N/A	Glue Dots	15,000SF	Removal
(5) Building B: 2 Level Cafeteria	N/A	Mastic	8,000SF	Removal



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

B & G proj. #: 2017-73A

\*\*\*NON Friable\*\*

Check # 8462

Date of Notification (1) <u>10/16/19/11/17/</u>		Name of Building Owner/Operator (2) Middletown BOE		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold; margin: 5px auto; width: 100px;">JUL - 5 2017</div> <div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold; margin: 5px auto; width: 100px;">ASBESTOS CONTROL &amp; REMEDIATION</div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address P.O. Box 4170		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Middletown, NJ 07748		
		Name of Contact Ken Walls		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Nutswamp Elementary School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 925 Nutswamp Road			Square Feet   # of Floors   Bldg. Age	
City (5) Middletown, NJ	County (6) Monmouth	County Code (7) (State use only)	Current Use (Prior if being demolished) NON Sub 8	
Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental Analysis		ASCM No. 0090	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 401 St James Avenue		Street Address 105 Ryerson Road		
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jonathan Gilbert		Phone Number 908-454-6316	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 07/10/2017	Sched. Completion Date (11) 07/22/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input 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 L)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
9 Classrooms			<input checked="" type="checkbox"/>	VAT & mastic	736 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 80	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/10/2017-07/24/17	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/29/2017



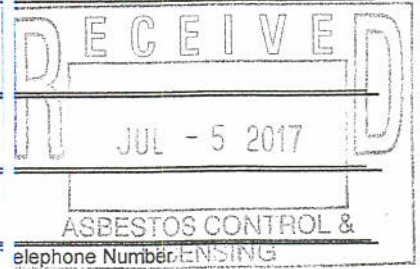
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-73B

\*\*\*NON Friable\*\*

Check # 8463

Date of Notification (1) <u>06/12/17</u>		Name of Building Owner/Operator (2) Middletown BOE	
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 P.O. Box 4170	
		City, State, Zip Code Middletown, NJ 07748	
		Name of Contact Ken Walls	
		Telephone Number	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Fairview Elementary School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 230 Cooper Avenue			Square Feet # of Floors Bldg. Age		
City (5) Red Bank, NJ	County (6) Monmouth	County Code (7) (State use only)	Current Use (Prior if being demolished) NON Sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental Analysis		ASCM No. 0090	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 401 St James Avenue			Street Address 105 Ryerson Road		
City, State, Zip Code Phillipsburg, NJ 08865			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jonathan Gilbert		Phone Number 908-454-6316	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/10/2017		Sched. Completion Date (11) 07/22/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

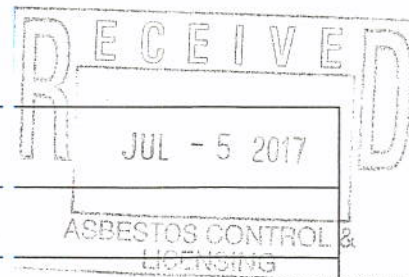
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input 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 L)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
1 CST Room			<input checked="" type="checkbox"/>	VAT & mastic	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/10/2017-07/24/17		City, State Tullytown, PA
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/29/2017



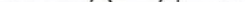
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>06 / 30 / 17</b>		Name of Building Owner/Operator (2) <b>CSH Shrewsbury, LLC</b>							
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 <b>1275 Pennsylvania Avenue</b> City, State, Zip Code <b>Washington, DC 2004</b> Name of Contact <b>William Serafin</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		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 <b>515 Shrewsbury Avenue</b>		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) <b>Shrewsbury</b>		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
County (6) <b>Monmouth</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Name of Monitoring Firm (8) <b>Bio Terra Solutions</b>		Street Address <b>27 Outwater Lane</b>							
Street Address <b>P.O. Box 1224</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
City, State, Zip Code <b>Union, NJ</b>		Telephone No. _____ License No. <b>1188</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-928-4888</b>							
Start Date (10) <b>07 / 12 / 17</b>		Scheduled Completion Date (11) <b>09 / 10 / 17</b>							
Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>		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 <b>27 Outwater Lane</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor- Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	1,565 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor rear addition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black wood panel glue	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor- Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Red stair tread material	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> floor wing- storage roomg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black wood panel glue	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ATC</b>		NJDEP Waste Hauler ID No. <b>SW-24310</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>Shirley, NY</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>6/30/17</b>			




RECEIVED  
JUL - 5 2017  
ASBESTOS CONTROL &  
LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: 	Date: 6/30/7
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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

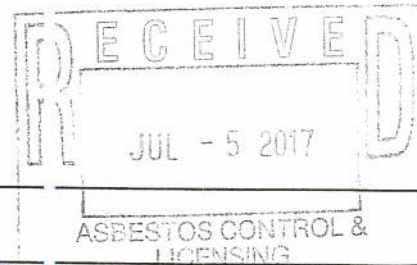
Print Form

Date of Notification (1) 6/30/17		Name of Building Owner/Operator (2) Eva Hakoun						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code West Orange, NJ 07052						
		Name of Contact Eva Hakoun	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential Home		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) West Orange		Square Feet 2000	# of Floors 2					
County (6) Bergen	County Code (7) (STATE USE ONLY)	Bldg. Age 70+/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Current Use (Prior if being demolished) Residential Home						
Street Address		Name of Abatement Contractor (9) All Stages Abatement						
City, State, Zip Code		Street Address 280 N. Midland Ave.						
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663						
Telephone No.		Telephone No. 201-600-3184	License No. 01305					
Start Date (10) 7/5/17	Scheduled Completion Date (11) 7/9/17	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		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 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
Basement		X	VAT	51 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 CU	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA 18072				
Completed by Richard Cristofol		Title President	Signature 		Date 7/5/17			



D&amp;S Proj. #: 17-179

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



Date of Notification (1) 06/12/17		Name of Building Owner/Operator (2) DOLORES MAHON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code UNION, NJ 07083	
Name of Contact DOLORES MAHON		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) DOLORES MAHON			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) UNION	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	
Start Date (10) 07/12/17		Sched. Completion Date (11) 07/28/17	License Number 01169	
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

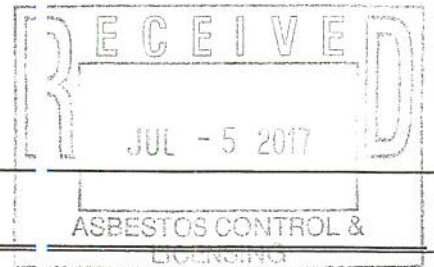
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or L)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	127 FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/13/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/29/2017



D&amp;S Proj. #: 17-178

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



Date of Notification (1) 10/16/12/19/1/17/1		Name of Building Owner/Operator (2) GREGORY HODOWANEC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Newark, NJ 07104	
Name of Contact GREGORY HODOWANEC		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) GREGORY HODOWANEC			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) Newark	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		
Start Date (10) 07/10/17		Sched. Completion Date (11) 07/28/17	License Number 01169		
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)

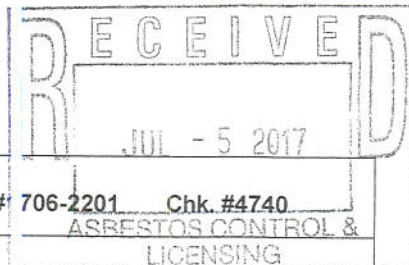
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> 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 L)	Remove	Repair	Encap	Encl	
	Yes	No	N/A							
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	117	FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 07/11/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/29/17



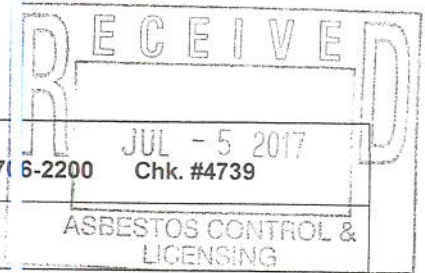
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <div style="text-align: center;">6 / 30 / 17</div>			Name of Building Owner/Operator (2) <b>Caliber Home Loans</b> / Job # <b>706-2201</b> Chk. # <b>4740</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>6031 Connection Drive</b> City, State, Zip Code <b>Irving, TX 75039</b> Name of Contact <b>Chelsea Cooke</b> Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>				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 <b>2255</b>	
City (5) <b>Mount Laurel</b>				# of Floors <b>2</b>	
County (6) <b>Burlington</b>				Bldg. Age <b>1965</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>16 W Elizabeth Ave # 2</b>		Street Address <b>3859 Sylon Boulevard</b>			
City, State, Zip Code <b>Linden, NJ 07036</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone No. <b>(908) 862-4301</b>		Telephone No. <b>609-702-0400</b>	
Start Date (10) <b>7 / 17 / 17</b>		Scheduled Completion Date (11) <b>7 / 28 / 17</b>		License No. <b>00862</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/ _____ PM/ _____ PM/ _____ AM		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>			
Street Address <b>200 U.S. Route 130 North</b>		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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-Fixable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Throughout House Walls/Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall Joint Compound	1001 SF
	<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"/>		
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>	
City, State <b>Lafayette, NJ</b>		Disposal Date <b>7/28/17</b>		Name of Registered Landfill <b>Grand Central</b>	
City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 	
				Date <b>6-30-17</b>	

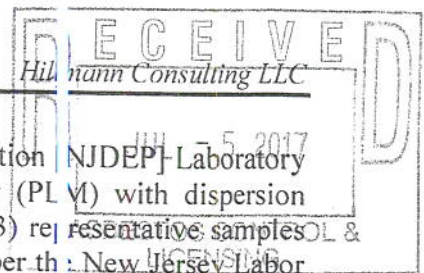
Page 1 of 5

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



Date of Notification (1) <u>6</u> / <u>30</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Somerville Fidelco</b> / Job #1706-2200		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL - 5 2017  Chk. #4739  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>520 ROute 22 / PO Box 6872</b>						
		City, State, Zip Code <b>Bridgewater, NJ 08807</b>						
		Name of Contact <b>Barry Ages, KRE Group</b>		Telephone Number				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Property</b>			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 <b>60 Fourth Street</b>								
City (5) <b>Somerville</b>			Square Feet <b>15,000</b>	# of Floors <b>1</b>	Bldg. Age <b>35</b>			
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>400 Street Road</b>		Street Address <b>3859 Sylon Boulevard</b>						
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>						
Project Manager for Monitoring Firm <b>Mike Panepresso</b>		Telephone No. <b>215-244-1300</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <u>7</u> / <u>17</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>4</u> / <u>17</u>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
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 <b>200 U.S. Route 130 North</b>					
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Negative Pressure ENCLOSURE <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Facile 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
SEE ATTACHED SURVEY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>8/4/17</b>		City, State <b>Penn Argyle, PA</b>				
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>6-30-17</b>		





(Certified Proficient by New Jersey Department of Environmental Protection ID #20037). The method of analysis was polarized light microscopy (PLM) with dispersion staining, as required by the USEPA. Additionally, a total of thirteen (13) representative samples were further analyzed via transmission electron microscopy (TEM), as per the New Jersey Labor and Workforce Division (NJLWD) 12:120-3.2, by the same Hillmann laboratory. ACM is defined by federal regulations as any material or product containing more than one per cent asbestos.

The laboratory was instructed to stop analysis after the first positive result in any homogeneous group of samples. In accordance with USEPA protocol, a positive result indicates that the homogeneous group is considered to be asbestos-containing, and further analysis is not necessary. A total of fifty seven (57) PLM samples were collected but not analyzed due to this method.

The laboratory analysis indicated that the following materials were identified as ACM, as listed in the table below:

Location	Material	Quantity	Removable (Y/N)	Condition
1 <sup>st</sup> Floor, Lab 1	Beige 12"x12" Floor Tile and Mastic	250 SF	N	Good
	Cove Base Mastic	65 LF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
	Sink Undercoating	7 SF	N	Good
	Insulated Pipe Fitting	8	Y	Good
1 <sup>st</sup> Floor, Lab 2	Debris, Brown	1 SF	N	Good
	Putty Sealant (on Light Fixtures)	½ SF (1)	N	Good
	Cove Base Mastic	45 LF	N	Good
	Insulated Pipe Fittings	3	Y	Good
1 <sup>st</sup> Floor, Lab 3	Putty Sealant (on Light Fixtures)	½ SF (2)	N	Good
	Cove Base Mastic	40 LF	N	Good
1 <sup>st</sup> Floor, Lab 4	Tan 9"x9" Floor Tile and Mastic, Patches near Ceramic Wall	1 SF	N	Good
	Cove Base Mastic	95 LF	N	Good
	Insulated Pipe Fittings	37	Y	Good
	Putty Sealant (on Light Fixtures)	1½ SF (8)	N	Good
1 <sup>st</sup> Floor, Lab 5	12"x12" Pink Floor Tile and Mastic, Beige 12"x12" Floor Tile and Mastic	250 SF	N	Good
	Tan 9"x9" Floor Tile and Mastic, beneath Wall Partition	Included	N	Good
	Wallboard and Joint Compound*	715 SF	Y	Good
	Transite Hood	50 SF	N	Good
	Insulated Pipe Fittings	8	Y	Good
	Putty Sealant on Light Fixtures	1 SF (6)	N	Good

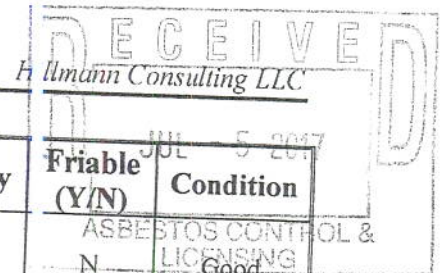
# Page 3 - Somerville JOW

Hillmann Consulting LLC

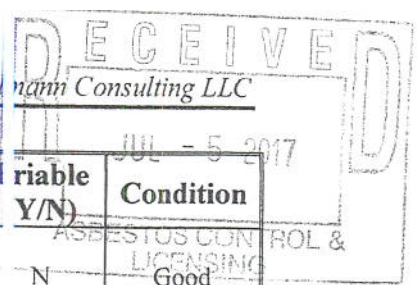
JUL - 5 2017

Location	Material	Quantity	Friable (Y/N)	Condition
1 <sup>st</sup> Floor, Lab 6	Cove Base Mastic	30 SF	Y	Good
	Putty Sealant (on Light Fixtures)	½ SF (1)	N	Good
	Wallboard and Joint Compound*	650 SF	Y	Good
1 <sup>st</sup> Floor, Lab 7	Beige 12"x12" Floor Tile and Underlayment	250 SF	N	Good
	Insulated Pipe Fittings	7	Y	Good
	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
1 <sup>st</sup> Floor, Lab Suite	Pink 12"x12" Floor Tile and Mastic beneath Carpet Mastic*	100 SF	N	Good
	Cove Base Mastic	50 SF	N	Good
	Insulated Pipe Fittings	8	Y	Good
	Putty Sealant (on Light Fixtures)	½ SF (2)	N	Good
	Wallboard and Joint Compound*	275 SF	Y	Good
	Cove Base Mastic	60 SF	N	Good
1 <sup>st</sup> Floor, Corridor from Labs to Storage Area	Insulated Pipe Fittings	2	Y	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
	Carpet Mastic, Pink Mottled 12"x12" Floor Tile and Mastic*	180 SF	N	Good
1 <sup>st</sup> Floor, Application Lab	Wallboard and Joint Compound*	650 SF	Y	Good
	Cove Base Mastic	55 SF	N	Good
	Putty Sealant (on Light Fixtures)	½ SF (2)	N	Good
	Pink 12"x12" Floor Tile and Associated Mastic, Orange 9"x9" Floor Tile and Mastic	310 SF	N	Good
1 <sup>st</sup> Floor, Break Room	Cove Base Mastic	70 SF	N	Good
	Pink 12"x12" Floor Tile and Associated Mastic, Orange 9"x9" Floor Tile and Mastic	130 SF	N	Good
1 <sup>st</sup> Floor, Break Room Storage Rm	Cove Base Mastic	50 SF	N	Good
	Beige Mottled 12"x12" Floor Tile and Mastic	800 SF	N	Good
	Wallboard and Joint Compound*	135 SF	Y	Good
	Cove Base Mastic	215 SF	N	Good
	Putty Sealant (on Light Fixtures)	1½ SF (9)	N	Good
	Insulated Pipe Fittings	66	Y	Good
	Pink 12"x12" Floor Tile and Mastic	380 SF	N	Good
1 <sup>st</sup> Floor, Corridor	Cove Base Mastic	70 SF	N	Good
	Putty Sealant (on Light Fixtures)	1½ SF (8)	N	Good
	Insulated Pipe Fittings	60	Y	Good
	Pipe Insulation	40 LF	Y	Good





Location	Material	Quantity	Friable (Y/N)	Condition
1 <sup>st</sup> Floor, Storage Room #2	Beige 12"x12" Floor Tile and Mastic, Beige 9"x9" Floor Tile and Mastic	340 SF	N	Good
	Cove Base Mastic	105 SF	N	Good
	Putty Sealant (on Light Fixtures)	2 1/2 SF (14)	N	Good
	Insulated Pipe Fittings	21	Y	Good
1 <sup>st</sup> Floor, Storage Room #3	Window Glazing	10 LF	N	Good
	Beige Streaked 9"x9" Floor Tile and Mastic	240 SF	N	Good
	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	2 SF (10)	N	Good
1 <sup>st</sup> Floor, Storage Room #4	Insulated Pipe Fittings	2	Y	Good
	Residual Mastic, Leveling Compound	1,560 SF	N	Good
	Window Glazing	40 LF	N	Good
	Cove Base Mastic	200 SF	N	Good
1 <sup>st</sup> Floor, Storage Room #5	Putty Sealant (on Light Fixtures)	4 1/2 SF (27)	N	Good
	Insulated Pipe Fittings	21	Y	Good
	Cove Base Mastic	15 SF	N	Good
	Putty Sealant (on Light Fixtures)	2 SF (12)	N	Good
1 <sup>st</sup> Floor, Storage Room #6	Insulated Pipe Fittings	7	N	Good
1 <sup>st</sup> Floor, Storage Loft Room	Insulated Pipe Fittings	2	Y	Good
1 <sup>st</sup> Floor, Office Storage Room	Insulated Pipe Fittings	30	Y	Good
	Beige 9"x9" Floor Tile and Mastic	400 SF	N	Good
	Cove Base Mastic	80 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 1/2 SF (7)	N	Good
1 <sup>st</sup> Floor, Office #1	Insulated Pipe Fittings	18	Y	Good
	Gray 12"x12" Floor Tile and Mastic	195 SF	N	Good
	Cove Base Mastic	30 SF	N	Good
	Putty Sealant (on Light Fixtures)	3 SF (17)	N	Good
1 <sup>st</sup> Floor, Office #2	Insulated Pipe Fittings	6	Y	Good
	Carpet Mastic, Pink 12"x12" Floor Tile and Mastic, Beige 12"x12" Floor Tile and Mastic*	290 SF	N	Good
	Cove Base Mastic	65 SF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
	Insulated Pipe Fittings	5	Y	Good
	Wallboard and Joint Compound*	760 SF	Y	Good

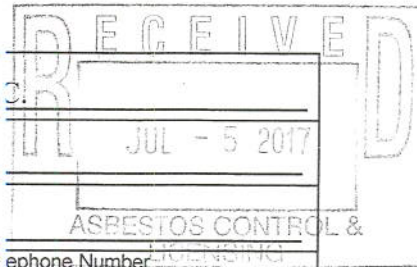


Location	Material	Quantity	Variable Y/N	Condition
1 <sup>st</sup> Floor, Office #3	Carpet Mastic, Pink 12"x12" Floor Tile and Mastic, Leveling Compound*	180 SF	N	Good
	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	½ SF (3)	N	Good
	Wallboard and Joint Compound*	670 SF	Y	Good
1 <sup>st</sup> Floor, Warehouse	Insulated Pipe Fittings	43	Y	Good
1 <sup>st</sup> Floor, Mechanical Room	Duct Sealant	25 LF	N	Good
	Flange Gasket	16 SF (16)	N	Good
	Insulated Pipe Fittings	3	Y	Good
1 <sup>st</sup> Floor, Boiler Room	Exterior Transite Panel	970 SF	N	Good
	Insulated Pipe Fittings	17	Y	Good
	Built-up Roofing*	160 SF	N	Good
	Pitch Pockets	3 SF	N	Good



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

Check # 25536

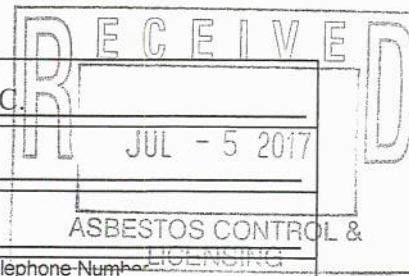


Date of Notification (1) <u>6/30/17</u>		Name of Building Owner/Operator (2) <u>P&amp;L Investors LLC</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>62 Oak Ave.</u> City, State, Zip Code <u>Metuchen, NJ</u>	
		Name of Contact <u>Mary Lou Plechner</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address _____			
City (5) <u>Metuchen, NJ 08840</u>		Square Feet <u>3000</u>	# of Floors <u>2</u> Bldg. Age <u>85+/-</u>
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to 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>7/10/17</u>	Scheduled Completion Date (11) <u>7/21/17</u>	Name of OSHA Monitor <u>MEC</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address <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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)  <u>Basement</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  <u>Thermal Pipe Insulation</u>
			Amount (Specify SF or LF) <u>100 lf</u>
			Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/21/17</u>	Name of Registered Landfill <u>Fairless Landfill</u> City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/30/17</u>



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

Check # 25540

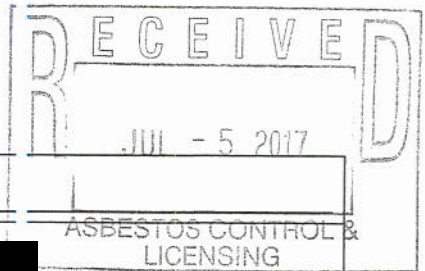


Date of Notification (1) <u>6/30/17</u>		Name of Building Owner/Operator (2) <u>P&amp;L Investors LLC</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>62 Oak Ave.</u> City, State, Zip Code <u>Metuchen, NJ</u>	
		Name of Contact <u>Mary Lou Plechner</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>3500</u>	of Floors <u>2</u>
City (5) <u>Metuchen, NJ 08840</u>		Bldg. Age <u>85+/-</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		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>	License No. <u>00493</u>
Start Date (10) <u>7/10/17</u>	Scheduled Completion Date (11) <u>7/21/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address <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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
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>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/21/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/30/17</u>



C1425541

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

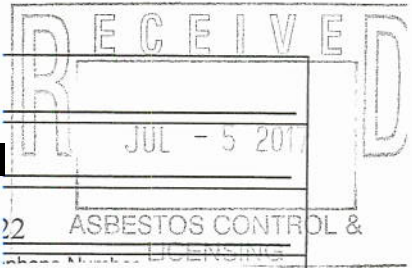


Date of Notification (1) <u>6/30/17</u>		Name of Building Owner/Operator (2) <u>Jorgensen</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address _____	
		City, State, Zip Code <u>Haddonfield, NJ 08033</u>	
		Name of Contact <u>Craig Jorgensen</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address _____		Square Feet <u>2000</u>	
City (5) <u>Haddonfield, NJ</u>		of Floors <u>2</u>	
County (6) <u>Camden</u>		Bldg. Age <u>65+/-</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		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) 259-9688</u>	
Telephone No. <u>(609) 298-4070</u>		License No. <u>00493</u>	
Start Date (10) <u>7/10/17</u>		Scheduled Completion Date (11) <u>7/21/17</u>	
Name of OSHA Monitor <u>MECS</u>			
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>8 am to 4 pm</u>		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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Crawl Space</u>	<input checked="" type="checkbox"/>		<u>Thermal Packing Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/21/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/30/17</u>



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

Check # 25535



Date of Notification (1) <u>6/30/17</u>		Name of Building Owner/Operator (2) <u>Lifson</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 [REDACTED]	
		City, State, Zip Code <u>Flemington, NJ 08822</u>	
		Name of Contact <u>Adam Lifson</u>	Telephone [REDACTED]
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>Flemington, NJ 08822</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
		Bldg. Age <u>55+/-</u>	
County (6) <u>Hunterdon</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.	
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 22</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>	License No. <u>00493</u>
Start Date (10) <u>7/10/17</u>	Scheduled Completion Date (11) <u>7/14/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Attic</u>		<input checked="" type="checkbox"/>	<u>Vermiculite Insulation</u>
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>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/14/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
			City, State <u>Mc Crisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/30/17</u>



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

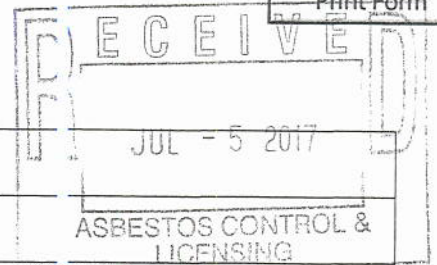
Check # 9514

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JUL - 5 2017  
ASBESTOS CONTROL & LICENSING  
7091  
Telephone Number

Date of Notification (1) 6/27/17		Name of Building Owner/Operator (2) LEE GIORDANO							
Agencies Notified <input 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 [REDACTED]		City, State, Zip Code WEST FIELD, N.J. 07091							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact LEE GIORDANO							
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) WEST FIELD		Square Feet 1,750							
County (6) UNION		# of Floors 2							
County Code (7) (STATE USE ONLY)		Bldg. Age +50							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) RESIDENCE							
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07412							
Telephone No.		Telephone No. (201)262-5841							
Start Date (10) 7/14/17		License No. 00156							
Scheduled Completion Date (11) 7/30/17		Name of OSHA Monitor Omega Environmental Services 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 Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07601							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTIC			✓	VERMICULITE	280 SF	✓			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 4		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 7/14/17 On		City, State Pen Argyl, PA 08702					
Completed by Joseph Vaccaro		Title Vice President		Signature Vaccaro		Date 6/27/17			

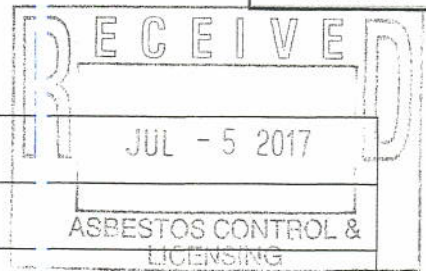


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/30/17		Name of Building Owner/Operator (2) Steve Russo							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Fair Lawn NJ 07410							
		Name of Contact Steve Russo							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn		Square Feet 1650	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 65+/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07661							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 7/9/17	Scheduled Completion Date (11) 7/10/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	3 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA 18072					
Completed by Richard Cristofol		Title President	Signature 			Date 6/30/17			

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



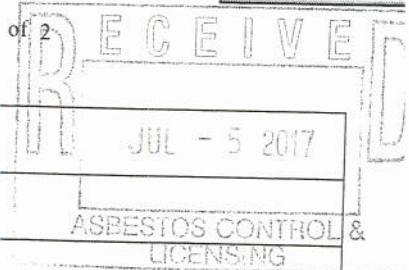
Date of Notification (1) 6/30/17		Name of Building Owner/Operator (2) Manda Ngo							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, NJ 07649							
		Name of Contact Manda Ngo	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 2275	# of Floors 2						
City (5) Oradell		Bldg. Age 65+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/16/17	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	75 SF	x			
Basement		x		Mastic	75 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA 18072					
Completed by Richard Cristofol		Title President	Signature 	Date 6/30/17					



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

Page of 2

Print Form



Date of Notification (1) 6-28-2017		Name of Building Owner/Operator (2) Jersey City Public Schools							
Agencies Notified	Type Notification	Street Address 346 Claremont Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07305							
		Name of Contact Kevin O'Reilly	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PS 20		Type of Facility (4)							
Street Address 160 Danforth Ave		<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.)							
City (5) Jersey City		Square Feet 50,000+	Bldg. Age 40+						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc						
Street Address PO Box 385		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	License No. 01084						
Start Date (10) 6-22-2017	Scheduled Completion Date (11) 7-26-2017	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Turnpike							
<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: Facility Occupied		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) <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 S or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			ACM Ceiling Blanket	90 SF	X			
Boiler Room	X			ACM Boiler exhaust link insulation	44 SF	X			
Boiler Room	X			Boiler door rope insulation	15 SF	X			
Classroom 110		X		ceiling & wall plaster	2,154 SF	X			
Name of Registered Waste Hauler 1. GL Group, Inc, 2. RED Technologies, LLC		NJDEP Waste Hauler ID No. 0033034, 0036163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 6-28-2017				

of 2

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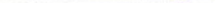
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ASBESTOS CONTROL & LICENSING

Abatement Type

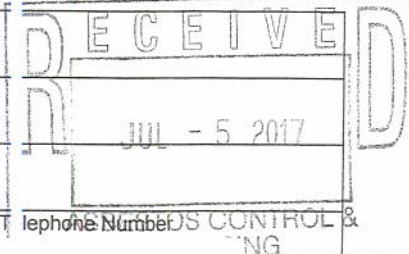
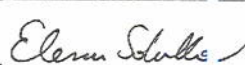
## CONTINUATION SHEET

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Completed By: (Print or Type) Elena Solakov	Title President	Signature 	Date 6-28-2017
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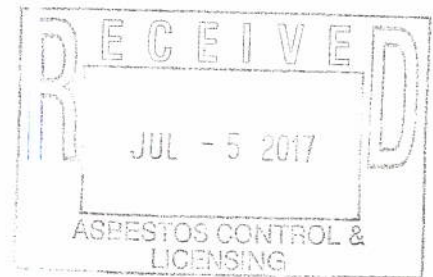


GL17-007  
Ph 9State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)Page 1 of 2  
Check #2855

Date of Notification (1) 6-28-2017		Name of Building Owner/Operator (2) Hasbrouck Heights BOE							
Agencies Notified		Type Notification							
<input type="checkbox"/> EPA <input 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
<input type="checkbox"/> EPA <input 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 379 Boulevard		City, State, Zip Code Hasbrouck Heights, NJ 07604		Name of Contact Mihalitsianos Gerry					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hasbrouck Heights HS/MS				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 365 Boulevard				Square Feet 40,000 +					
City (5) Hasbrouck Heights				# of Floors 2					
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127		Name of Abatement Contractor (9) GL Group, Inc					
Street Address 307 North Walnut Street		City, State, Zip Code West Chester, PA 19380		Street Address 140 Hamburg Tpke					
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545		City, State, Zip Code Bloomingdale, NJ 07404					
Start Date (10) 6-16-17 at 3:30 pm		Scheduled Completion Date (11) 7-16-17 at 3:30 pm		Telephone No. (201)710-9725					
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 <input checked="" type="checkbox"/> Other - Describe: after hours		Name of OSHA Monitor GL Group, Inc		License No. 01084					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify S or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Numerous, see attached		X		Fire Stops	9 sf	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva			
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg OH					
Completed by Elena Solakov		Title President		Signature 		Date 6-28-2017			

Hasbrouck Heights  
High School / Middle School  
Pipe Penetration / Abatement Coordination Take Offs

6/13/2017

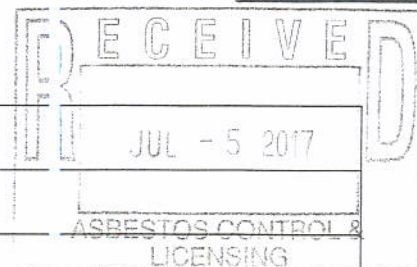


	Room	Encapsulate Penetration		Reuse Penetration		New Penetration	
		Qty	Type	Qty	Type	Qty	Type
<u>MD15H/M15H</u>	306	8	Floor			10	Floor
	306 Clo.	2	Floor				
	Stairs	2	Wall			2	Floor
	Child Study Office	1	Floor			2	Floor
		1	Wall				
	Woman's Fac Toil					2	Floor
	Men's Fac Toil	1	Floor			2	Floor
		1	Wall				
	SAC Office	2	Floor			2	Floor
	310B	2	Floor			2	Floor
		4	Wall				
	310A	4	Floor			4	Floor
	310	4	Floor			4	Floor
	312B	2	Floor			2	Floor
	312A	2	Floor			4	Floor
	Girl's Toilet	2	Floor			2	Floor
	305	4	Floor			4	Floor
	307	4	Floor			4	Floor
	Boy's Toilet	2	Floor			2	Floor
	Corridor					2	Floor
	309	2	Floor			5	Floor
	314	2	Floor			2	Floor
	316A	2	Floor			2	Floor
	316	4	Floor			4	Floor
	318 Clo	2	Floor				
	318	2	Floor*			2	Floor
<u>MD14H/M14H</u>	311	2	Floor			1	Floor
	313	4	Floor *			6	Floor
	322	4	Floor *			2	Floor
	320	2	Floor *			2	Floor
<u>MD13H/M13H</u>	Phys. Ed Office	2	Floor			2	Floor
	Phys. Ed Toilet	2	Floor			2	Floor
	Roof Access	2	Floor			2	Floor
	Stairs	2	Floor			2	Floor
	Old Gym			26	Floor		
	Stairs 5	2	Floor			2	Floor
	Phys. Ed Office	2	Floor			4	Floor
	Phys. Ed Toilet	2	Floor			2	Floor
	Stairs 6	2	Floor			2	Floor
	Rm Next to Media					2	Floor
	Lobby Near Gym	2	Floor				
	(2) Guidance Offices	4	Floor			4	Floor
	Conference Room	4	Floor			2	Floor
	208	2	Floor			2	Floor
	210	4	Floor			2	Floor
	212	2	Floor			4	Floor
	Girl's Toilet	2	Floor			2	Floor
	Faculty Room	6	Floor			6	Floor
	Office	2	Floor			2	Floor
	Main Office	4	Floor			4	Floor
	VP Office	2	Floor	2	Floor	2	Floor
	Principal Office	2	Floor			2	Floor
	Toilet	2	Floor			2	Floor
	Boy's Toilet	4	Floor			4	Floor
	Corridor	2	Floor			2	Floor
	209	2	Floor			4	Floor
	407	4	Floor			2	Floor
	414 MS Office	2	Floor	2	Floor	2	Floor
	216	10	Floor			6	Floor
	Nurse Toilet	2	Wall			2	Wall
	Nurse					2	Floor
<u>MD12H/M12H</u>	218	2	Floor			2	Floor
	222	4	Floor*			2	Floor
	MS VP	2	Floor*			2	Floor
	220	4	Floor*			2	Floor
	Sum	166		30		162	

\* If pipes are concealed in chases, abandon in place. Encapsulate from below as required.

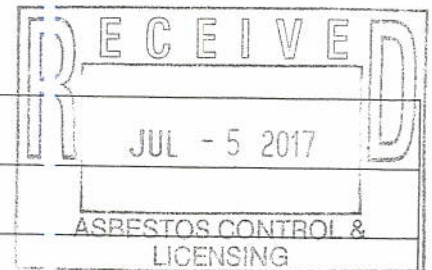


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/29/2017		Name of Building Owner/Operator (2) Bernadette DeRose							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield, NJ 07081							
		Name of Contact Bernadette DeRose							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Springfield		Square Feet	# of Floors						
County (6) Union		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)						
Street Address			Removal Safety LLC						
City, State, Zip Code		Street Address							
		8 Crosby Ave							
Project Manager for Monitoring Firm		City, State, Zip Code							
		Paterson, NJ 07502							
Telephone No.		Telephone No.	License No.						
		973-400-8711	01332						
Start Date (10) 07/11/2017	Scheduled Completion Date (11) 07/12/2017	Name of OSHA Monitor							
		Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am-4:30pm		8 Crosby Ave							
		City, State, Zip Code							
		Paterson, NJ 07502							
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 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
Garage				Duct on ceiling insulation	5sf	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date 07/13/2017		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature 			Date 06/29/2017			

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

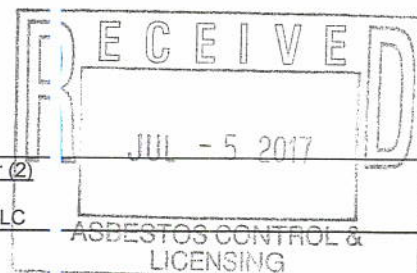


Date of Notification (1) <b>6/30/17</b>		Name of Building Owner/Operator (2) <b>Norwood BOE</b>							
Agencies Notified	Type Notification	Street Address <b>177 Summit St</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Norwood, NJ 07648</b>							
		Name of Contact <b>Gina Hennessey</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Norwood Elementary School</b>		Type of Facility (4)							
Street Address <b>27 Summt St</b>		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 Other than K-12 <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Norwood NJ 07648</b>		Square Feet <b>11,500</b>	# of Floors <b>1</b>						
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>50yrs</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Remediation and Management, Inc.</b>		Name of Abatement Contractor (9) <b>Yannuzzi Environmental Services, Inc.</b>							
Street Address <b>Bldg 35E</b>		Street Address <b>135 Kinnelon Rd. Suite 102</b>							
City, State, Zip Code <b>Fairlawn, NJ 07419</b>		City, State, Zip Code <b>Kinnelon, NJ 07405</b>							
Project Manager for Monitoring Firm <b>Guillermo Morales</b>		Telephone No. <b>973-949-3525</b>	Telephone No. <b>908-218-0880</b>						
Start Date (10) <b>7/10/17</b>	Scheduled Completion Date (11) <b>7/16/17</b>	License No. <b>01228</b>							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>Yannuzzi Environmental Services, Inc.</b>							
<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 <b>135 Kinnelon Rd. Suite 102</b>							
		City, State, Zip Code <b>Kinnelon, NJ 07405</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
First Floor	x			Ceiling tiles	11,050 SF	x			
Name of Registered Waste Hauler <b>Yannuzzi Group, Inc.</b>		NJDEP Waste Hauler ID No. <b>17467</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Grows/Fairless Landfill</b>					
City, State <b>Kinnelon, NJ 07405</b>		Disposal Date <b>7/28/17</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>John Mucha</b>		Title <b>Project Manager</b>	Signature 			Date <b>6/30/17</b>			

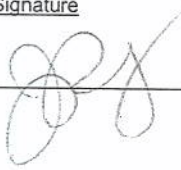


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**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)



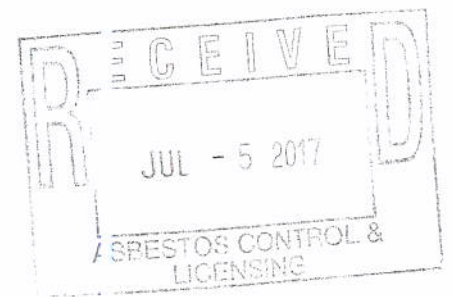
<b>Date of Notification (1)</b> 06/29/17		<b>Name of Building Owner/Operator (2)</b> Calpine New Jersey Generation LLC						
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<b>Notification Type</b> ( ) Initial Notification (X) Amended Certification ( ) Cancelled						
<b>Street Address</b> 717 Texas Ave, Suite 1000		<b>City, State, Zip Code</b> Houston, TX 77002-2743						
<b>Name of Contact</b> Paul Ostberg		<b>Tel Number</b>						
<b>FACILITY INFORMATION</b>								
<b>Name of Facility Where Abatement is Taking Place (3)</b> Calpine New Jersey Generation LLC		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldg s., homes, etc.)						
<b>Street Address</b> 373 N. Broadway		<b>Sq. Feet 97,850 # of Floors 8</b>						
<b>City (5)</b> Pennsville	<b>County (6)</b> Salem	<b>County Code (7) (State Use Only)</b>						
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Horizon Environmental Group		<b>ASCM No.</b> 00073	<b>Name of Contractor (9)</b> Brandenburg Industrial Service Company					
<b>Street Address</b> PO Box 316		<b>Street Address</b> 2217 Spillman Dr						
<b>City, State, Zip Code</b> Thorofare, NJ 08086		<b>City, State, Zip Code</b> Bethlehem Pennsylvania 18015						
<b>Project Manager for Monitoring Firm</b> Steve Flanigan	<b>Telephone Number</b> 856-848-0800	<b>Telephone Number</b> 610-691-1800	<b>License Number</b> 30721					
<b>Scheduled Start Date (10)</b> 08/01/16	<b>Scheduled Completion Date (11)</b> 03/02/18	<b>Name of OSHA Monitor</b> Brandenburg Industrial Service Company						
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 2217 Spillman Drive						
<b>Describe Demolition</b> (X) Scheduled Demo Start 07/11/16 Scheduled Demo Completion 09/28/18		<b>City, State, Zip Code</b> Bethlehem, PA 18015						
<b>Source of Work (Check all that apply)</b> (X) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure								
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>					
<b>Abatement Type</b>	<b>Rem.</b>	<b>Rep.</b>	<b>Encap</b>					
<b>Enclose</b>								
Plant Boilers		x	Insulation	180,000 sf	x			
Plant Boilers		x	Fire Brick	24,000 sf	x			
Main Plant		x	Pipe Insulation	12,500 lf	x			
Main Plant		x	Transite/Galbestos	32,265 sf	x			
Main Plant		x	VAT	55,000 sf	x			
Main Plant		x	Flashing/Tar Paper	68,100 sf	x			
Main Plant		x	Caulk/Exp Jt	13,570 sf	x			
Pipe Rack		x	Pipe Insulation	9,820 lf	x			
Conveyor		x	Galbestos	8,000 sf	x			
Misc Small Out Bldgs		x	Caulk/Exp Jt	33,000 sf	x			
Misc Small Out Bldgs		x	Transite/Galbestos	4,450 sf	x			
Misc Small Out Bldgs		x	Insulation	2,840 sf	x			
Misc Small Out Bldgs		x	Flashing/Tar Paper	4,650 sf	x			
Boiler 8		x	Vapor Barrier	330 lf	x			
Lab Filter Bldg		x	Vapor Barrier	150 lf	x			
<b>Name of Reg. Waste Hauler</b> Massari & Sons		<b>NJDEP Waste Hauler ID #</b> 01951	<b>Cubic Yards of Waste</b> 25,000 cy	<b>Name of Reg. Landfill</b> Salem County Improvement Authority landfill				

<u>City, State</u> Carneys Point, NJ			<u>Disp. Date</u> 02/23/17	<u>City, State</u> Alloway, NJ	
<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Service Company	<u>NJDEP Waste Hauler ID #</u> 21838	<u>Cubic Yards of Waste</u> 1000 cy		<u>Name of Reg. Landfill</u> Salem County Improvement Authority Landfill	
<u>City, State</u> Bethlehem, PA 18015			<u>Disp. Date</u> 02/23/17	<u>City, State</u> Alloway, NJ	
<u>Completed by (Print or Type)</u> Jennifer Polzer			<u>Title</u> Contract Manager	<u>Signature</u> 	
				<u>Date</u> 06/29/17	

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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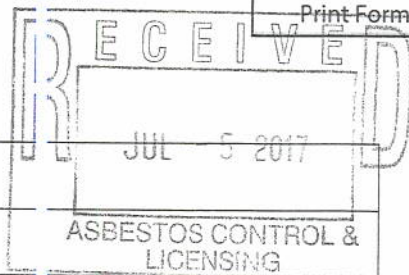


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Ch # 3232

Date of Notification (1) 6 / 30 / 17		Name of Building Owner/Operator (2) NJ Motor Vehicle Commission							
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 PO Box 160	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUL - 5 2017  DEPARTMENT OF ENVIRONMENTAL CONTROL &amp; AEROSOL CONTROL </div>						
		City, State, Zip Code Trenton, NJ 08666							
		Name of Contact Ed Hedger							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MVC Delanco site		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 400 Creek Rd		Square Feet	of Floors						
City (5) Delanco		Bldg. Age							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) NV5		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 7 Campus Dr		Street Address 1123 BEAVER STREET							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm		Telephone No. 973-946-5600	Telephone No. 215-788-6040						
			License No. 00509						
Start Date (10) 7 / 17 / 17	Scheduled Completion Date (11) 7 / 21 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 7:00AM-3:30PM/ _____PM- _____AM		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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-Fixable 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 Trailer # 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof coating	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Trailer # 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Trailer # 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window caulk	100 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro			Date 6/30/17			

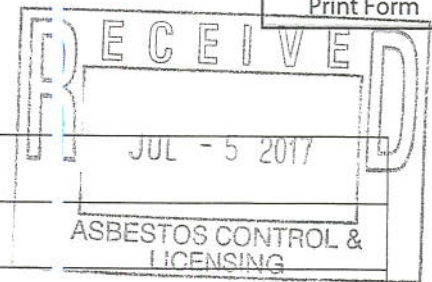
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/30/17		Name of Building Owner/Operator (2) NJ Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Naimish Kathimi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned		Type of Facility (4)							
Street Address 351 Cleveland 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) ORANGE		Square Feet 3000	# of Floors 2 Bldg. Age 50+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 7/17/17	Scheduled Completion Date (11) 7/30/17	Name of OSHA Monitor Yannuzzi Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd							
<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: abandoned		City, State, Zip Code Kinnelon Rd NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	1003 LF	x			
Basement			x	boiler breech	2 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10 cy	Name of Registered Landfill Grows Fairless					
City, State Kinnelon NJ		Disposal Date 8/10/17		City, State Fairless Hill					
Completed by John Mucha		Title project manger	Signature 	Date 6/30/17					

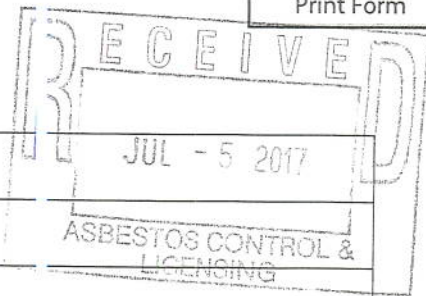


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/30/17		Name of Building Owner/Operator (2) N.J. Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Naimish Kathiari							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FORMER ABANDONED 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 & commercial buildings, homes, etc.)							
Street Address 347 Cleveland St		Square Feet 3000	# of Floors 3						
City (5) Orange NJ		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 7/15/17		Scheduled Completion Date (11) 7/30/17	License No. 01228						
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</u>		Name of OSHA Monitor Yannuzzi Environmental Services							
		Street Address 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify (SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor living			x	9x9vat & mastic	60 sf	x			
2nd floor kitchen			x	multiple vat and mastic	00 sf	x			
3rd floor bedrooms			x	red vat and mastic	00 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20 CY	Name of Registered Landfill GROWS/FAIRLESS					
City, State Kinnelon, NJ		Disposal Date 8/10/17		City, State Fairless Hill					
Completed by John Mucha		Title Proj.Mgr.	Signature 	Date 6/30/17					

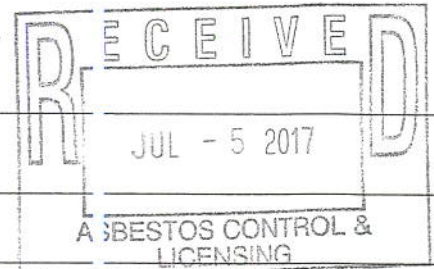
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/30/17		Name of Building Owner/Operator (2) NJ Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Trenton, NJ							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Naimish Kathimi							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned		Type of Facility (4)							
Street Address 349 Cleveland 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) ORANGE		Square Feet 3000	# of Floors 2						
County (6) Essex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) 7/10/17		Scheduled Completion Date (11) 8/10/17							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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</u>		Yannuzzi Environmental							
Scope of Work (Check All That Apply)		Street Address							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		135 Kinnelon Rd							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Kinnelon Rd NJ							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify (SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	80 LF	x			
Basement			x	chimney mod backing	5sf	x			
throughout			x	plaster	10,000 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80 cy	Name of Registered Landfill Grows /Fairless					
City, State Kinnelon NJ		Disposal Date 8/10/17		City, State Fairless Hills NJ					
Completed by John Mucha		Title project manger		Signature		Date 6/30/17			



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



Date of Notification (1) 6 / 30 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT	
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 checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PENNSVILLE MIDDLE 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 and commercial buildings, homes, etc.)	
Street Address 4 WILLIAM PENN AVE.		Square Feet >50,000	
City (5) PENNSVILLE		of Floors 1	Bldg. Age 50+
County (6) SALEM	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address 318 12 <sup>TH</sup> STREET		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm AL OSWALD		Telephone No. 609 704-8850	License No. 00783
Start Date (10) 6 / 13 / 17	Scheduled Completion Date (11) 8 / 31 / 17	Name of OSHA Monitor CRITERION LABS	
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: 7AM-4:30PM-AM		Street Address 400 STREET ROAD City, State, Zip Code BENSALEM PA 19020	

Scope of Work (Check all that apply)

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

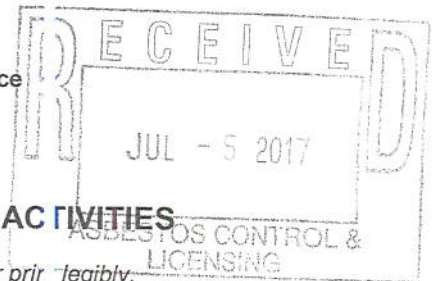
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	12SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXTERIOR UNIT VENTILATORS	28LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEE ATTACH		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE NEW CASTLE DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) MICHAEL PARSON	Title PROJECT MANAGER	Signature <i>Michael Parson</i>	Date 6-30-2017	

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
GROUND FLOOR MAIN OFFICE	X	FLOOR TILE	28 SF	X			
GROUND FL PRINCIPLE'S OFFICE	X	FLOOR TILE	14 SF	X			
GROUND FL VICE PRINCIPLE OFFICE	X	FLOOR TILE	14 SF	X			
NURSES OFFICE	X	FLOOR TILE	14 SF	X			
GROUND FL RM 3	X	FLOOR TILE	28 SF	X			
GROUND FL GUIDENCE OFFICE	X	FLOOR TILE	39 SF	X			

RECEIVED  
JUL - 5 2017  
ASBESTOS CONTROL & LICENSING



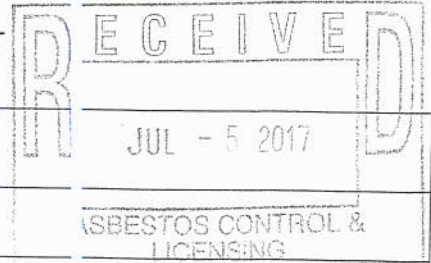


## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION		
Date of Notification: <u>6</u> / <u>30</u> / <u>2017</u>		
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency (must include justification)		
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation		
II. BUILDING INFORMATION		
Name of Building Owner/Operator: <u>PENNSVILLE SCHOOL DISTRICT</u>		
Street Address: <u>30 CHURCH STREET</u> City: <u>PENNSVILLE</u> State: <u>NJ</u> Zip: <u>08070</u>		
Name of Contact: _____ Telephone No: _____		
III. FACILITY INFORMATION		
Name of Facility Where Work Activity is to Take Place: <u>PENNSVILLE MIDDLE SCHOOL</u>		
Describe Facility Use: <u>SCHOOL</u>		
Street Address: <u>4 WILLIAM PENN AVE</u> City: <u>PENNSVILLE</u> State: <u>NJ</u> Zip: <u>08070</u>		
County Name: <u>SALEM</u> County Code (State Use Only): _____		
Scheduled Start Date: <u>6</u> / <u>13</u> / <u>2017</u> Scheduled Completion Date: <u>08</u> / <u>31</u> / <u>2017</u>		
Occupancy Status During Activity (check only one):		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity		
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____		
<input type="checkbox"/> Other—Describe: _____		
Scope of Work (check all that apply):		
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>137</u>	Percentage Asbestos: <u>%</u>
<input type="checkbox"/> Mastic	Square Footage: _____	Percentage Asbestos: <u>%</u>
IV. CONTRACTOR INFORMATION		
Company Name: <u>DELTA/BJDS, INC</u> Telephone No.: <u>215 322-2900</u>		
Street Address: <u>1345 INDUSTRIAL BLVD</u> City: <u>SOUTHAMPTON</u> State: <u>PA</u> Zip: <u>18966</u>		
New Jersey Asbestos License Number (if applicable): <u>00783</u>		
Monitoring Firm (if applicable): <u>HEALTH AND SAFETY SERVICES</u> Telephone No.: <u>609 704-8850</u>		
V. SIGNATURE		
Completed By (type or print legibly): <u>CHRISTINE DEL VISCIO</u> Title: <u>ASSIST. ADMIN</u>		
Signature: <u>Christine DelViscio</u> Date: <u>8-30-2017</u>		

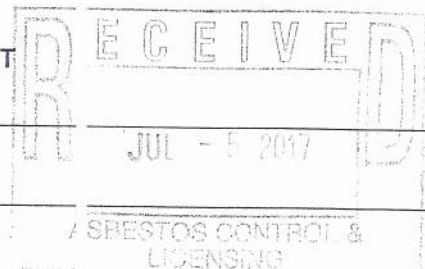
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center; font-size: 1.2em;">6 / 19 / 17</div>		Name of Building Owner/Operator (2) <b>PENNSVILLE SCHOOL DISTRICT</b>	
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 checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 CHURCH STREET</b> City, State, Zip Code <b>PENNSVILLE NJ 08070</b> Name of Contact _____ Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>PENNSVILLE MIDDLE SCHOOL</b>		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 and commercial buildings, homes, etc.)	
Street Address <b>4 WILLIAM PENN AVE.</b>		Square Feet <b>&gt;50,000</b>	
City (5) <b>PENNSVILLE</b>		# of Floors <b>1</b>	
County (6) <b>SALEM</b>		Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY) <b>SALEM</b>		Current Use (Prior if being demolished) <b>SCHOOL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>HEALTH AND SAFETY SERVICES</b>		ASCM No. _____ Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>	
Street Address <b>318 12<sup>TH</sup> STREET</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>	
City, State, Zip Code <b>HAMMONTON, NJ 08037</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>	
Project Manager for Monitoring Firm <b>AL OSWALD</b>		Telephone No. <b>609 704-8850</b>	
Start Date (10) <div style="text-align: center; font-size: 1.2em;">6 / 13 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center; font-size: 1.2em;">8 / 31 / 17</div>	
Telephone No. <b>215 322-2900</b>		License No. <b>00783</b>	
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: <u>7</u> AM- <u>4:30</u> PM- <u>      </u> AM		Name of OSHA Monitor <b>CRITERION LABS</b>	
Street Address <b>400 STREET ROAD</b>		City, State, Zip Code <b>BENSALEM PA 19020</b>	
Scope of Work (Check all that apply)			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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-Fixable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No           <input type="checkbox"/> N/A         </div>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
ADMINISTRATION AREA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	FLOOR TILE	35 SF
TOILET ROOMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	ACM FITTINGS (ASSUMED)	12SF
ADMINISTRATION AREA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	EXTERIOR UNIT VENTILATORS	28LF
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GRP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>MINERVA LANDFILL</b>
City, State <b>58 PYLES LANE NEW CASTLE DE 19720</b>		Disposal Date <b>WAYNESBURG, OH 44688</b>	City, State <b>WAYNESBURG, OH 44688</b>
Completed By (Print or Type) <b>MICHAEL PARSON</b>	Title <b>PROJECT MANAGER</b>	Signature <i>Michael Parson</i>	Date <b>6-19-2017</b>



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



Date of Notification (1) <u>0975-02</u> 5 / 31 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT		JUL - 5 2017					
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 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE MIDDLE SCHOOL				Type of Facility ( ) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 4 WILLIAM PENN AVE.				Square Feet >50,000					
City (5) PENNSVILLE				# of Floors 1					
County (6) SALEM				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC		ASCM No. 102		Name of Abatement Contractor (9) DELTA/BJDS, INC					
Street Address 515 GROVE STREET SUITE B		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 656-2875		Telephone No. 215 322-2900					
Start Date (10) 6 / 13 / 17		Scheduled Completion Date (11) 8 / 31 / 17		License No. 00783					
Name of OSHA Monitor CRITERION LABS									
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: 7AM-4:30PM-AM				Street Address 400 STREET ROAD City, State, Zip Code BENSLEM PA 19020					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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-Viable 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
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	12SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXTERIOR UNIT VENTILATORS	28LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature Michael Parson		Date 5-31-2017			



Check # 2897

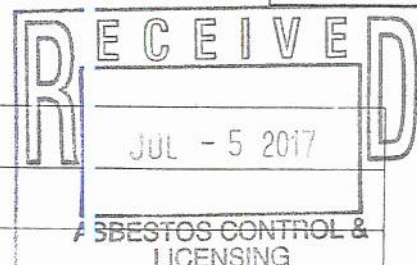
ASB-41



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			REPAIR OR REMOVAL	ENCLOSURE CAPSULE	ENCLOSURE	ENCLOSURE
						ASBESTOS CONTROL & LICENSING			
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOW GLAZING	338 WINDOWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING	89,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	5,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 SOUTH LAB STAIR 1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 TRASH ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOM 1104-1112	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOM 1153	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 MAILROOM COORIDOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 STORAGE AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 COOL ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 N. EAST WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOM 1174	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LD BATHROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LOCKER ROOMS				PIPE & FITTING	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 STAIR 1, 3 & 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	15 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WATER ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LAB 1209	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 COORIDOR 1205	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	4 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 EQUIP ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOM 1101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	8 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 ROOMS 1105, 1106 & 1114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	15 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 MAILROOM COORIDOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 STORAGE ROOM		<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	30 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 SAMPLE STORAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	155 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE BATHROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	25 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 NORTHEAST BATHROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	45 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LOCKER ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	75 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 COFFEE ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 1ST FL S. LAB STAIR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 SHIPPING OFFICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 COFFEE ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 LOADING DOCK ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 WAREHOUSE 8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 S. LABS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIREPROOFING DEBRIS	1800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13 1ST FLR RESTROOM & CLOSET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIREPROOFING	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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



Date of Notification (1) <b>6/30/17</b>		Name of Building Owner/Operator (2) Jeryl Industrial Park							
Agencies Notified	Type Notification	Street Address P.O. Box 485							
<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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Brian Maninno							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Alpha Metals - Building 24		Type of Facility (4)							
Street Address 590 Belleville Turnpike		<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) Kearny		Square Feet 10,000	# of Floors 1						
County (6) Hudson		Bldg. Age 50+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Unoccupied / Electronics							
Name of Monitoring Firm Hired by Building Owner (8) ACER Associates		Name of Abatement Contractor (9) ecoservices, LLC							
Street Address 1012 Industrial Drive		Street Address 303 B National Road							
City, State, Zip Code West Berlin, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Matt DePalma		Telephone No. 856-809-1202	Telephone No. 484-872-8884						
Start Date (10) <b>7/7/17</b>		License No. 01161							
Scheduled Completion Date (11) 8/31/17		Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200+/-	Name of Registered Landfill GROWS Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 6/30/17			



NOCK

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

**RECEIVED**  
JUL - 5 2017

GAC Project # 608-2017

Date of Notification (1) <b>June 26, 2017</b>		Name of Building Owner/Operator (2) <b>BLAIR ACADEMY</b>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <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		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification #1 Type Location and Current Use <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>2 PARK PLACE - P.O. BOX 0600</b> City, State, Zip Code <b>BLAIRSTOWN, NJ 07825-1000</b> Name of Contact <b>MR. DAVID SCHMIDT</b> Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>BLAIR ACADEMY - MAIN CAMPUS</b>			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.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>		
Street Address <b>WEBER HALL</b>			Current Use (prior if being demolished): <b>ACADEMIC</b>		
City (5) <b>BLAIRSTOWN</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>			Street Address <b>511 MAIN STREET</b>		
Street Address <b>20-21 WARGARAW ROAD</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>FRED LARSON</b>		Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>06/27/2017</b>		Scheduled Completion Date (11) <b>06/28/2017</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <b>NOT SUB 8 - SHIFT HOURS 4:00 PM - 2:30 AM (24 hours as needed)</b> <input checked="" type="checkbox"/> Facility Unoccupied During Entire Period of Abatement			Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Source of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>1<sup>st</sup> Floor Art Studio Kiln Area</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT (including mastic)</b>	Amount (Specify SF or L <sup>3</sup> ) <b>12 SF</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b> Newark, NJ 04509	NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>		
Notes: <b>None</b>			Disposal Date <b>06/28/2017</b>	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>June 26, 2017</b>	

Copies To: BLAIR ACADEMY Attn: Mr. Dave Schmidt and EnviroVision Inc., Attn: Fred Larson



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

**GAC Project # 608-2017**

Date of Notification (1) <b>June 26, 2017</b>		Name of Building Owner/Operator (2) <b>BLAIR ACADEMY</b>	
Agencies Notified <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		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification #1 Consultant address change <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>2 PARK PLACE - P.O. BOX 0600</b>		City, State, Zip Code <b>BLAIRSTOWN, NJ 07825-0600</b>	
Name of Contact <b>MR. DAVID SCHMIDT</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>BLAIR ACADEMY - MAIN CAMPUS</b>		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 <b>WEBER HALL</b>		Sq. Feet: <b>N/A</b> # of Floors <b>2</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>BLAIRSTOWN</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>FAIRLAWN, NJ</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>FRED LARSON</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/27/2017</b>	Scheduled Completion Date (11) <b>06/28/2017</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Facility Unoccupied During Entire Period of Abatement <b>NOT SUB 8 - SHIFT HOURS 4:00 PM - 2:30 AM (24 hours as needed)</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
Source of Work (Check all that apply)  <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
<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 <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Mechanical Equipment Room &amp; Adjacent Hallway</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT (including mastic)</b>	Amount (Specify SF or LF) <b>1 SF</b>
Name of Reg. Waste Hauler <b>Newark Carting, Inc. Newark, NJ 04509</b>		NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Notes: <b>None</b>		Disposal Date <b>06/28/2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>June 26, 2017</b>

Copies To: BLAIR ACADEMY Attn: Mr. Dave Schmidt and EnviroVision Inc., Attn: Fred Larson



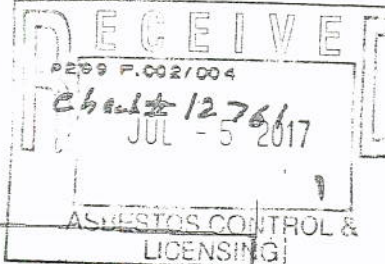
From: GREENWOOD ABATEMENT

19734920133

06/26/2017 18:12

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

GAC Project # 608-2017



Date of Notification (1) <b>June 26, 2017</b>		Name of Building Owner/Operator (2) <b>BLAIR ACADEMY</b>	
Agencies Notified <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		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification #1 <input type="checkbox"/> Consultant address change <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>BLAIR ACADEMY - MAIN CAMPUS</b>		Street Address <b>2 PARK PLACE - P.O. BOX 0681</b> City, State, Zip Code <b>BLAIRSTOWN, NJ 07825-0600</b>	
Street Address <b>WEBER HALL</b>		Name of Contact <b>MR. DAVID SCHMIDT</b>	
City (5) <b>BLAIRSTOWN</b>		County (6) <b>MORRIS</b>	
County Code (7) (State Use Only)		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg Age: <b>60+ years</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>FAIRLAWN, NJ</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>FRED LARSON</b>		Telephone Number <b>973-636-9149</b>	
Scheduled Start Date (10) <b>06/27/2017</b>		Scheduled Completion Date (11) <b>08/28/2017</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Facility Unoccupied During Entire Period of Abatement <b>NOT SUB B - SHIFT HOURS 4:00 PM - 2:30 AM (24 hours as needed)</b>		Telephone Number <b>973-492-0477</b>	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ll <input type="checkbox"/> ≥ 160 sf or ≥ 280 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		License Number <b>0084</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Mechanical Equipment Room &amp; Adjacent Hallway</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Street Address <b>20-21 WARGARAW ROAD</b>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT (including mastic)</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Amount (Specify SF or LF) <b>12 SF</b>		Name of Registered Landfill <b>G.R.O.V. S. North Landfill</b>	
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b>		Disposal Date <b>08/28/2017</b>	
NJ DEP Waste Hauler ID # <b>NJ DEP # 4599</b>		City, State <b>100 New Ford Mill Rd. Morristown, Pa 19067</b>	
Cubic Yards of Waste: <b>8 CY</b>		Phone Number <b>215-732-1760</b>	
Notes: <b>None</b>		Date <b>Jul 10 26, 2017</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>Jul 10 26, 2017</b>	

Copies To: BLAIR ACADEMY Attn: Mr. Dave Schmidt and EnviroVision Inc., Attn: Fred Larson



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

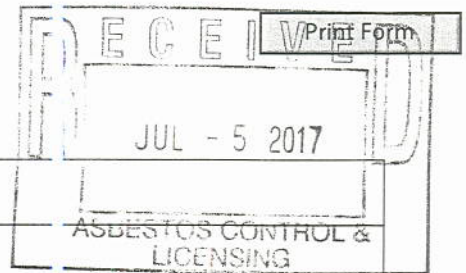
**GAC Project # 609-2017**

Date of Notification (1) <b>June 29, 2017</b>		Name of Building Owner/Operator (2) <b>West Windsor-Plainsboro School District</b>	
Agencies Notified  <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	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>321 Village Road East</b> City, State, Zip Code <b>WEST WINDSOR TOWNSHIP, NJ 08854</b> Name of Contact <b>Mr. David Aderhold - Superintendent</b> Telephone Number _____
	ASBESTOS CONTROL & LICENSING		
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MAURICE HAWK ELEMENTARY SCHOOL</b>		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.) NOT SUB 8 Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>305 Clarksville Road</b>		Current Use (prior if being demolished): <b>Elementary School</b>	
City (5) <b>Princeton Junction</b>	County (6) <b>Mercer</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Tactics, Inc.</b>		ASCM No. <b>00045</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>64 Broad Street</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Matawan, NJ 07747-2534</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Mr. Tom Geiger</b>	Telephone Number <b>732-290-2217</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>7/10/2017</b>	Scheduled Completion Date (11) <b>7/14/2017</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
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 checked="" type="checkbox"/> Other - Describe: <b>NOT SUB 8: Schedule: M-F 7AM - 5PM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Wrap & Cut <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 Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or L) <b>1100 SF</b>
Room 159 (Art Room)	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>40 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>7/14/2017</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i> Date <b>June 29, 2017</b>



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

CH 3375



Date of Notification (1) 06/23/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, N.J. 07666							
		Name of Contact Lindsay Nunes	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		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) Teaneck		Square Feet 1,404	# of Floors 2						
County (6) Bergen		Bldg. Age 79							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 07/07/2017		Scheduled Completion Date (11) 07/17/2017	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<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 PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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 if or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Tile	300 sf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyl, PA					
Completed by Alison Lamers		Title Office Manager	Signature 	Date 06/23/2017					

Location	Normally Used Solely by Custodial Staff			Description of Material	Amount SF/LF	Removal	Repair	Encapsulate	Enclosure	Permit (Y/N)
Furnace Room	Yes	No	NA	Floor tile / mastic	50 SF	X				N
Office / Restroom			X	Joint compound / drywall	0	X				N
Warehouse			X	ACPI / Fitting Insulation	62 LF	X				N
Exterior Walls			X	Window Glaze	850 SF	X				Y
South Wall, exterior			X	Textured Paint	4100 SF	X				Y
Roof			X	Roof and Flashing	14500 SF	X				Y
Lab Room			X	Transite in lab hood	25 SF	X				N
Loading Dock Roof			X	Transite roofing	1000 SF	Y				Y
Boiler Room			X	Boiler	35 SF	X				N
Throughout			X	Fire doors	500 SF	X				N
Fee Summary:										
Exterior Work	Roof, Roof flashing, Windows, Paint				\$200.00					
Interior Work	Joint Compound on Drywall				\$200.00					
Change of Start date	from 7/5 to 7/10				\$200.00					
TOTAL:					\$600.00					
Previously paid					(\$400.00)					
Total Due					\$200.00					

Please contact Jack Bally, Project Manager with any questions regarding permit fee calculation and total amount.

Jack Bally - 610-755-7563



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

GAC Project # 060-17

Date of Notification (1) <b>June 26, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <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		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>PHARMACY, BLDG# 3750</b>		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 <b>BUSCH CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors <b>6</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>07/07/17</b>	Scheduled Completion Date (11) <b>07/10/17</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>
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: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Empty (* ) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room 001 Suite</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Bench Tops/Transite Panels</b>	Amount (Specify SF or LF) <b>140 SF</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Dispose Date <b>07/10 2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>June 26, 2017</b>

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