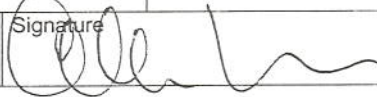


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

OK1571

| | | | | | | | | | |
|--|--|---|-------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 07 / 01 / 16 | | Name of Building Owner/Operator (2) Kerry Ingredients and Flavors | | <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED JUL 6 2016 ASBESTOS CONTROL & LICENSING Telephone Number (201) 723-8367 </div> | | | | | |
| 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 200 Terminal Avenue | | | | | | | |
| | | City, State, Zip Code Clark, NJ 07066 | | | | | | | |
| | | Name of Contact Rick Pumo | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | | | 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 200 Terminal Avenue | | | | | | | | | |
| City (5) Clark, NJ 07066 | | | | Square Feet | # of Floors | | | | |
| County (6) Union | | | | County Code (7) (STATE USE ONLY) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | | | Street Address 27 Outwater Lane | | | | | |
| City, State, Zip Code Union, NJ | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | License No. 1188 | | | | |
| Start Date (10) 07 / 12 / 16 | | Scheduled Completion Date (11) 08 / 12 / 16 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | | Street Address 27 Outwater Lane | | | | | |
| | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 | | | | | |
| 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 |
| 1 st Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT/Mastic | 13,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Future Sanitation | | NJDEP Waste Hauler ID No. 22051 | | Cubic Yards of Waste As Needed | Name of Registered Landfill Grows Landfill | | | | |
| City, State Farmingdale, NJ | | | | Disposal Date TBD | City, State Morrisville, PA | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature  | | | Date 7/1/16 | | |

Amend #2 - Broke original notification
out into (2) separate notifications.
Memorial HS - NON Sub 8

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



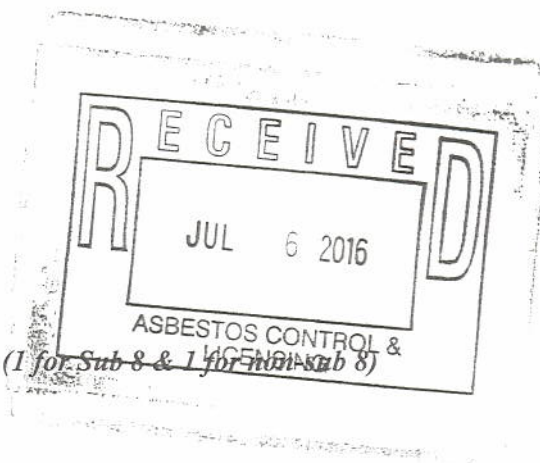
| | | | | | | | | |
|--|---|---|--|--|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>6</u> / <u>13</u> / <u>16</u> | | Name of Building Owner/Operator (2) West New York Board of Education | | Job # <u>1606-2089</u> Chk. <u>NA</u> | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 6028 Broadway | | City, State, Zip Code West New York, NJ 07093 | | | | |
| | | Name of Contact Dean Austin | | Telephone Number 201-553-4000 | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Memorial High School | | | 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 5501 Park Avenue | | | | | | | | |
| City (5) West New York | | | Square Feet 420,936 | # of Floors 3 | Bldg. Age TBD | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Unoccupied - School | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental | | ASCM No. | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | |
| Street Address 1253 North Church Street | | Street Address 3859 Sylon Boulevard | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | |
| Project Manager for Monitoring Firm Jim Guilardi | | Telephone No. 856-840-8800 | | Telephone No. 609-702-0400 | License No. 00862 | | | |
| Start Date (10) <u>6</u> / <u>27</u> / <u>16</u> | | Scheduled Completion Date (11) <u>7</u> / <u>5</u> / <u>16</u> | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | Street Address 200 U.S. Route 130 North | | | | | |
| | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input 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 | | | | |
| 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 |
| SEE ATTACHED LIST OF ACM | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | SEE ATTACHED LIST OF ACM | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| **Memorial HS Starts 6/27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 Carnevale Disposal | | NJDEP Waste Hauler ID No. 17297 | | Cubic Yards of Waste 40 | Name of Registered Landfill GROWS Landfill | | | |
| City, State Hamilton, NJ | | Disposal Date 7/24/16 | | City, State Morrisville, PA 19067 | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | | Signature | | Date 6-28-16 | | |



Date of Initial Notification: 6/13/16

Date of Amendment #2: 6/28/16

SEPARATE ORIGINAL NOTIFICATION INTO TWO (1 for Sub 8 & 1 for non-sub 8)



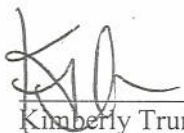
NOTIFICATION PAGE 2 of 2

Project:
Memorial High School/Annex B
551 Park Avenue
West New York, NJ

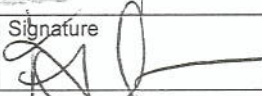
SCOPE OF WORK

Memorial High School – Start date 6/27/16

- Removal and disposal of approximately 475 SF of transite lab table in classrooms #211, 212, 213, 216, 218 & 219.
- Removal and disposal of approximately 16 SF of transite fume hood in classroom #213.
- Removal and disposal of approximately 600 SF of floor tile and mastic in classroom #216.
- Removal and disposal of unknown quantity of chalkboards, bulletin boards and associated mastic in classrooms ##211, 212, 213, 216, 218 & 219.

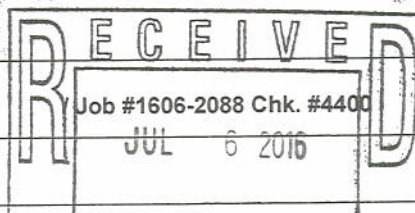
 6-28-16
Kimberly Trumbetti, Office Coordinator

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

| Date of Notification (1) 10 / 30 / 15 | | Name of Building Owner/Operator (2) Johns Manville Corp. | | <div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED JUL 6 2016 ASBESTOS CONTROL & LICENSING Telephone Number 856-768-7072 </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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #8 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address 717 17 th Street | | | |
| | | City, State, Zip Code Denver, CO 80217 | | | | Name of Contact Anthony Volkens | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Warehouse Roof A | | | | 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 437 North Grove Street | | | | Square Feet 665,000 SF | | | | | |
| City (5) Berlin | | | | # of Floors 1 | | | | | |
| County (6) Camden | | | | Bldg. Age 52 | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Warehouse | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health | | ASCM No. | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | |
| Street Address 140 S. Village Avenue Suite 130 | | Street Address 3859 Sylon Boulevard | | | | | | | |
| City, State, Zip Code Exton, PA 19341 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | | |
| Project Manager for Monitoring Firm Brian Hovendon | | Telephone No. 610-524-5525 | | License No. 00862 | | | | | |
| Start Date (10) 11 / 9 / 15 | | Scheduled Completion Date (11) 7 / 31 / 16 | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | | | Street Address 200 U.S. Route 130 North | | | | | |
| | | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input 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 | | | | | | | | | |
| 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 |
| Warehouse Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing | 9,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| " | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Decking | 9,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| " | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Flues | 6 ea | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage, Inc. | | NJDEP Waste Hauler ID No. 02265 | | Cubic Yards of Waste 10 | | Name of Registered Landfill GROWS Landfill | | | |
| City, State Freehold, NJ | | Disposal Date 7/31/16 | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | | Signature  | | Date 6-30-16 | | | |

Amendment #2 - Extend End Date
Additional Scope of Work

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



| | | | |
|---|---|---|---|
| Date of Notification (1) <u>6</u> / <u>17</u> / <u>16</u> | | Name of Building Owner/Operator (2) New Jersey Turnpike Authority | |
| 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 581 Main Street | |
| | | City, State, Zip Code Woodbridge, NJ 07095 | |
| | | Name of Contact Bob Womelsdorf | Telephone Number 732-750-5300 |

FACILITY INFORMATION

| | | | |
|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Former Sunoco Station - Bloomfield | | 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 MP 153.0 NB GSP | | Square Feet 3225 | # of Floors 1 |
| City (5) Bloomfield | | Bldg. Age 50 | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | |
| Street Address 3370 Progress Drive, Suite J | | Street Address 3859 Sylon Boulevard | |
| City, State, Zip Code Bensalem, PA 19344 | | City, State, Zip Code Hainesport, NJ 08036 | |
| Project Manager for Monitoring Firm Mike Panepresso | | Telephone No. 215-244-1300 | License No. 00862 |
| Start Date (10) <u>6</u> / <u>27</u> / <u>16</u> | Scheduled Completion Date (11) <u>7</u> / <u>8</u> / <u>16</u> | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 U.S. Route 130 North | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1 story bldg assoc with gas station | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (Exterior) Roof Shingles | 3,500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler Room/Bathroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 122 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Gray/White Window Caulk | 90 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 Carnevale Disposal | NJDEP Waste Hauler ID No. 17297 | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS Landfill |
| City, State Hamilton, NJ | | Disposal Date 7/9/16 | City, State Morrisville, PA 19067 |
| Completed By (Print or Type) Kimberly A. Trumbetti | Title Office Coordinator | Signature | Date 6/29/16 |

05/12/2013 08:05

9732539928

VMC COMPANY INC

PAGE 02/04

CK 4686

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

Print Form

| | |
|------------------------------|--|
| RECEIVED | |
| JUL 6 2016 | |
| ASBESTOS CONTROL & LICENSING | |

| | | | |
|---|---|--|--|
| Date of Notification (1) 06/30/2016 | | Name of Building Owner/Operator (2) Monmouth Regional High School | |
| Agencies Notified | Type Notification | Street Address One Norman J. Field Way | |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State, Zip Code Tinton Falls, NJ 07724 | |
| <input checked="" type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact Mrs. Maria Anne Parry | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Amendment # | Telephone Number 732-542-1170 | |
| <input checked="" type="checkbox"/> DOM | <input checked="" type="checkbox"/> Emergency (including justification) | | |
| <input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

| | | | |
|---|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) Monmouth Regional High School | | Type of Facility (4) | |
| Street Address One Norman J. Field Way | | <input checked="" type="checkbox"/> School (K-12) | |
| City (5) Tinton Falls | | <input type="checkbox"/> Subchapter 8 (Other than K-12) | |
| County (6) Monmouth | | <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants | | Square Feet | # of Floors |
| Street Address PO Box 385 | | Bldg. Age | |
| City, State, Zip Code Oceanville, NJ 08231 | | Current Use (Prior if being demolished) School | |
| Project Manager for Monitoring Firm John Smoyer | | ASCM No. 0057 | Name of Abatement Contractor (9) VMC Company Inc. |
| Start Date (10) 07/07/2016 | | Street Address 208 Piaget Ave | City, State, Zip Code Clifton, NJ 07011 |
| Scheduled Completion Date (11) 07/10/2016 | | Telephone No. 609-852-1833 | Telephone No. 973-253-8828 |
| Occupancy Status During Abatement (Check Only One) | | License No. 00704 | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | Name of OSHA Monitor VMC Company Inc. | |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | Street Address | |
| Other - Describe: | | City, State, Zip Code | |

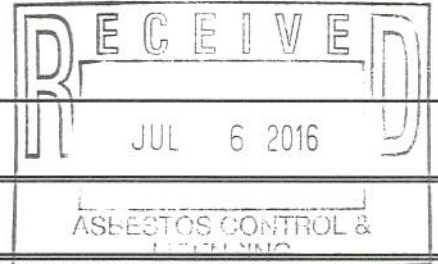
| | | | |
|--|-------------------------------------|---|--|
| Scope of Work (Check All That Apply) | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥150 sf or ≥280 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure | |
| | | <input type="checkbox"/> Glovebag Procedure | |
| | | <input 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 |
| Main Office/Copy Room | | X | | VAT/Mastic | 540 SF | X | | | |
| Security Office | | X | | VAT/Mastic | 540 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 05409 | Cubic Yards of Waste | Name of Registered Landfill GROWS | | | | | |
| City, State Newark, NJ | | Disposal Date | | City, State Morrisville, PA | | | | | |
| Completed by Voytek Roszkowski | | Title President | | Signature V. Roszkowski | | Date 06/30/2016 | | | |

CK 6764

D&S Proj. #: 16-199

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



| | | | |
|--|--|--|--|
| Date of Notification (1) 10/16/12/19/1/1/16/1 | | Name of Building Owner/Operator (2) gina suriano barber | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code HILLSIDE, NJ 07205 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact gina suriano barber | |
| <input checked="" type="checkbox"/> DOL | Amendment #: | Telephone Number [REDACTED] | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3) gina suriano barber | | | 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) HILLSIDE | County (6) UNION | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |

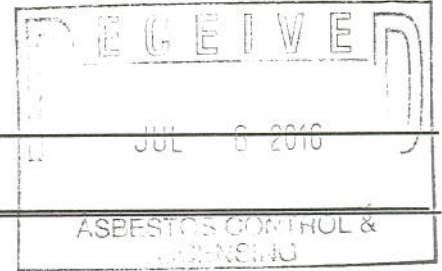
| | | | | |
|---|---|----------|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | Phone Number | | Telephone Number 973-345-8020 | License Number 01169 |
| Start Date (10) 07/14/16 | Sched. Completion Date (11) 08/15/16 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Street Address 20 California Avenue | |
| | | | City, State, Zip Code Paterson, NJ 07503 | |

| Scope of Work (check all that apply) | | | | <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | | | | | |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 50 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 yd. | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 07/14/16 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 06/29/2016 |

CK 6764

D&S Proj. #: 16-198

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

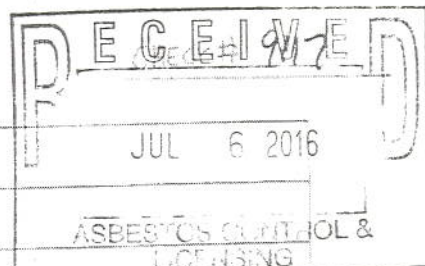
| | | | |
|---|--|--|--|
| Date of Notification (1) 06/12/16 | | Name of Building Owner/Operator (2) christine guerriero | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code garwood, nj 07027 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact christine guerriero | |
| <input checked="" type="checkbox"/> DOL | Amendment #: _____ | Telephone Number [REDACTED] | |
| <input checked="" type="checkbox"/> DOH | <input type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | |
|---|---------------------|-------------------------------------|--|-------------|
| Name of facility where abatement is taking place (3) christine guerriero | | | 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 |
| City (5) garwood | County (6) UNION | County Code (7) (State use only) | Bldg. Age | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Current Use (Prior if being demolished) | |
| Street Address | | | | |
| City, State, Zip Code | | | | |
| Project Manager for Monitoring Firm | | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Phone Number | | | Street Address 20 California Ave. | |
| Start Date (10) 07/13/16 | | | City, State, Zip Code Paterson, NJ 07503 | |
| Sched. Completion Date (11) 08/15/16 | | | Telephone Number 973-345-8020 | |
| 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 | | | License Number 01169 | |
| | | | Name of OSHA Monitor D & S Restoration, Inc. | |
| | | | Street Address 20 California Avenue | |
| | | | City, State, Zip Code Paterson, NJ 07503 | |

| | | | | | | | | | |
|--|--|-------------------------------------|-----|---|---------------------------|---|----------------------------|--------------------------|--------------------------|
| Scope of Work (check all that apply) | | | | <input type="checkbox"/> Full Containment w/negative pressure | | | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | | | | <input checked="" type="checkbox"/> Mini-enclosure | | | | | |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | <input checked="" type="checkbox"/> Glovebag procedure | | | | | |
| <input type="checkbox"/> Renovation | | | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | | | | | |
| <input type="checkbox"/> Demolition | | | | | | | | | |
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
| | Yes | No | N/A | | | | | | |
| BASEMENT BOILER room | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 39 l ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT laundry, family Rms | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 85 l ft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT BOILER | | <input checked="" type="checkbox"/> | | BOILER INSULATION | 50 sq ft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <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 3 yds | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | | | |
| City, State PATERSON, NJ 07503 | | Disposal Date 07/14/16 | | City, State TULLYTOWN, PA | | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | Date 06/28/16 | | | |

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



| | | | |
|---|--|---|--|
| Date of Notification (1) 7/1/16 | | Name of Building Owner/Operator (2) MARIA VICCI | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code GARWOOD, N.J. 07027 | |
| Name of Contact MARIA VICCI | | Telephone Number [REDACTED] | |

| | | | |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1,750 | |
| City (5) GARWOOD | | # of Floors 2 | |
| County (6) UNION | | Bldg. Age 150 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESIDENTIAL | |

| | | | | | |
|---|--|--|--|---|--|
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) A MAC Contracting Inc. | |
| Street Address | | Street Address 185 Vreeland Ave. | | City, State, Zip Code Midland Park NJ | |
| City, State, Zip Code | | Telephone No. (201)262-5841 | | License No. 00156 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Name of OSHA Monitor Omega Environmental Services | |

| | | | | | |
|--|--|--|--|---|--|
| Start Date (10) 7/15/16 | | Scheduled Completion Date (11) 7/30/16 | | Street Address 280 Huyler St. | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code Hackensack, NJ 07606 | | | |

| | | | | | |
|---|--|---|--|---|--|
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 2 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 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 |
| BASMENT | | | <input checked="" type="checkbox"/> | PIPE INSULATION | 65 LF | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|--|--|---|--|-------------------------------------|--|---|--|
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 1 | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp | |
| City, State Newark, NJ | | Disposal Date 7/15/16 | | City, State Bethlehem, PA | | | |
| Completed by Joseph Vocaturo | | Title Vice President | | Signature <i>J. Vocaturo</i> | | Date 7/1/16 | |

EDS16-164

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

Page 1 of 2

Check # 2231

| | | | | | | | | | |
|--|---|---|---|--|----------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 6-30-2016 | | Name of Building Owner/Operator (2) Midland Park Schools Board of Education | | | | | | | |
| Agencies Notified | Type Notification | Street Address 250 Prospect Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Name of Contact Scott Collins | Telephone Number 201-444-1400 2016 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Midland Park HS | | 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 250 Prospect Street | | ASBESTOS CONTROL & LICENSING | | | | | | | |
| City (5) Midland Park | | Square Feet 40,000 + | # of Floors 2 | | | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 40+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc. | | ASCM No. 00079 | Name of Abatement Contractor (9) GL Group, Inc | | | | | | |
| Street Address 20-21 Wagaraw Rd, Building 35E | | Street Address 140 Hamburg Tpke | | | | | | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | | |
| Project Manager for Monitoring Firm Guillermo M Morales | | Telephone No. (973) 636-9145 | Telephone No. (201) 710-9725 | | | | | | |
| Start Date (10) 7-1-2016 | | Scheduled Completion Date (11) 7-5-2016 | License No. 01084 | | | | | | |
| 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: _____ | | Name of OSHA Monitor GL Group, Inc | | | | | | | |
| | | Street Address 140 Hamburg Tpke | | | | | | | |
| | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 10 locations throughout school | | X | | Pipe & Joint Insulation | 252 LF | X | | | |
| See attached | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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 <i>Elena Solakov</i> | | | Date 6-30-2016 | | | |

Midland Park HS

check #2231

EDS16-164

page 2 of 2

1. M.3 – 24 lf
2. Rm 22 – 56 lf
3. Rm 21 – 22 lf
4. Rm 25 – 22 lf
5. Rm 28 office – 18 lf
6. Rm 29 – 22 lf
7. Rm A-4 – 22 lf
8. Rm 33 – 22 lf
9. Rm 37 – 22 lf
10. Rm 35 – 22 lf

Total: 252 lf

EDS16-178

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

Page 1 of 1

Check # 2239

| | | | | | | | | | |
|--|---|---|-----|--|--|------------------|--------|-------------|-----------|
| Date of Notification (1) 7-1-2016 | | Name of Building Owner/Operator (2) Roselle Public Schools | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 6 2016 ASBESTOS CONTROL & TESTING 908-482-4623 </div> | | | | | |
| Agencies Notified | Type Notification | Street Address 710 Locust Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 Roselle, NJ 07203 Name of Contact Kelvin White | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Washington Elementary School | | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address 501 Washington Ave | | | | Square Feet 40,000 + | # of Floors 2 | | | | |
| City (5) Roselle | | | | Bldg. Age 40+ | | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) School | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc. | | ASCM No. 00079 | | Name of Abatement Contractor (9) GL Group, Inc | | | | | |
| Street Address 20-21 Wagaraw Rd, Building 35E | | | | Street Address 140 Hamburg Tpke | | | | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | | | City, State, Zip Code Bloomington, NJ 07403 | | | | | |
| Project Manager for Monitoring Firm Guillermo M Morales | | Telephone No. (973) 636-9145 | | Telephone No. (201) 710-9725 | License No. 01084 | | | | |
| Start Date (10) 7-11-2016 | | Scheduled Completion Date (11) 7-20-2016 | | Name of OSHA Monitor GL Group, 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 <input type="checkbox"/> Other - Describe: _____ | | | | Street Address 140 Hamburg Tpke | | | | | |
| | | | | City, State, Zip Code Bloomington, 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 SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | X | | | Duct Insulation | 950 SF | X | | | |
| Boiler Room | X | | | Pipe & Fittings Insulation | 300 LF | X | | | |
| Boiler Room | X | | | Exterior Boiler Insulation/Interior Boiler Material | 680 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 Bloomington, NJ | | | | Disposal Date TBD | City, State Waynesburg, OH | | | | |
| Completed by Elena Solakov | | Title President | | Signature <i>Elena Solakov</i> | | Date 7-1-2016 | | | |

EDS16-178

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

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Check # 2237

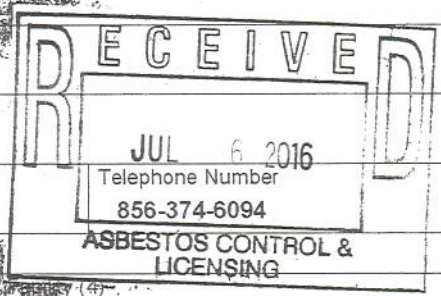
| | | | | | | | | | |
|--|---|--|---|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 7-1-2016 | | Name of Building Owner/Operator (2) Roselle Public Schools | | | | | | | |
| Agencies Notified | Type Notification | Street Address 710 Locust Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Roselle, NJ 07203 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Kelvin White | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Harrison Elementary 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., commercial buildings, homes, etc.) | | | | | | | |
| Street Address 310 Harrison Avenue | | Square Feet 40,000 + | # of Floors 2 | | | | | | |
| City (5) Roselle | | Bldg. Age 40+ | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc. | | ASCM No. 00079 | Name of Abatement Contractor (9) GL Group, Inc | | | | | | |
| Street Address 20-21 Wagaraw Rd, Building 35E | | Street Address 140 Hamburg Tpke | | | | | | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | City, State, Zip Code Bloomingdale, NJ 07403 | | | | | | | |
| Project Manager for Monitoring Firm Guillermo M Morales | | Telephone No. (973) 636-9145 | Telephone No. (201) 710-9725 | | | | | | |
| Start Date (10) 7-11-2016 | | Scheduled Completion Date (11) 7-20-2016 | License No. 01084 | | | | | | |
| 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: _____ | | Name of OSHA Monitor GL Group, Inc | | | | | | | |
| | | Street Address 140 Hamburg Tpke | | | | | | | |
| | | 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 SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | X | | | Duct Insulation | 370 SF | X | | | |
| Boiler Room | X | | | Pipe & Fittings Insulation | 245 LF | X | | | |
| Boiler Room | X | | | Exterior Water Tank Insulation | 110 SF | X | | | |
| Boiler Room | X | | | Exterior Boiler Insulation/Interior Boiler Material | 680 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 <i>Elena Solakov</i> | | | Date 7-1-2016 | | | |

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

original check # 10613
sent 4/29/16

Noack

| | | | | | | | | | |
|--|--|---|---|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 7 / 5 / 16 | | Name of Building Owner/Operator (2) City of Camden | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address PO Box 95120 | | | | | | | |
| | | City, State, Zip Code Camden, NJ 08101 | | | | | | | |
| | | Name of Contact John Bond | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) ROYDEN STREET RESIDENCES | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Substantially Different (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 429, 651 ROYDEN STREET RESIDENCES | | Square Feet varies | # of Floors varies | | | | | | |
| City (5) Camden | | Bldg. Age 50+ | | | | | | | |
| County (6) CAMDEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 117 | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | | |
| Street Address PO Box 365 | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| City, State, Zip Code Berlin, NJ 08009 | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone No. C 609-839-2432 | License No. 00847 | | | | | | |
| Start Date (10) 5 / 5 / 16 | Scheduled Completion Date (11) 9 / 30 / 16 | Name of OSHA Monitor CES | | | | | | | |
| 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-5:00PM/ PM- AM | | Street Address 1121 N Bethlehem Pike -Suite 60 | | | | | | | |
| | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| 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-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) 200 YD per res | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| SEE ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE ATTACHED | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management of NJ | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 200/residenc | Name of Registered Landfill GROWS | | | | | |
| City, State Fairless Hills, PA | | Disposal Date 9/30/16 | City, State Tullytown PA | | | | | | |
| Completed By (Print or Type) Patricia Visco | | Title Office Manager | Signature <i>Patricia Visco</i> | | | | Date 7/5/2016 | | |



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

original check # 10612
sent 4/22/16

| | | | | | | | | | |
|--|--|--|--|---|-----------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 7 / 5 / 16 | | Name of Building Owner/Operator (2) City of Camden | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address PO Box 95120 City, State, Zip Code Camden, NJ 08101 Name of Contact John Bond | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) LINE STREET RESIDENCES | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 515 517 519 LINE STREET RESIDENCES | | Square Feet varies # of Floors varies Bldg. Age 50+ | | | | | | | |
| City (5) Camden | County (6) CAMDEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 117 | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | | |
| Street Address PO Box 365 | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| City, State, Zip Code Berlin, NJ 08009 | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | Telephone No. C 609-839-2432 | Telephone No. 215 542 7000 | License No. 00847 | | | | | | |
| Start Date (10) 5 / 5 / 16 | Scheduled Completion Date (11) 9 / 30 / 16 | Name of OSHA Monitor CES | | | | | | | |
| 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-5:00PM / PM - AM | | Street Address 1121 N Bethlehem Pike -Suite 60 City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| SEE ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE ATTACHED | 200 YD per res | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management of NJ | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 200/residenc | Name of Registered Landfill GROWS | | | | | |
| City, State Fairless Hills, PA | | Disposal Date 9/30/16 | | City, State Tullytown PA | | | | | |
| Completed By (Print or Type) Patricia Visco | | Title Office Manager | | Signature <i>Patricia Visco</i> | | Date 7/5/2016 | | | |

NO CK

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

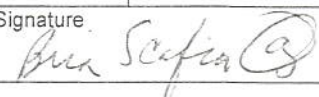
RECEIVED

| Date of Notification (1) <u>7</u> / <u>1</u> / <u>16</u> | | Name of Building Owner/Operator (2) Mount Holly Twp. Board Of Education | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 6 2016 ASBESTOS & L & </div> | | | | | |
|---|---|---|--------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 331 Levis Dr | | | | | | | |
| | | City, State, Zip Code Mt. Holly, NJ 08060 | | | | | | | |
| | | Name of Contact Bill Buffa | | Telephone Number 609-267-7606 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) FW Holbein Middle School | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 331 Levis Dr | | | | | | | | | |
| City (5) Mt. Holly | | | | Square Feet | # of Floors | | | | |
| County (6) Burlington | | | | County Code (7) (STATE USE ONLY) | | | | | |
| | | | | Current Use (Prior if being demolished) School | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc. | | ASCM No. 0112 | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address 344 West State St. | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08618 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm William Weisgarber | | Telephone No. 609-656-8101 | | Telephone No. 215-788-6040 | License No. 00509 | | | | |
| Start Date (10) <u>7</u> / <u>5</u> / <u>16</u> | | Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u> | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-3:30PM</u> / <u>PM-1:00AM</u> | | | | Street Address 1123 BEAVER STREET | | | | | |
| | | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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 |
| Boiler room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation | 475 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Breeching Insulation | 650 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Boiler Insulation | 450 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tank Insulation | 350 SF | <input checked="" 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 30 | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State NEW CASTLE, DE 19720 | | | | Disposal Date 7/29/2016 | City, State WAYNESBURG, OH 44688 | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro</i> | | | Date <i>7/1/16</i> | | |

NO CK

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

REC
PAGE 2
JUL 6 2016
ASBESTOS CONTROL & LICENSING

| Date of Notification (1) <u>7</u> / <u>1</u> / <u>16</u> | | Name of Building Owner/Operator (2) Mount Holly Twp. Board Of Education | | | | | | | |
|--|---|--|---|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 331 Levis Dr | | | | | | | |
| | | City, State, Zip Code Mt. Holly, NJ 08060 | | | | | | | |
| | | Name of Contact Bill Buffa | Telephone Number 609-267-7606 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) FW Holbein Middle School | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 331 Levis Dr | | | | | | | | | |
| City (5) Mt. Holly | Square Feet | # of Floors | Bldg. Age | | | | | | |
| County (6) Burlington | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc. | ASCM No. 0112 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 344 West State St. | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08618 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm William Weisgarber | Telephone No. 609-656-8101 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) <u>7</u> / <u>5</u> / <u>15</u> | Scheduled Completion Date (11) <u>7</u> / <u>29</u> / <u>16</u> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-3:30PM</u> / <u>PM-1:00AM</u> | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Brick | 300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Boiler Rib Insulation | 300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gasket | 2 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incinerator | 300 SF | <input checked="" 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 30 | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date 7/29/2016 | | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | | Signature  | | | Date 7/1/16 | | | |

RS16010

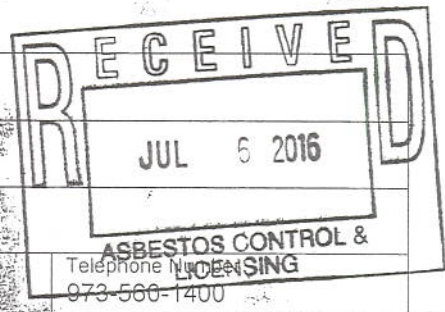
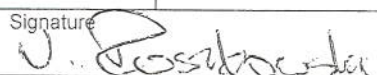
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 2700

| | | | |
|---|--|---|---|
| Date of Notification (1) 07 / 05 / 15 | | Name of Building Owner / Operator (2) First Energy | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> | | Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation | |
| Street Address 76 South Street | | City, State, Zip Code Akron, Ohio 44308 | |
| Name of Contact Jim Halsey | | Telephone Number 215-931-4351 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Street Address 283 LENOX 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 bldgs., homes, etc.) | |
| City (5) LONG BRANCH | County (6) MONMOUTH | County Code (7) | Square Feet |
| | | | # Of Floors |
| | | | Building Age |
| | | Current Use (Prior if being demolished) | |
| | | Telephone Pole | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations | | ASCM NO NORTHSTAR CONTRACTING GROUP, INC. | |
| Street Address 655 West Shore Trail | | Street Address 32 Williams Parkway | |
| City, State, Zip Code Sparta, NJ 07871 | | City, State, Zip Code East Hanover, NJ 07036 | |
| Project Mngr. For Monitoring Firm Dino Nappi | | Telephone Number 212-682-9271 | |
| Scheduled Start Date (10) 07 / 19 / 16 | Sched. Completion Date (11) 07 / 21 / 16 | Telephone Number 973-884-8682 | License Number 00860 |
| Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe: | | Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. | |
| | | Street Address 32 Williams Parkway | |
| | | City, State, Zip Code East Hanover, NJ 07036 | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos Containing TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | | | |
| Exterior Telephone Pole | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | Transite Conduit | 25 LF |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 4509 | Cubic Yards of Waste |
| City, State NEWARK, NJ | | Disposal Date | Name of Registered Landfill I.E.S.I. |
| | | | City, State BETHLEHEM, PA 18105 |
| Completed by (Print or Type) Steven Stiles | | Title Project Manager | Signature <i>Steven Stiles</i> |
| | | | Date 07/05/16 |

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

CK 41687

| Date of Notification (1) 07/02/2016 | | Name of Building Owner/Operator (2) Fairleigh Dickinson University | | | | | | | |
|--|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1000 River Road | | | | | | | |
| <input 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, NJ 07601 | | | | | | | |
| | | Name of Contact Craig Gorczyca | | | | | | | |
| <div style="text-align: right;">  </div> | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Dreyfuss Building | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 145 Park Avenue | | Square Feet | # of Floors | | | | | | |
| City (5) Florham Park | | Bldg. Age | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc | | ASCM No. 0095 | Name of Abatement Contractor (9) VMC Company Inc | | | | | | |
| Street Address 5434 King Ave | | Street Address 208 Piaget Avenue | | | | | | | |
| City, State, Zip Code Pennsauken, NJ 08109 | | City, State, Zip Code Clifton, NJ 07011 | | | | | | | |
| Project Manager for Monitoring Firm Jay Murray | | Telephone No. 888-306-4545 | Telephone No. 973-253-8828 | | | | | | |
| Start Date (10) 07/19/2016 | | Scheduled Completion Date (11) 07/21/2016 | License No. 00704 | | | | | | |
| Name of OSHA Monitor VMC Company 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <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) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Auditorium | | x | | Ceiling plaster | 12 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 05409 | Cubic Yards of Waste | Name of Registered Landfill IESI Bethlehem Landfill | | | | | |
| City, State Newark, NJ | | | Disposal Date | City, State Bethlehem, PA | | | | | |
| Completed by Voytek Roszkowski | | Title President | Signature  | | | Date 07/02/2016 | | | |

EDS16-164

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

Page 1 of 2

Check # 2236

| | | | | | | | | | |
|---|---|---|--|--|----------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 6-30-2016 | | Name of Building Owner/Operator (2) Midland Park Schools Board of Education | | | | | | | |
| Agencies Notified | Type Notification | Street Address 250 Prospect Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Name of Contact Scott Collins | | | | | | | |
| Telephone Number 201-444-1400 2016 | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Midland Park HS | | 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 250 Prospect Street | | ASBESTOS CONTROL & LICENSING | | | | | | | |
| City (5) Midland Park | Square Feet 40,000 + | # of Floors 2 | Bldg. Age 40+ | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc. | | ASCM No. 00079 | Name of Abatement Contractor (9) GL Group, Inc | | | | | | |
| Street Address 20-21 Wagaraw Rd, Building 35E | | Street Address 140 Hamburg Tpke | | | | | | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | City, State, Zip Code Bloomington, NJ 07403 | | | | | | | |
| Project Manager for Monitoring Firm Guillermo M Morales | Telephone No. (973) 636-9145 | Telephone No. (201) 710-9725 | License No. 01084 | | | | | | |
| Start Date (10) 7-9-2016 | Scheduled Completion Date (11) 7-25-2016 | Name of OSHA Monitor GL Group, Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>weekend work only, Friday 3pm to Sunday</u> | | Street Address 140 Hamburg Tpke | | | | | | | |
| | | City, State, Zip Code Bloomington, 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 24 locations throughout school | | X | | Pipe & Joint Insulation | 499 LF | X | | | |
| See attached | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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 Bloomington, NJ | | | Disposal Date TBD | City, State Waynesburg, OH | | | | | |
| Completed by Elena Solakov | | Title President | Signature <i>Elena Solakov</i> | | | Date 6-30-2016 | | | |

1. Rm 16 – 12 lf
2. Kitchen entering Café 22 lf
3. Bond Rm – 20 lf
4. Men's Phys Ed – 18 lf
5. Continuing Ed Office – 35 lf
6. Special services – 22 lf
7. Main office – 38 lf
8. Guidance 20 lf
9. Small facility men's Rom 20 lf (stalls)
10. Café S1 – 22 lf
11. Small facility women's Rm 22 lf
12. Rm 53 – 22 lf
13. Rm 54 – 22 lf
14. Kitchen office - 16 lf
15. Outside kitchen office – 22 lf
16. Kitchen waste Rm – 15 lf
17. Kitchen locker Rm – 22 lf
18. Rm next to kitchen – 22 lf
19. Meeting Rm – 22 lf
20. Girls locker Rm – 22 lf (next to shower)
21. Trainers Rm – 12 lf
22. Outside trainers Rm in boys locker – 14 lf
23. Girls locker room leading to storage closet – 15 lf
24. Girls locker shower – 22 lf

Total: 499 lf

