

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

check # 41317

Date of Notification (1) 7/10/17 Month/Day/Year		Name of Building Owner/Operator (2) Preit Services LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 12 2017 ASBESTOS CONTROL & LICENSING </div>
Agency Notified	Type Notification	Street Address		
X EPA	x Initial	200 South Broad Street 3rd floor		
X DEP	Notification	City, State, Zip Code		
X DCA	Amended	Philadelphia, PA 19102		Telephone Number
X DOH	Notification	Name of Contact		
	Cancellation	Melaine Glass		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cherry Hill Mall- Zara- storage room 5029			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 2000 NJ-38			Square Feet 99,000		
City (5) Cherry Hill			County (6) NJ	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 80		
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental Inc			Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 617 Stokes Road Suite 4-318			Street Address 98 LaCrue Avenue		
City, State, Zip Code Medford NJ 08055			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mark Rubnitz		Telephone Number 888-715-2211	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 07/12/17 Month/Day/Year		Sched. Completion Date (11) 07/14/17 Month/Day/Year		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:00 AM to 4:30 PM Other - Describe:			Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
Demolition	<input checked="" type="checkbox"/> Renovation	Mini - Enclosure	
<input checked="" type="checkbox"/> >3 sf or >3 if		Glovebag Procedure	
>160 sf or >260 lf		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A S E L	E N C L O S U R E
Storage room 5029		x		floor tile	800 SF	x			

Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Tulltown Resources Recovery Facility	
City, State 1519 Rev S Howard Woodson Jr Way, trenton NJ 08638			Disposal Date As req.	City, State Tullytown PA	

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 7-10-17
---	--------------------------	---------------------------------	-----------------

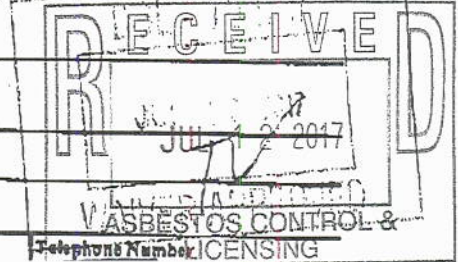
07/10/2017 12:30 Associated

(FAX) 610 364 9624

P.002/004

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:160-7 and 12:120-7)

CHECK # 41317



Date of Notification (1) 7/10/17 Month/Day/Year		Name of Building Owner/Operator (2) Proff Services LLC	
Agency Notified	Type Notification	Street Address	
X EPA	X Initial	200 South Broad Street 3rd floor	
X DEP	Notification	City, State, Zip Code	
X DCA	Amended	Philadelphia, PA 19102	
X DOH	Notification	Name of Contact	
	Cancellation	Melsine Glass	
		Telephone Number	

FACILITY INFORMATION

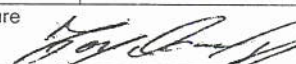
Name of Facility Where Abatement is Taking Place (3) Cherry Hill Mall- Zara- storage room 5029			Type of Facility (4)		
Street Address 2000 NJ-38			School (K12)		
City (5) Cherry Hill			Subchapter S (Other than K12)		
County (6) NJ			X Other (i.e. Private & commercial buildings, homes, etc.)		
County Code (7) (STATE USE ONLY)			Square Feet 39,000	# of Floors 2	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) FINOC Environmental Inc			Current Use (Prior if being demolished)		
ASCM No.			Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 617 Stokes Road Suite 4-318			Street Address 98 LaCruce Avenue		
City, State, Zip Code Medford NJ 08055			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mark Rubmits			Telephone Number 610-364-9622		
Telephone Number 888-713-2211			Licence Number 1103		
Scheduled Start Date (10) 07/11/17 Month/Day/Year		Sched. Completion Date (11) 07/14/17 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one)					
Facility Closed/Vacated During Entire Period of Abatement					
X Abatement Performed Outside of Normal Facility					
Hours - Describe: 8:00 AM to 4:30 PM					
Other - Describe:					
Street Address 3370 Progress Dr					
City, State, Zip Code Bensalem, PA 19020					
Scope of work (Check all that apply)					
Demolition					
X Renovation					
Full Containment with Negative Pressure					
Mini - Enclosure					
Glovebag Procedure					
X 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	ENCLOSURE	ENCLOSURE
Storage room 5029		X		Floor tile	300 SF	X			

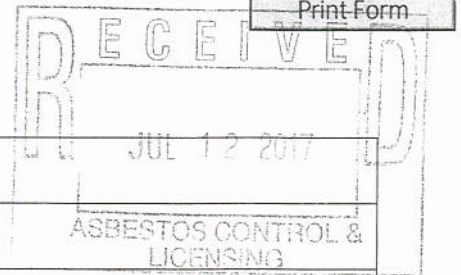
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Tulltown Resources Recovery Facility	
City, State 1519 Rev S Howard Woodson Jr Way, Trenton NJ 08639		Disposal Date As req.	City, State Tullytown PA		
Completed By (Print or Type) Mark Goshaw		Title Project Manager	Signature <i>Mark Goshaw</i>	Date 7-10-17	
ABS-1 JUN 95					

G4667

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

Date of Notification (1) 7/12/17		Name of Building Owner/Operator (2) Miguel Serra							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" 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 # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Miguel Serra	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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) Paramus, NJ		Square Feet	# of Floors						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) Super, LLC						
Street Address 2200 Paterson Plank Road		Street Address 203 Belmont Ave							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Haledon, NJ 07508							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201 864 6583	License No. 01195						
Start Date (10) 6/29/17	Scheduled Completion Date (11) 8/29/17	Name of OSHA Monitor Super, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 203 Belmont Ave							
<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 Haledon, NJ 07508							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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) <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
ROOF		X		Flashing	1200 SF	X			
Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. WH16329	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State 203 Belmont Ave Haledon, NJ 07508			Disposal Date TBD	City, State Tullytown, PA					
Completed by Tailor Dominguez		Title Project Manager	Signature 	Date 6/15/17					

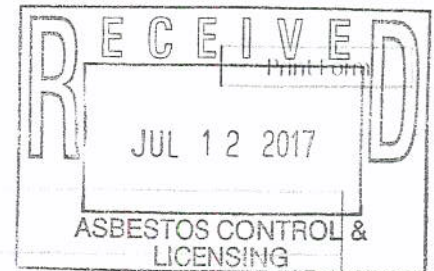
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



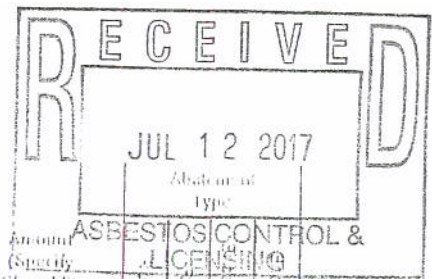
Date of Notification (1) 7/12/17		Name of Building Owner/Operator (2) Miguel Serra							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Miguel Serra	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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) Paramus, NJ		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) Super, LLC						
Street Address 2200 Paterson Plank Road		Street Address 203 Belmont Ave							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Haledon, NJ 07508							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201 864 6583	License No. 01195						
Start Date (10) 6/29/17	Scheduled Completion Date (11) 8/29/17	Name of OSHA Monitor Super, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 203 Belmont Ave							
<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 Haledon, NJ 07508							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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
2nd Floor under Carpet Linoleum and Tiles		X		9X9 Floor Tile & Mastic	20,000 SF	X			
Kitchen Duct Closet 2nd Floor		X		9X9 Floor Tile & Mastic 2 Layers	60 SF	X			
Kitchen West Side		X		Mastic under 12X12 Floor Tile	800 SF	X			
Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. WH16329		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management				
City, State 203 Belmont Ave Haledon, NJ 07508				Disposal Date TBD	City, State Tullytown, PA				
Completed by Tailor Dominguez		Title Project Manager		Signature 		Date 6/15/17			

CK 3293

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



Date of Notification (1) 6/15/17		Name of Building Owner/Operator (2) Miguel Serra							
Agencies Notified		Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
City, State, Zip Code Paramus, NJ 07652		Telephone Number							
Name of Contact Miguel Serra									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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) Paramus, NJ		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.							
Street Address 2200 Palerson Plank Road		Name of Abatement Contractor (9) Super, LLC							
City, State, Zip Code Noth Bergen, NJ 07047		Street Address 203 Belmont Ave							
Project Manager for Monitoring Firm Carmelo Altomonte		City, State, Zip Code Haledon, NJ 07508	Telephone No. (201) 864-6583						
Start Date (10) 6/29/17	Scheduled Completion Date (11) 8/29/17	Telephone No. (201) 336-0477	License No. 01195						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Super, LLC							
<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 203 Belmont Ave							
Scope of Work (Check All That Apply)		City, State, Zip Code Haledon, NJ 07508							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) <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
1st Floor Big Room		X		Residual Mastic	900 SF	X			
South East Area 1st Floor		X		9x9 Floor Tile	300 SF	X			
North West Closet		X		9x9 Floor Tile	75 SF	X			
Corridor and Office Area		X		Brown 9x9 Floor Tile & Mastic	3500 SF	X			
Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. WH16329		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management			
City, State 203 Belmont Ave Haledon NJ, 07508		Disposal Date TBD		City, State Tullytown, PA					
Completed by Tailor Dominguez		Title Project Manager		Signature 		Date 6/15/17			



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 system insulation, surfacing, VVT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			ASBESTOS CONTROL & LICENSING			
Stairs to Boiler Room		X		Mastic under 12x12 White Floor Tile	175 SF	X			
Stairs to Boiler Room		X		9x9 Floor Tile under 12x12 Floor Tile	20 SF	X			
Elevator Machine Room		X		9x9 White Speckled Floor Tile & Mastic	70 SF	X			
Kitchen Duct Closet 2nd Floor		X		9x9 Floor Tile & Mastic 2 Layers	60 SF	X			
2nd Floor under Carpet Linoleum & Tiles		X		9x9 Floor Tile & Mastic	20,000 SF	X			
Kitchen West Side		X		Mastic under 12x12 Floor Tile	800 SF	X			
Roof		X		Flashing	1200 SF	X			

State of New Jersey check #11331
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>7</u> / <u>11</u> / <u>17</u>		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 12 2017 ASBESTOS CONTROL & LICENSING </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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address PO Box 95120			
		City, State, Zip Code Camden, NJ 08101				Name of Contact James Rizzo			
						Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1131 JACKSON ST STRUCTURE				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 1131 JACKSON ST STRUCTURE									
City (5) Camden				Square Feet varies	# of Floors varies				
County (6) CAMDEN				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address _____		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code _____		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) <u>7</u> / <u>12</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>		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: <u>7:00AM-5:00PM</u> / ____ 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) <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
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	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 8/31/17		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date <u>7/11/17</u>			

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

check # 11330

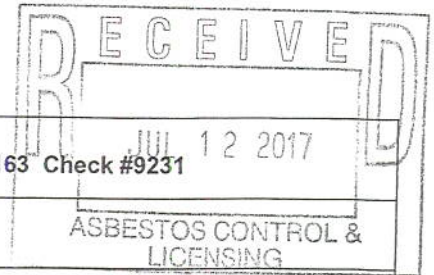
Date of Notification (1) <u>7</u> / <u>11</u> / <u>17</u>		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL 12 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120			
City, State, Zip Code Camden, NJ 08101		Name of Contact James Rizzo			
		Telephone Number			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 2753 SAUNDERS STRUCTURE			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 2753 SAUNDERS STRUCTURE					
City (5) Camden			Square Feet varies	# of Floors varies	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)		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems		
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60			
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 215 542 7000	License No. 00847	
Start Date (10) <u>7</u> / <u>12</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>		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: <u>7:00</u> AM- <u>5:00</u> PM/____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 Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	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"/>

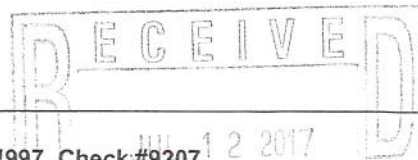
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS	
City, State Fairless Hills, PA		Disposal Date 5/31/17	City, State Tullytown PA		
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>		Date 7/11/2017	

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



Date of Notification (1) <u>7</u> / <u>6</u> / <u>17</u>		Name of Building Owner/Operator (2) Township of Woodbridge / Job #1706-5163 Check #9231							
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>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Main Street							
		City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Building Department	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbridge Main Library		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 1 George Frederick Plaza		Square Feet	# of Floors						
City (5) Woodbridge, NJ 07095		Bldg. Age							
County (6) Misslesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 11 Tindall ROad		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>6</u> / <u>26</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>7</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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"/>	Rope Gasketing	190 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"/>	Transite Panel	25 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"/>	Rib paste, gasketing, fire bricks & packing	1/2 cubic yard	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/7/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gmt</i>			Date <u>7/6/17</u>		

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



Date of Notification (1) <u>7</u> / <u>6</u> / <u>17</u>		Name of Building Owner/Operator (2) West Long Branch BOE/ Job #1603-4997 Check #9207	
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 135 Locust Avenue City, State, Zip Code Long Branch, NJ 07764 Name of Contact Brian Keeshan Telephone Number	

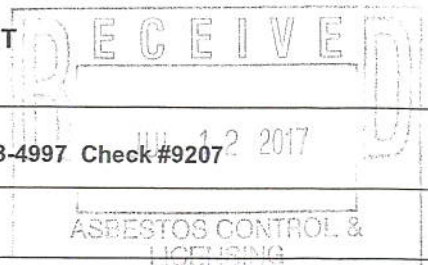
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Frank Antonides 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 and commercial buildings, homes, etc.)	
Street Address 135 Locust Avenue		Square Feet # of Floors Bldg. Age	
City (5) West Long Branch, NJ 07764		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) School	
County (6) Monmouth		Name of Abatement Contractor (9) AbateTech, Inc.	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0026	
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm James Guilardi		Telephone No. 856-840-8800	
Start Date (10) <u>6</u> / <u>23</u> / <u>17</u>		Scheduled Completion Date (11) <u>7</u> / <u>10</u> / <u>17</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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor EMSL Analytical	
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

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
A&B Wing Hallway, 9 closets & gym storage room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	220 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&B Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	300 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 7/10/17		City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gmt</i>			Date 7/6/17	

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



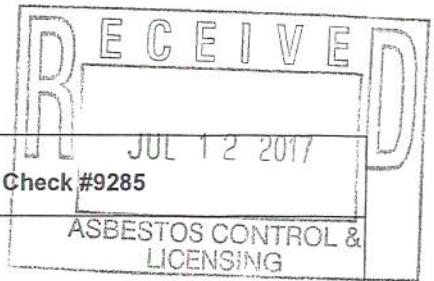
Date of Notification (1) 7 / 6 / 17		Name of Building Owner/Operator (2) West Long Branch BOE/ Job #1603-4997 Check #9207							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 135 Locust Avenue City, State, Zip Code Long Branch, NJ 07764 Name of Contact Brian Keeshan Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Frank Antonides 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 and commercial buildings, homes, etc.)							
Street Address 135 Locust Avenue		Square Feet	# of Floors						
City (5) West Long Branch, NJ 07764		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No. 0026	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Guillard	Telephone No. 856-840-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 23 / 17	Scheduled Completion Date (11) 7 / 10 / 17	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
A&B Wing Hallway, 9 closets & gym storage room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	220 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/10/17	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 7/10/17						

RECEIVED
JUL 12 2017
Bolders / Job #1706-5174 Check #9283
ASBESTOS CONTROL & LICENSING

ASB-41
MAY 11

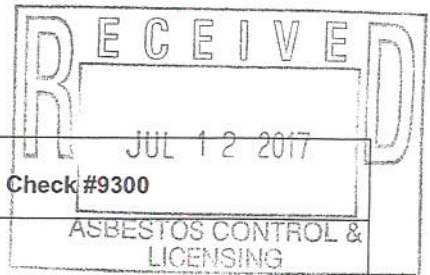
* Do not use this form for asbestos licensure exempted activities.

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



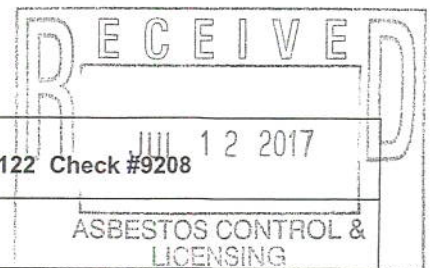
Date of Notification (1) 6 / 28 / 17		Name of Building Owner/Operator (2) Marlboro Township BOE / Job #1706-5171 Check #9285							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1980 Township Drive City, State, Zip Code Marlboro, NJ 07746-2298 Name of Contact Michael Crivelli Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Defino Central 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 175 Route 79		Square Feet # of Floors Bldg. Age							
City (5) Marlboro, NJ 07746		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) School							
County (6) Monmouth		Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services							
Name of Abatement Contractor (9) AbateTech, Inc.		ASCM No.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	License No. 00529						
Start Date (10) 7 / 5 / 17	Scheduled Completion Date (11) 7 / 7 / 17	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows	2 total	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/7/17	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 6/28/17						

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



Date of Notification (1) 6 / 28 / 17		Name of Building Owner/Operator (2) Marlboro Township BOE / Job #1706-5171 Check #9300							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1980 Township Drive City, State, Zip Code Marlboro, NJ 07746-2298 Name of Contact Michael Crivelli Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robertsville 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 and commercial buildings, homes, etc.)							
Street Address 36 Menzel Lane		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) Morganville, NJ 07751		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
County (6) Monmouth		Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services							
Street Address PO Box 365		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Jim Proctor		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 609-839-2432		Telephone No. 609-265-2107							
License No. 00529		Name of OSHA Monitor EMSL Analytical							
Start Date (10) 7 / 5 / 17		Scheduled Completion Date (11) 7 / 7 / 17							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows	2 total	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 7/7/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6/28/17			

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



Date of Notification (1) <u>7</u> / <u>7</u> / <u>17</u>		Name of Building Owner/Operator (2) Jamesburg Public Schools / Job #1703-5122 Check #9208							
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>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13 Augusta Street							
		City, State, Zip Code Jamesburg, NJ 08831							
		Name of Contact Administration	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JFK ES		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 28 Front Street		Square Feet	# of Floors						
City (5) Jamesburg, NJ 08831		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mike Stocku	Telephone No. 609-304-3969	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>6</u> / <u>26</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>11</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical							
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> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 200 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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	250 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"/>	Insulation btw. Boiler Ribs	200 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"/>	Old Wire Insulation	500 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/11/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 7/7/17		

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

B & G proj. #: 2017-79

Check # 8478

Date of Notification (1) 07/11/17		Name of Building Owner/Operator (2) Tom & Sharyn Boyle	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code North Caldwell, NJ 07006	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Tom & Sharyn Boyle	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 12 2017 NJ DEPT OF ENVIRONMENTAL CONTROL & LICENSING </div>	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Tom & Sharyn Boyle			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) North Caldwell, NJ 07006	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/20/2017		Sched. Completion Date (11) 07/21/2017			
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: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
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 checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

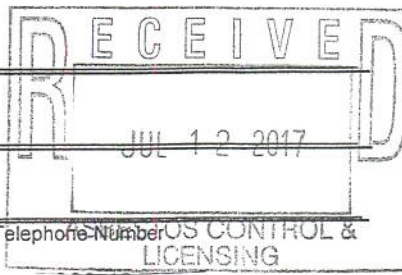
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	boiler insulation	45 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/21/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/10/2017

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

B & G proj. #: 2017-85

Check # 8479

Date of Notification (1) 07/10/17		Name of Building Owner/Operator (2) Hutchinson Homes, LLC		
Agencies Notified	Type Notification	Street Address P.O. Box227		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Edgewater, NJ 07020		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Donnell Wright		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Donnell Wright			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) Plainfield	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 07/21/2017		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 checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	170 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 07/24/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/10/2017

EDS17-086

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

Page 1 of 1

Check # 2858

Date of Notification (1) 7-5-2017		Name of Building Owner/Operator (2) Little Ferry Board of Education							
Agencies Notified	Type Notification	Street Address 130 Liberty Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Ferry, New Jersey 07643							
		Name of Contact Lou Albanese	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Memorial School		Type of Facility (4)							
Street Address 130 Liberty St.		<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) Little Ferry		Square Feet 40,000 +	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 20 Lauck Road		Street Address 140 Hamburg Tpke							
City, State, Zip Code Mohnton, PA 19540		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Krischer		Telephone No. (610) 223-1832	License No. 01084						
Start Date (10) 7/14/2017	Scheduled Completion Date (11) 7/18/2017	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Tpke							
<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 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 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
Hallway/Main Office Hallway/Boiler Rm Hallway		X		Ceiling Tile	2,130 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 7/5/2017		

EDS17-093

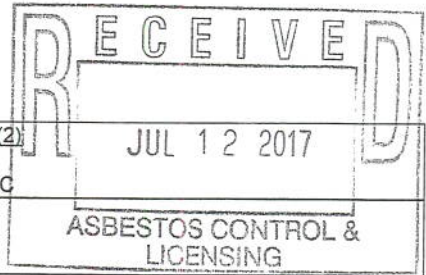
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1

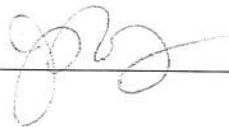
Check # 2859

Date of Notification (1) 7-6-2017		Name of Building Owner/Operator (2) Englewood Cliffs School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 143 Charlotte Place		City, State, Zip Code Englewood Cliffs, NJ 07632							
Name of Contact Frank Bolognini		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Cliff 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 700 Floyd Street		Square Feet 20,000 +							
City (5) Englewood Cliffs		# of Floors 1							
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							
Street Address 307 North Walnut Street		Name of Abatement Contractor (9) GL Group, Inc							
City, State, Zip Code West Chester, PA 19380		Street Address 140 Hamburg Tpke							
Project Manager for Monitoring Firm Philip Conteh		City, State, Zip Code Bloomingdale, NJ 07403							
Telephone No. 610-431-7545		Telephone No. (201)710-9725							
License No. 01084		Name of OSHA Monitor GL Group, Inc							
Start Date (10) 7-10-2017		Scheduled Completion Date (11) 7-15-2017							
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 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 11		X		Carpet, VAT, Mastic	1,360 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 7-6-2017			

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



<u>Date of Notification (1)</u> 07/10/17			<u>Name of Building Owner/Operator (2)</u> Calpine New Jersey Generation LLC		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> () Initial Notification (x) Amended Certification () Cancelled		<u>Street Address</u> 717 Texas Ave, Suite 1000 <u>City, State, Zip Code</u> Houston, TX 77002-2743 <u>Name of Contact</u> Paul Ostberg	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Calpine New Jersey Generation LLC <u>Street Address</u> 373 N. Broadway <u>City (5)</u> Pennsville <u>County (6)</u> Salem <u>County Code (7)</u> (State Use Only)			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet 97,850 # of Floors __8__ Bldg. Age __55__ Current Use (prior if being demolished) Power Plant		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Horizon Environmental Group <u>Street Address</u> PO Box 316 <u>City, State, Zip Code</u> Thorofare, NJ 08086		<u>ASCM No.</u> 00073		<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company <u>Street Address</u> 2217 Spillman Dr <u>City, State, Zip Code</u> Bethlehem Pennsylvania 18015	
<u>Project Manager for Monitoring Firm</u> Steve Flanigan		<u>Telephone Number</u> 856-848-0800		<u>Telephone Number</u> 610-691-1800 <u>License Number</u> 00721	
<u>Scheduled Start Date (10)</u> 07/10/17		<u>Scheduled Completion Date (11)</u> 03/02/18		<u>Name of OSHA Monitor</u> Brandenburg Industrial Service Company <u>Street Address</u> 2217 Spillman Drive <u>City, State, Zip Code</u> Bethlehem, PA 18015	
<u>Occupancy Status During Abatement (Check only one)</u> (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe <u>Demolition</u> (x) Scheduled Demo Start 07/11/16 Scheduled Demo Completion 09/28/18					
<u>Source of Work (Check all that apply)</u> (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					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
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
<u>Name of Reg. Waste Hauler</u> Massari & Sons		<u>NJDEP Waste Hauler ID #</u> 01951		<u>Cubic Yards of Waste</u> 25,000 cy	
<u>Name of Reg. Landfill</u> 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> 07/10/17	

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

