

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

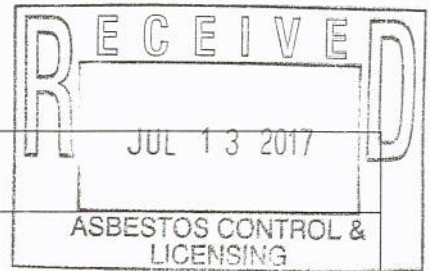
*Check # 2903*

|  |  |  |   |  |                                      |
|--|--|--|---|--|--------------------------------------|
| Date of Notification (1)<br>07 / 12 / 17   |  | Name of Building Owner / Operator (2)<br>STEPAN COMPANY  |   | <div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b><br/><br/> JUL 13 2017<br/><br/> ASBESTOS CONTROL &amp; LICENSING </div> |                                      |
| Agencies Notified  |  | Street Address   |   |  |                                      |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL  |  | 100 WEST HUNTER AVENUE   |   |  |                                      |
| Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation  |  | City, State, Zip Code<br>MAYWOOD, NJ 07607<br>Name of Contact<br>JOHN OSTROSKI   |   |  |                                      |
| FACILITY INFORMATION   |  |  |   |  |                                      |
| Name of Facility Where Abatement is Taking Place (3)<br>STEPAN COMPANY   |  |  | Type of Facility (4)  |  |                                      |
| Street Address<br>100 WEST HUNTER AVENUE   |  |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) |  |                                      |
| City (5)<br>MAYWOOD  | County (6)<br>BERGEN   | County Code (7)  | Square Feet<br>N/A  | # Of Floors<br>N/A   | Building Age<br>N/A                  |
|  |  |  | Current Use (Prior if being demolished)<br>EXTERIOR   |  |                                      |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>AET  |  | ASCM NO  | Name of Abatement Contractor (9)<br>NORTHSTAR CONTRACTING GROUP, INC.   |  |                                      |
| Street Address<br>907 DOOLITTLE DRIVE  |  |  | Street Address<br>32 Williams Parkway   |  |                                      |
| City, State, Zip Code<br>BRIDGEWATER, NJ 08807   |  |  | City, State, Zip Code<br>East Hanover, NJ 07936   |  |                                      |
| Project Mngr. For Monitoring Firm<br>ERIC HOUSEKNECHT  |  | Telephone Number<br>908-218-1108   | Telephone Number<br>973-772-3660  |  |                                      |
| Schedul Start Date (10)<br>07 / 24 / 17  |  | Sched. Completion Date (11)<br>07 / 26 / 17  | License Number<br>00860   |  |                                      |
| Occupancy Status During Abatement (Check Only 1)   |  |  | Name of OSHA Monitor<br>NORTHSTAR CONTRACTING GROUP, INC.   |  |                                      |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:<br><input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30PM   |  |  | Street Address<br>32 Williams Parkway   |  |                                      |
|  |  |  | City, State, Zip Code<br>East Hanover, NJ 07936   |  |                                      |
| Scope of Work (Check All That Apply)   |  |  |   |  |                                      |
| <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |   |  |                                      |
| Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff (12)                             | Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)   | Abatement Type   |                                      |
|  | YES NO N/A   |  |   | R<br>E<br>M<br>O<br>V<br>A<br>L  | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L |
| EXTERIOR   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | TRANSITE   | 100 SF  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>             |
|  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A            |  |   | <input type="checkbox"/>   | <input type="checkbox"/>             |
|  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A            |  |   | <input type="checkbox"/>   | <input type="checkbox"/>             |
|  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A            |  |   | <input type="checkbox"/>   | <input type="checkbox"/>             |
| Name of Registered Waste Hauler<br>NEWARK CARTING  |  | NJDEP Waste Hauler ID No.<br>4509  | Cubic Yards of Waste  | Name of Registered Landfill<br>I.E.S.I.  |                                      |
| City, State<br>NEWARK, NJ  |  | Disposal Date  | City, State<br>BETHLAHEM, PA  |  |                                      |
| Completed by (Print or Type)<br>PAUL MAST  |  | Title<br>VICE PRESIDENT  | Signature<br><i>Paul Mast</i>   |  | Date<br>07/12/17                     |



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

0974-02



|  |  |   |  |  |  |                           |        |                                     |                          |                          |                          |
|--|--|---|--|--|--|---------------------------|--------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>7</u> / <u>12</u> / <u>17</u>   |  |   | Name of Building Owner/Operator (2)<br><b>PENNSVILLE SCHOOL DISTRICT</b> |  |  |                           |        |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)   |  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br><b>30 CHURCH STREET</b><br>City, State, Zip Code<br><b>PENNSVILLE NJ 08070</b><br>Name of Contact _____ Telephone Number _____   |  |                           |        |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |  |                           |        |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PENNSVILLE HIGH SCHOOL</b>  |  |   |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |  |                           |        |                                     |                          |                          |                          |
| Street Address<br><b>110 S BROADWAY</b>  |  |   |  | Square Feet <b>&gt;50,000</b> # of Floors <b>1</b> Bldg. Age <b>75</b>   |  |                           |        |                                     |                          |                          |                          |
| City (5)<br><b>PENNSVILLE</b>  |  | County (6)<br><b>SALEM</b>  |  | County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)<br><b>SCHOOL</b>  |  |                           |        |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>HEALTH AND SAFETY SERVICES</b>   |  |   | ASCM No. _____   | Name of Abatement Contractor (9)<br><b>DELTA/BJDS, INC</b>   |  |                           |        |                                     |                          |                          |                          |
| Street Address<br><b>318 12<sup>TH</sup> STREET</b>  |  |   | Street Address<br><b>1345 INDUSTRIAL BLVD</b>                            |  |  |                           |        |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>HAMMONTON, NJ 08037</b>  |  |   | City, State, Zip Code<br><b>SOUTHAMPTON, PA 18966</b>                    |  |  |                           |        |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>AL OSWALD</b>  |  | Telephone No.<br><b>609 704-8850</b>  | Telephone No.<br><b>215 322-2900</b>                                     |  | License No.<br><b>00783</b>                            |                           |        |                                     |                          |                          |                          |
| Start Date (10)<br><u>6</u> / <u>13</u> / <u>17</u>  |  | Scheduled Completion Date (11)<br><u>8</u> / <u>31</u> / <u>17</u>  |  | Name of OSHA Monitor<br><b>CRITERION LABS</b>  |  |                           |        |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7</u> AM- <u>      </u> PM/ <u>4:30</u> PM- <u>      </u> AM |  |   |  | Street Address<br><b>400 STREET ROAD</b><br>City, State, Zip Code<br><b>BENSALEM PA 19020</b>  |  |                           |        |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |  |  |  |                           |        |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                           |        |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF) |        | Abatement Type                      |                          |                          |                          |
|  |  | Yes   | No   |  |  |                           |        | N/A                                 | Removal                  | Repair                   | Encapsulate              |
| ADMINISTRATION AREA  |  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/>   | FLOOR TILE (PLEASE SEE ATTACH                          |                           | 12 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADMINISTRATION AREA  |  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/>   | SHELVING CONVECTORS                                    |                           | 12     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADMINISTRATION AREA  |  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/>   | SELECTIVE FLOOR TILE BY UV'S                           |                           | 108 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADMINISTRATION AREA  |  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                                      | <input type="checkbox"/>   | ACM FITTINGS (ASSUMED)                                 |                           | 24 SF  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GRP</b>  |  |   | NJDEP Waste Hauler ID No.<br><b>20990</b>                                | Cubic Yards of Waste   | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                           |        |                                     |                          |                          |                          |
| City, State<br><b>58 PYLES LANE NEW CASTLE DE 19720</b>  |  |   |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>             |                           |        |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>MICHAEL PARSON</b>  |  | Title<br><b>PROJECT MANAGER</b>   |  | Signature<br><i>Michael Parson</i>   |  | Date<br><b>7-12-2017</b>  |        |                                     |                          |                          |                          |

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ASBESTOS CONTROL & LICENSING

[illegible]



ASB-41  
JAN 13

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

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**The Power of Experience.  
The Pride of Service.**

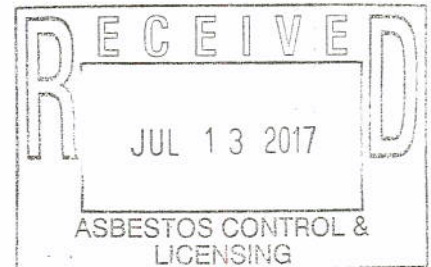
Pennsville High School Work Plan

PENNSVILLE HIGH SCHOOL

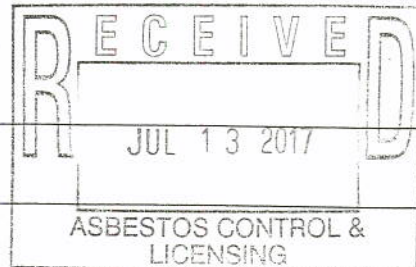
Floor tile in Administration Area

- Drilling 2.5" holes or smaller into approximately 50 floor tile
- Removal of existing shelving, convectors-12 UV's
- Floor tile to be removed to next joint after 24" dimension from wall
- Assumed ACM Fittings-2 per UV to be wrapped to be wrapped and cut.
- Removal of exterior caulk from two intake louvers

1345 Industrial Boulevard, Southampton, PA 18966  
Phone 215.322.2900 Phone 215.355.9300 Fax 215.322.1616  
[www.deltabids.com](http://www.deltabids.com)



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



| Date of Notification (1)<br><b>5 / 31 / 17</b>   |   | Name of Building Owner/Operator (2)<br><b>PENNSVILLE SCHOOL DISTRICT</b>   |  |  |                           |                                     |                          |                          |                          |
|--|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>30 CHURCH STREET</b><br>City, State, Zip Code<br><b>PENNSVILLE NJ 08070</b><br>Name of Contact<br>Telephone Number  |  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |  |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PENNSVILLE HIGH SCHOOL</b>  |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>110 S BROADWAY</b>  |   | Square Feet<br><b>&gt;50,000</b>   |  |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>PENNSVILLE</b>  |   | # of Floors<br><b>1</b>  | Bldg. Age<br><b>75</b>                                     |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>SALEM</b>   |   | County Code (7)(STATE USE ONLY)<br><b>SCHOOL</b>   |  |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>PENNONI ASSOCIATES, INC</b>  |   | ASCM No.<br><b>102</b>   | Name of Abatement Contractor (9)<br><b>DELTA/BJDS, INC</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>515 GROVE STREET SUITE B</b>  |   | Street Address<br><b>1345 INDUSTRIAL BLVD</b>  |  |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>HADDON HEIGHTS, NJ 08035</b>   |   | City, State, Zip Code<br><b>SOUTHAMPTON, PA 18966</b>  |  |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Alan Lloyd</b>   |   | Telephone No.<br><b>856-656-2875</b>   | License No.<br><b>00783</b>                                |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>6 / 13 / 17</b>  | Scheduled Completion Date (11)<br><b>8 / 31 / 17</b>  | Name of OSHA Monitor<br><b>CRITERION LABS</b>  |  |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7AM-4:30PM-AM</b>  |   | Street Address<br><b>400 STREET ROAD</b><br>City, State, Zip Code<br><b>BENSALEM PA 19020</b>  |  |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><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                |
| ADMINISTRATION AREA  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                   | FLOOR TILE (PLEASE SEE ATTACH  | 12 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADMINISTRATION AREA  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                   | SHELVING CONVECTORS  | 12                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADMINISTRATION AREA  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                   | SELECTIVE FLOOR TILE BY UV'S   | 108 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADMINISTRATION AREA  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                   | ACM FITTINGS (ASSUMED)   | 24 SF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GRP</b>  |   | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste                                       | Name of Registered Landfill<br><b>MINERVA LANDFILL</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>58 PYLES LANE NEW CASTLE DE 19720</b>  |   |  | Disposal Date  | City, State<br><b>WAYNESBURG, OH 44688</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>MICHAEL PARSON</b>  |   | Title<br><b>PROJECT MANAGER</b>  | Signature<br><i>Michael Parson</i>                         |  |                           | Date<br><b>5/31/2017</b>            |                          |                          |                          |

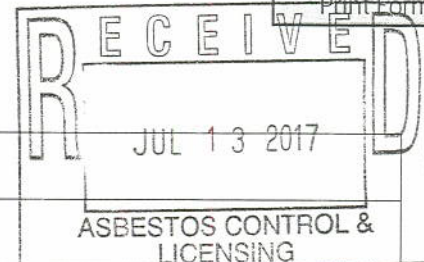


RECEIVED  
JUL 13 2017  
ASBESTOS CONTROL & LICENSING

[illegible]



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



| Date of Notification (1)<br>6/15/17  |   | Name of Building Owner/Operator (2)<br>Miguel Serra   |  |   |   |                |        |             |           |
|--|---|---|--|---|---|----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]  |  |   |   |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Paramus, NJ 07652  |  |   |   |                |        |             |           |
|  |   | Name of Contact<br>Miguel Serra   |  |   |   |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |   |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>N/A  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |   |                |        |             |           |
| Street Address<br>[REDACTED]   |   |   |  |   |   |                |        |             |           |
| City (5)<br>Paramus, NJ  |   | Square Feet   | # of Floors                                    |   |   |                |        |             |           |
| County (6)<br>Bergen   |   | Bldg. Age   |  |   |   |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)   |  |   |   |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>CA Environmental  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Super, LLC |   |   |                |        |             |           |
| Street Address<br>2200 Paterson Plank Road   |   | Street Address<br>203 Belmont Ave   |  |   |   |                |        |             |           |
| City, State, Zip Code<br>Noth Bergen, NJ 07047   |   | City, State, Zip Code<br>Haledon, NJ 07508  |  |   |   |                |        |             |           |
| Project Manager for Monitoring Firm<br>Carmelo Altomonte   |   | Telephone No.<br>(201) 864-6583   | Telephone No.<br>(201) 336-0477                |   |   |                |        |             |           |
| License No.<br>01195   |   |   |  |   |   |                |        |             |           |
| Start Date (10)<br>6/29/17   | Scheduled Completion Date (11)<br>8/29/17   |   | Name of OSHA Monitor<br>Super, LLC             |   |   |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   |   | Street Address<br>203 Belmont Ave              |   |   |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____           |   |   | City, State, Zip Code<br>Haledon, NJ 07508     |   |   |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |   |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition  |   |   |  |   |   |                |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |   |   |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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 |
| 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<br>Super, LLC  |   | NJDEP Waste Hauler ID No.<br>WH16329  |  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Waste Management |                |        |             |           |
| City, State<br>203 Belmont Ave Haledon NJ, 07508   |   |   |  | Disposal Date<br>TBD  | City, State<br>Tullytown, PA                    |                |        |             |           |
| Completed by<br>Tailor Dominguez   |   | Title<br>Project Manager  |  | Signature<br>   | Date<br>6/15/17                                 |                |        |             |           |

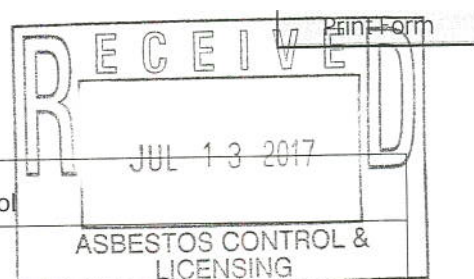
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| JUL 13 2017             |  |
| Statement Type          |  |
| Amount                  |  |
| ASBESTOS CONTROL & Mgmt |  |
| SF or LPI               |  |
| LICENSING               |  |

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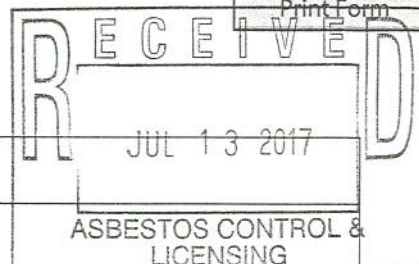
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1)<br>07/11/2017   |   | Name of Building Owner/Operator (2)<br>Empowerment Academy Charter School  |   |   |                           |                |        |             |           |
|--|---|--|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address<br>240 Ege Avenue   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Jersey City, NJ, 07034  |   |   |                           |                |        |             |           |
|  |   | Name of Contact<br>Duanne Moeller  | Telephone Number                                      |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>School   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                |        |             |           |
| Street Address<br>240 Ege Avenue   |   | Square Feet<br>N/A   | # of Floors<br>N/A                                    |   |                           |                |        |             |           |
| City (5)<br>Jersey City  |   | Bldg. Age<br>N/A   |   |   |                           |                |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>SCHOOL  |   |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Omega environmental Services INC  |   | ASCM No.<br>00120  | Name of Abatement Contractor (9)<br>EHW ABATEMENT LLC |   |                           |                |        |             |           |
| Street Address<br>208 Huyler Street  |   | Street Address<br>89 FRANKLIN STREET   |   |   |                           |                |        |             |           |
| City, State, Zip Code<br>Hackensack, NJ, 07606   |   | City, State, Zip Code<br>PATERSON, NJ, 07524   |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Alex Pallets  |   | Telephone No.<br>201-489-8700  | Telephone No.<br>973-333-5144                         |   |                           |                |        |             |           |
|  |   | License No.<br>01274   |   |   |                           |                |        |             |           |
| Start Date (10)<br>07/21/2017  | Scheduled Completion Date (11)<br>08/15/2017  | Name of OSHA Monitor<br>EHW ABATEMENT LLC  |   |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address<br>89 FRANKLIN STREET   |   |   |                           |                |        |             |           |
|  |   | City, State, Zip Code<br>PATERSON, NJ, 07524   |   |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) <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  |   | Boiler Insulation   | 20SF                      | x              |        |             |           |
| Boiler Room  |   | x  |   | Boiler Breaching  | 20 SF                     | x              |        |             |           |
| Boiler Room  |   | x  |   | Pipe Insulation   | 4LF                       | x              |        |             |           |
|  |   |  |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>TRI STATE TRANSFER/ JIMI BROTHER  |   | NJDEP Waste Hauler ID No.<br>19551   | Cubic Yards of Waste                                  | Name of Registered Landfill<br>MINERVA ENTERPRISES  |                           |                |        |             |           |
| City, State<br>1199 RANDALL AVE BRONX NY   |   |  | Disposal Date<br>TBD                                  | City, State<br>900 MINERVA RD WAYNESBURG NJ   |                           |                |        |             |           |
| Completed by<br>VICTOR ESPIRITU  |   | Title<br>PROJECT MANAGER   | Signature<br>   | Date<br>07/11/2017  |                           |                |        |             |           |

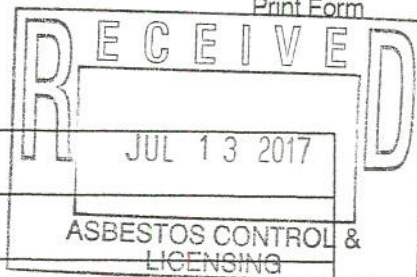
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1)<br>07-11-17   |   | Name of Building Owner/Operator (2)<br>PSE&G  |  |  |   |                  |        |             |           |
|--|---|---|--|--|---|------------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification   | Street Address  | ASBESTOS CONTROL & LICENSING   |  |   |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 4000 Hadley Road  |  |  |   |                  |        |             |           |
| City, State, Zip Code<br>South Plainfield, NJ  |   | Name of Contact<br>Dawn Neville   |  |  |   |                  |        |             |           |
| Telephone Number _____   |   |   |  |  |   |                  |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |   |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>PSEG Hackensack Substation   |   | Type of Facility (4)  |  |  |   |                  |        |             |           |
| Street Address<br>202 South River Street   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |   |                  |        |             |           |
| City (5)<br>Hackensack, NJ   |   | Square Feet<br>N/A  | # of Floors<br>N/A   |  |   |                  |        |             |           |
| County (6)<br>Bergen   |   | County Code (7)<br>(STATE USE ONLY) _____   | Bldg. Age<br>N/A   |  |   |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.<br>N/A   | Name of Abatement Contractor (9)<br>WRS Environmental Services ,Inc.   |  |   |                  |        |             |           |
| Street Address<br>N/A  |   | Street Address<br>17 Old Dock Rd  |  |  |   |                  |        |             |           |
| City, State, Zip Code<br>N/A   |   | City, State, Zip Code<br>Yaphank NY 11980   |  |  |   |                  |        |             |           |
| Project Manager for Monitoring Firm<br>N/A   |   | Telephone No.<br>N/A  | Telephone No.<br>631-924-8111  |  |   |                  |        |             |           |
| Start Date (10)<br>07-21-17  |   | Scheduled Completion Date (11)<br>10-21-17  | License No.<br>01136   |  |   |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Name of OSHA Monitor<br>WRS Environmental Services, Inc.  |  |  |   |                  |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Work perform during ongoing construction</u> |   | Street Address<br>17 Old Dock Rd  |  |  |   |                  |        |             |           |
|  |   | City, State, Zip Code<br>Yaphank , NY 11980   |  |  |   |                  |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |  |   |                  |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                           | Abatement Type   |        |             |           |
|  | Yes   | No  | N/A  |  |   | Removal          | Repair | Encapsulate | Enclosure |
| Control House  |   |   | x  | VAT  | 244 SF  | x                |        |             |           |
| Control House  |   |   | x  | Stucco   | 1180 SF   | x                |        |             |           |
| Control House  |   |   | x  | Cement Panel   | 200 SF  | x                |        |             |           |
| Control House  |   |   | x  | Caulk  | 257 LF  | x                |        |             |           |
| Name of Registered Waste Hauler<br>Waste Management Services   |   | NJDEP Waste Hauler ID No.<br>17273  |  | Cubic Yards of Waste<br>20   | Name of Registered Landfill<br>Grows Landfill North |                  |        |             |           |
| City, State<br>Newark NJ 07114   |   |   |  | Disposal Date<br>TBD   | City, State<br>Morrisville PA 19067                 |                  |        |             |           |
| Completed by<br>Raymond Tutiven  |   | Title<br>Project Manager  |  | Signature<br><i>Raymond Tutiven</i>  |   | Date<br>07-11-17 |        |             |           |



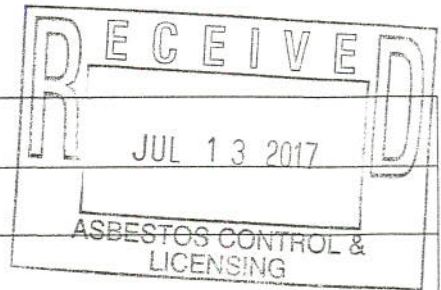
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



|   |   |  |  |   |                           |                    |        |             |           |
|---|---|--|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1)<br>07/11/2017  |   | Name of Building Owner/Operator (2)<br>Somerville Board of Education   |  |   |                           |                    |        |             |           |
| Agencies Notified   | Type Notification   | Street Address<br>51 West Cliff Street   |  |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>Somerville, NJ 08876  |  |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>Jimmy Gabriel   |  |   |                           |                    |        |             |           |
| Telephone Number  |   |  |  |   |                           |                    |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |  |   |                           |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Van Derveer Middle School   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                           |                    |        |             |           |
| Street Address<br>51 Union Ave.   |   | Square Feet<br>50,000  | # of Floors<br>1   |   |                           |                    |        |             |           |
| City (5)<br>Somerville  |   | Bldg. Age<br>50+   |  |   |                           |                    |        |             |           |
| County (6)<br>Somerset County   | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Middle School   |  |   |                           |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Detail Associates, Inc.  |   | ASCM No.<br>012  | Name of Abatement Contractor (9)<br>Bako Construction & Restoration, Inc |   |                           |                    |        |             |           |
| Street Address<br>300 Grand Ave.  |   | Street Address<br>265A Route 46 Suite 3D   |  |   |                           |                    |        |             |           |
| City, State, Zip Code<br>Englewood, NJ 07631  |   | City, State, Zip Code<br>Totowa, NJ 07512  |  |   |                           |                    |        |             |           |
| Project Manager for Monitoring Firm<br>Nadine Bello   |   | Telephone No.<br>973-981-4850  | Telephone No.<br>973-256-7010  |   |                           |                    |        |             |           |
| License No.<br>0666   |   |  |  |   |                           |                    |        |             |           |
| Start Date (10)<br>07/27/2017   | Scheduled Completion Date (11)<br>08/05/2017  | Name of OSHA Monitor<br>Bako Construction & Restoration, Inc   |  |   |                           |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address<br>265A Route 46 Suite 3D   |  |   |                           |                    |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement  |   | City, State, Zip Code<br>Totowa, NJ 07512  |  |   |                           |                    |        |             |           |
| <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                                      |   |  |  |   |                           |                    |        |             |           |
| Other - Describe: occupied  |   |  |  |   |                           |                    |        |             |           |
| Scope of Work (Check All That Apply)  |   |  |  |   |                           |                    |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf     |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                           |                    |        |             |           |
|   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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 |
| Stage area #1 & stage area #2   |   | X  |  | Duct Insulation   | 550SF                     | X                  |        |             |           |
| Stage area #1 and stage area #2   |   | X  |  | Pipe Elbows   | 23 elbows                 | X                  |        |             |           |
| Kitchen Mechanical room   |   | X  |  | Duct insulation   | 25 SF                     | X                  |        |             |           |
| Kitchen Mechanical Room   |   | X  |  | Pipe elbows   | 10                        | X                  |        |             |           |
| Name of Registered Waste Hauler<br>Bako Construction & Restoration, Inc   |   | NJDEP Waste Hauler ID No.<br>20889   | Cubic Yards of Waste<br>30yd   | Name of Registered Landfill<br>Tullytown Resource Recovery Facility   |                           |                    |        |             |           |
| City, State<br>Totowa, NJ   |   | Disposal Date<br>08/05/2017  |  | City, State<br>Tullytown, PA  |                           |                    |        |             |           |
| Completed by<br>Damir Valjevack   |   | Title<br>Project Manager   |  | Signature<br>   |                           | Date<br>07/11/2017 |        |             |           |



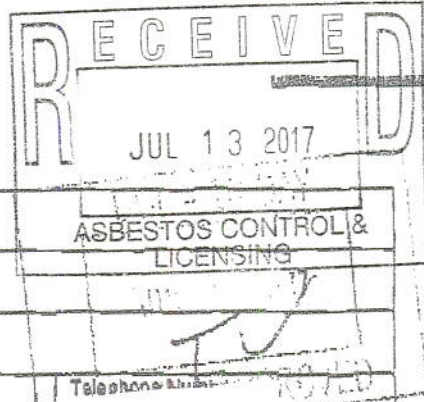
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1)<br>07/10/17   |  | Name of Building Owner/Operator (2)<br>School District of Chatham   |   |   |                           |                |        |             |           |
|--|--|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address<br>58 Meyersville Road   |   |   |                           |                |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Chatham, NJ 07928  |   |   |                           |                |        |             |           |
|  |  | Name of Contact<br>John Cataldo   | Telephone Number  |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Chatham Middle School  |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |        |             |           |
| Street Address<br>480 Main Street  |  | Square Feet<br>80,000   | # of Floors<br>2  |   |                           |                |        |             |           |
| City (5)<br>Chatham  |  | Bldg. Age<br>50+  |   |   |                           |                |        |             |           |
| County (6)<br>Morris   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>School   |   |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RK Occupational & Environmental Analysis, Inc.  |  | ASCM No.<br>0090  | Name of Abatement Contractor (9)<br>Bako Construction & Restoration, Inc. |   |                           |                |        |             |           |
| Street Address<br>401 St. James Avenue   |  | Street Address<br>265 Route 46 Suite 3D   |   |   |                           |                |        |             |           |
| City, State, Zip Code<br>Phillipsburg, NJ 08865  |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm<br>Jon Gilbert   |  | Telephone No.<br>908 454 6313   | License No.<br>00666  |   |                           |                |        |             |           |
| Start Date (10)<br>07/13/17  | Scheduled Completion Date (11)<br>07/13/17   | Name of OSHA Monitor<br>Bako Construction & Restoration, Inc.   |   |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: 3pm - 11pm  |  | Street Address<br>265 Route 46 Suite 3D   |   |   |                           |                |        |             |           |
|  |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure <b>X WRAP + CUT</b><br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes  | No  | N/A   |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Music Room 152   |  | X   |   | Pipe Insulation   | 60 LF                     | X              |        |             |           |
|  |  |   |   |   |                           |                |        |             |           |
|  |  |   |   |   |                           |                |        |             |           |
|  |  |   |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Bako Construction & Restoration, Inc.   |  | NJDEP Waste Hauler ID No.<br>20889  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Tullytown Resource Recovery Facility   |                           |                |        |             |           |
| City, State<br>Totowa, NJ  |  | Disposal Date<br>TBD  |   | City, State<br>Tullytown, PA  |                           |                |        |             |           |
| Completed by<br>Goran Kojic  |  | Title<br>Project Manager  | Signature<br>   | Date<br>07/10/17  |                           |                |        |             |           |



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



|   |   |   |   |                                 |                |   |        |             |         |
|---|---|---|---|---------------------------------|----------------|---|--------|-------------|---------|
| Date of Notification (1)<br>07/10/17  |   | Name of Building Owner/Operator (2)<br>School District of Chatham   |   |                                 |                |   |        |             |         |
| Agencies Notified   | Type Notification   | Street Address<br>58 Meyeraville Road   |   |                                 |                |   |        |             |         |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Chatham, NJ 07928  |   |                                 |                |   |        |             |         |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   |   | Name of Contact<br>John Cataldo   |   |                                 |                |   |        |             |         |
| Telephone Number  |   |   |   |                                 |                |   |        |             |         |
| FACILITY INFORMATION  |   |   |   |                                 |                |   |        |             |         |
| Name of Facility Where Abatement is Taking Place (3)<br>Chatham Middle School   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                                 |                |   |        |             |         |
| Street Address<br>460 Main Street   |   | Square Feet<br>60,000   |   |                                 |                |   |        |             |         |
| City (5)<br>Chatham   |   | # of Floors<br>2  |   |                                 |                |   |        |             |         |
| County (6)<br>Morris  |   | Bldg. Age<br>50+  |   |                                 |                |   |        |             |         |
| County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br>School   |   |                                 |                |   |        |             |         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RK Occupational & Environmental Analysis, Inc.   |   | ASCM No.<br>0090  |   |                                 |                |   |        |             |         |
| Street Address<br>401 St. James Avenue  |   | Name of Abatement Contractor (9)<br>Bako Construction & Restoration, Inc.   |   |                                 |                |   |        |             |         |
| City, State, Zip Code<br>Phillipsburg, NJ 08865   |   | Street Address<br>265 Route 46 Suite 3D   |   |                                 |                |   |        |             |         |
| Project Manager for Monitoring Firm<br>Jon Gilbert  |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |                                 |                |   |        |             |         |
| Telephone No.<br>908 454 6313   |   | Telephone No.<br>973 256 7010   |   |                                 |                |   |        |             |         |
| License No.<br>00866  |   |   |   |                                 |                |   |        |             |         |
| Start Date (10)<br>07/13/17   |   | Scheduled Completion Date (11)<br>07/13/17  |   |                                 |                |   |        |             |         |
| Name of OSHA Monitor<br>Bako Construction & Restoration, Inc.   |   |   |   |                                 |                |   |        |             |         |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br>Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: 3pm - 11pm |   | Street Address<br>265 Route 46 Suite 3D   |   |                                 |                |   |        |             |         |
|   |   | City, State, Zip Code<br>Totowa, NJ 07512   |   |                                 |                |   |        |             |         |
| Scope of Work (Check All That Apply)  |   |   |   |                                 |                |   |        |             |         |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br>≥ 150 sf or ≥ 250 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |                                 |                |   |        |             |         |
|   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br>Mini-Enclosure<br>Glovebag Procedure <b>W/ CAP + OUT</b><br>Non-Exempted ("I") and Non-Friable Procedure                                   |   |                                 |                |   |        |             |         |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)       | Abatement Type |   |        |             |         |
|   | Yes   | No  |   |                                 | N/A            | Remove  | Repair | Encapsulate | Enclose |
| Musio Room 152  |   | x   |   | Pipe Insulation                 | 60 LF          | X   |        |             |         |
|   |   |   |   |                                 |                |   |        |             |         |
|   |   |   |   |                                 |                |   |        |             |         |
| Name of Registered Waste Hauler<br>Bako Construction & Restoration, Inc.  |   | NJDEP Waste Hauler ID No.<br>20889  |   | Cubic Yards of Waste<br>TBD     |                | Name of Registered Landfill<br>Tullytown Resource Recovery Facility |        |             |         |
| City, State<br>Totowa, NJ   |   | Disposal Date<br>TBD  |   | City, State<br>Tullytown, PA    |                |   |        |             |         |
| Completed by<br>Goran Kojic   |   | Title<br>Project Manager  |   | Signature<br><i>[Signature]</i> |                | Date<br>07/10/17  |        |             |         |