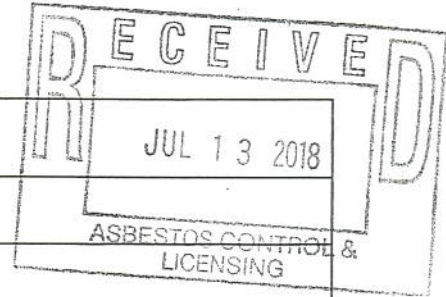


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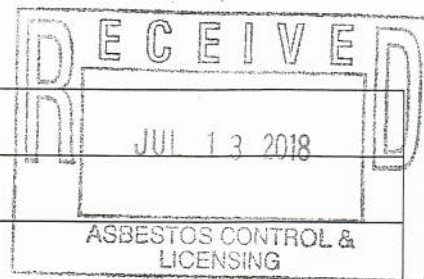
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <b>07 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>Linden Storage Property, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>80 Eighth Avenue, Suite 1602</b>							
		City, State, Zip Code <b>New York, NY 10011</b>							
		Name of Contact <b>Matthew Dicker</b>	Telephone Number <b>212-966-6109</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1051 Edward Street</b>									
City (5) <b>Linden</b>		Square Feet	# of Floors						
County (6) <b>Union</b>		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.							
Street Address <b>P.O. Box 1224</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
City, State, Zip Code <b>Union, NJ</b>		Street Address <b>27 Outwater Lane</b>							
Project Manager for Monitoring Firm <b>Rick Estaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>						
Start Date (10) <b>07 / 21 / 18</b>		License No. <b>1188</b>							
Scheduled Completion Date (11) <b>08 / 03 / 18</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Residual Mastic	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ATC / Century Waste, LLC</b>		NJDEP Waste Hauler ID No. <b>SW-24310 / 32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises / GROWS Landfill / Fairless Landfill</b>					
City, State <b>Shirley, NY / Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH / Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>7/11/18</b>			

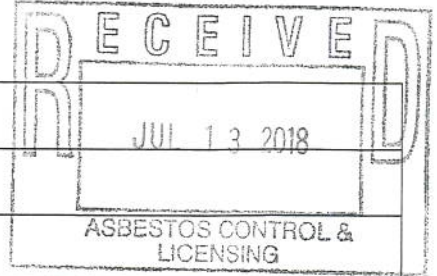
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) July 12, 2018		Name of Building Owner/Operator (2) SC Holdings, Inc.						
Agencies Notified	Type Notification	Street Address 100 Brandywine Blvd.						
<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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newtown, PA 18940-4000						
		Name of Contact Adam Haydt	Telephone Number 610-657-4532					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Former Chemical Waste Management Site		Type of Facility (4)						
Street Address 100 Lister Avenue		<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) Newark		Square Feet 100,000	# of Floors 2					
County (6) Essex		Bldg. Age 60+						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior to being demolished) Prior Chemical Waste TSDF Site						
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 28 Pennell Road		Street Address 303 B National Road						
City, State, Zip Code Lima, PA 19063		City, State, Zip Code Exton, PA 19341						
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114	License No. 01161					
Start Date (10) July 30, 2018	Scheduled Completion Date (11) October 31, 2018		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
See attached								
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 150	Name of Registered Landfill GROWS North/Fairless Hills				
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date July 12, 2018		



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



Date of Notification (1) July 12, 2018		Name of Building Owner/Operator (2) SC Holdings, Inc.							
Agencies Notified	Type Notification	Street Address 100 Brandywine Blvd.							
<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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newtown, PA 18940-4000							
		Name of Contact Adam Haydt	Telephone Number 610-657-4532						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Chemical Waste Management Site		Type of Facility (4)							
Street Address 100 Lister Avenue		<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) Newark		Square Feet 100,000	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 28 Pennell Road		Street Address 303 B National Road							
City, State, Zip Code Lima, PA 19063		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Eric Sutherland		Telephone No. 610-891-0114	License No. 01161						
Start Date (10) July 30, 2018	Scheduled Completion Date (11) October 31, 2018		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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									
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 150	Name of Registered Landfill GROWS North/Fairless Hills					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date July 12, 2018			

RECEIVED

JUL 13 2018

ASBESTOS CONTROL & LICENSING

Permit Fee Summary  
CWM Facility, 100 Lister, Newark

Work Area	Is location normally solely by Maintenance/Custodial Staff?	Description	Amount	Units	Removal/Repair/Encapsulate/Enclose	Regulated by NESHAP	TEM req'd	Fee
F Truck unloading area	na	fitting insulation	1.5	lf	REM	N	N	\$ 200.00
J Maintenance Shop	na	unused linoleum	50	sf	REM	N	N	\$ -
" "	na	unused gaskets	1	sf	REM	N	N	\$ -
" "	na	roof flashing	350	sf	REM	N	N	\$ -
" "	na	floor tile	150	sf	REM	N	N	\$ -
J Drum Storage	na	flashing	560	sf	REM	N	N	\$ -
" "	na	roof (3 layer)	210	sf	REM	N	N	\$ -
" "	na	roof (2 layer)	380	sf	REM	N	N	\$ -
" "	na	Flashing (silver painted)	1200	sf	REM	N	N	\$ -
" "	na	roof	10400	sf	REM	N	N	\$ -
K Office Area	na	lab tops	145	sf	REM	N	N	\$ -
" "	na	tile & mastic	1130	sf	REM	Y	Y	\$ 200.00
" "	na	mastic	30	sf	REM	N	N	\$ -
" "	na	window caulk	10	sf	REM	N	N	\$ -
" "	na	flashing	225	sf	REM	N	N	\$ -
" "	na	roof	2700	sf	REM	N	N	\$ -
N Tank Farm (Tank 600,601,602,& 604)	na	Tank covering on foam insulation	4500	sf	REM	N	N	\$ -
O Lab Area	na	mastic	30	sf	REM	N	N	\$ -
" "	na	tile & mastic	300	sf	REM	N	N	\$ -
" "	na	Lab Hood liner (transite)	100	sf	REM	N	N	\$ -
" "	na	Plaster	3900	sf	REM	Y	Y	\$ 200.00
" "	na	wall mastic	300	sf	REM	N	N	\$ -
" "	na	pipe insulation & pipe insulation debris	200	lf	REM	N	N	\$ -
R&S Outdoor Reactor Tank Area	na	Tank Containment Basin Floor	1600	sf	REM	N	N	\$ -
Projected Total								\$ 600.00

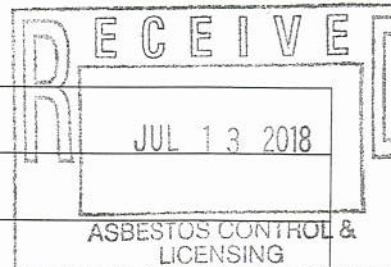
\* facility notification fee of \$200.00 for all work areas below NESHAPS.

Fee previously Paid  
Net Due Now

\$ -  
\$ 600.00

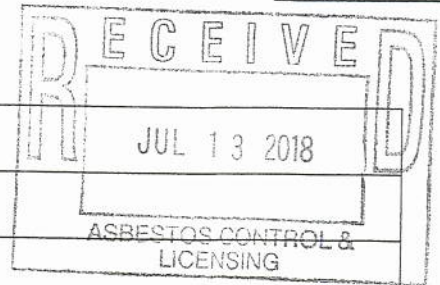


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7-11-18		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	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 1626 E. JEFFERSON ST.							
		City, State, Zip Code ROCKVILLE, MD							
		Name of Contact RIC WOODIE	Telephone Number 301-998-8286						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) TROY HILLS SC - PETCO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1157-US 46		Square Feet 5000	# of Floors 2						
City (5) PARSIPPANY		Bldg. Age +/-50							
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) STORE							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES						
Street Address 700 TURNER WAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402	License No. 01166						
Start Date (10) 7-16-18	Scheduled Completion Date (11) 7-18-18	Name of OSHA Monitor VERTEX COMPANIES							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: OUTSIDE		Street Address 700 TURNER WAY							
		City, State, Zip Code ASTON, PA 19014							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
FRONT FACADE			X	CAULK	90LF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA					
City, State NEW CASTLE, DE			Disposal Date	City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature	Date 7-11-18					

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



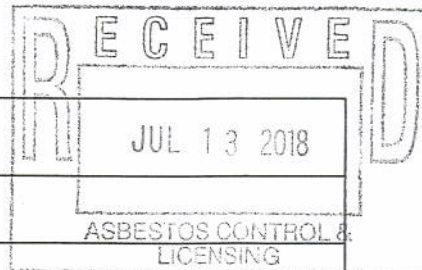
Date of Notification (1) 07-09-18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Rd.							
		City, State, Zip Code South Plainfield NJ							
		Name of Contact Mike Percarpio	Telephone Number 201-481-2508						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSEG North Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 301-331 E North Ave		Square Feet N/A	# of Floors N/A						
City (5) Elizabeth		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Rd							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 07-18-18	Scheduled Completion Date (11) 9-23-18	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Electrical circuit cabinet</u>		Street Address 17 Old Dock Rd							
		City, State, Zip Code Yaphank NY 11980							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Control House			x	Transite floor	100 sf	x			
Control House			x	Back Lite panels	10 sf	x			
Switching yard			x	Duct bank	150 LF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Elizabeth, NJ 07201		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i>			Date 07-09-18		



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



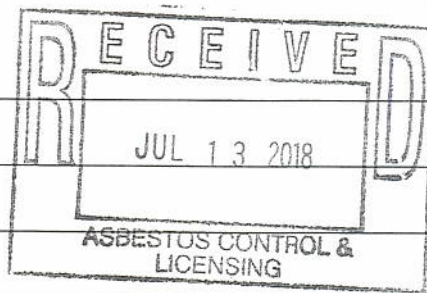
Date of Notification (1) <b>07 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>800 Centennial Urban Renewal, LLC</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  JUL 13 2018  ASBESTOS CONTROL &amp;  LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>271 Main Street</b>							
		City, State, Zip Code <b>Gladstone, NJ 07934</b>							
		Name of Contact <b>Don Bryant</b>		Telephone Number <b>732-735-7481</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>800 Centennial Avenue</b>									
City (5) <b>Piscataway</b>				Square Feet	# of Floors				
				Bldg. Age					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>					
Street Address <b>P.O. Box 1224</b>				Street Address <b>27 Outwater Lane</b>					
City, State, Zip Code <b>Union, NJ</b>				City, State, Zip Code <b>Garfield, NJ 07026</b>					
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>		Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>				
Start Date (10) <b>07 / 12 / 18</b>		Scheduled Completion Date (11) <b>07 / 20 / 18</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address <b>27 Outwater Lane</b>					
				City, State, Zip Code <b>Garfield, NJ 07026</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Century Waste LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>GROWS Landfill / Fairless Landfill</b>				
City, State <b>Elizabeth, NJ</b>				Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>				
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>7/11/18</b>			

OK202

Print Form

PAID

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

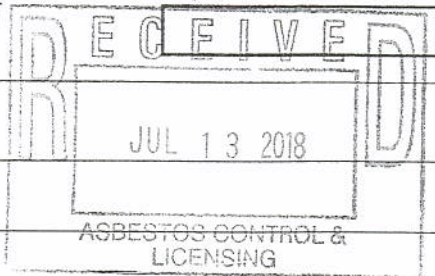


Date of Notification (1) 07/07/2018		Name of Building Owner/Operator (2) Ralph Zaccone							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor, NJ 08087							
		Name of Contact Ralph Zaccone	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Clifton		Bldg. Age N/A							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
		License No. 01311							
Start Date (10) 07/17/2018	Scheduled Completion Date (11) 07/18/2018	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	150 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, NJ					
Completed by Oliver Hegedis		Title Project Manager	Signature 			Date 07/07/2018			



MO#25131058233

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



Date of Notification (1) 07 / 10 / 18		Name of Building Owner/Operator (2) John Kihs	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address [REDACTED]	
		City, State, Zip Code Scotch Plains, NJ 07076	
		Name of Contact John Kihs	Telephone Number [REDACTED]

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Scotch Plains, NJ 07076		Square Feet	# of Floors
		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 07 / 20 / 18	Scheduled Completion Date (11) 07 / 21 / 18	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tape insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Paula Wenad</i>		Date 07/10/18	

ASB-41

MAY 11

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



Jul.07.2018 06:55 AM A. Mac Contracting

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PAGE. 2/ 3

<b>RECEIVED</b>		<b>OK 1114</b>		<b>PAID</b>	
JUL 13 2018		State of New Jersey <b>NOTIFICATION OF ASBESTOS ABATEMENT</b> (Pursuant to N.J.A.C. 8:26 and 12:18)		Check # <b>1114</b> <b>DOL - 10 DAY</b>	
Date of Notification (1) <b>7/7/18</b>		Name of Building Owner/Operator (2) <b>NATHANSON</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code <b>Dumont, NJ 07628</b> Name of Contact <b>EMMA NATHANSON</b>	
Name of Facility Where Abatement is Taking Place (3) <b>HOUSE</b>				Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Subpart B (Other than K-12) <input checked="" type="checkbox"/> Other (e.g., private & commercial buildings, homes)	
Street Address [REDACTED]				Square Feet <b>1500</b>	
City (6) <b>Dumont</b>				# of Floors <b>2</b>	
County (8) <b>Bergen</b>				Building Age <b>64</b>	
County Code (7) (STATE USE ONLY)				Current Use (Enter if being demolished) <b>RES</b>	
Name of Monitoring Firm Hired by Building Owner (5) <b>AECM No.</b>				Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>	
Street Address [REDACTED]				Street Address <b>105 Vreeland Ave.</b>	
City, State, Zip Code [REDACTED]				City, State, Zip Code <b>Midland Park, N.J.</b>	
Project Manager for Monitoring Firm [REDACTED]				Telephone No. <b>201-262-5841</b>	
Start Date (10) <b>7/7/18</b>				Scheduled Completion Date (11) <b>7/14/18</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____				Name of OSHA Monitored Environmental Services Inc. [REDACTED]	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> AS of or AS IF <input type="checkbox"/> R100 of or R200 IF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag <input type="checkbox"/> Non-Enclosure				Amount (Specify SF or LF) <b>240 SF</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (18) <b>Basement</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT</b>	
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJ DEP Waste Hauler ID No. <b>04509</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
City, State <b>Newark, N.J. 07105</b>		Disposal Date <b>7/7/18</b>		State <b>PA 06072</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>		Date <b>7/7/18</b>	



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MO#25131058244

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 6:26 and 5:16)

Date of Notification (1) 07 / 09 / 18		Name of Building Owner/Operator (2) Atrium Builders Inc.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5-23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 401 Prospect Avenue		City, State, Zip Code Oradell, NJ 07649	
Name of Contact Jim Gene		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Substructure (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, home: I, II, C)	
Street Address [REDACTED]		Square Feet	
City (5) Oradell, NJ 07649		# of Floors	
County (6) Bergen		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 07 / 10 / 18		Scheduled Completion Date (11) 07 / 11 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ AM		Current Use (Prior if being demolished) Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Building 35E City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("I") and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SIF or LF)	
Yes No N/A		Abatement Type	
1st Floor		Removal Repair Encapsulate Enclose	
Pipe insulation		40 LF	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N Jevic		Name of Registered Landfill T.R.R.F. Inc.	
Title Owner		City, State Tullytown, PA	
Signature [Signature]		Date 07/09/18	

 ASB-41  
 MAY 11

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

DOL - 10 DAY

RECEIVED

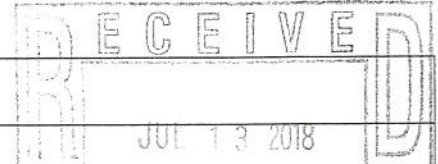
JUL 13 2018

NJ ASBESTOS CONTROL &amp; LICENSING

CK1367

Print Form

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



Date of Notification (1) 07/09/2018		Name of Building Owner/Operator (2) Kenneth C. Senior							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bound Brook, NJ 08805							
		Name of Contact Kenneth C. Senior	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Livingston		Square Feet 1720	# of Floors 2						
		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Sticking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		862-264-9463	01306						
Start Date (10) 07/28/2018	Scheduled Completion Date (11) 07/28/2018	Name of OSHA Monitor Nari Construction, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 63 Leather Sticking Path							
<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 Lincoln Park							
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
First Floor Kitchen			X	VAT/Mastic	156 SF	x		x	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10 CY	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P.Manager	Signature 			Date 07/09/2018			



CK# 5130  
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

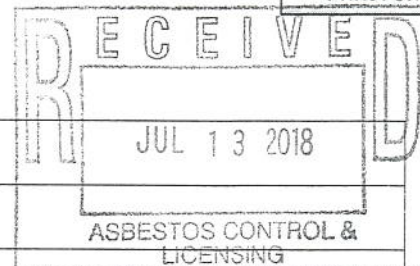
RECEIVED  
JUL 13 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7-9-18		Name of Building Owner/Operator (2) Millville Urban Renewal LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 48 Pavilion Ave City, State, Zip Code Long Branch, NJ 07740 Name of Contact John Farley Telephone Number 802 2809							
Name of Facility Where Abatement is Taking Place (3) Millville Urban Renewal LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1121 Village Drive		Square Feet 15000	# of Floors 1						
City (5) Millville		Bldg. Age 60+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Club house, lounge							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ACE Insulation Co. Inc						
Street Address		Street Address 95 Montrose Rd.							
City, State, Zip Code		City, State, Zip Code Colts Neck, NJ 07722							
Project Manager for Monitoring Firm		Telephone No. 732 941 1157	License No. 00029						
Start Date (10) 7-20-18	Scheduled Completion Date (11) 8-7-18	Name of OSHA Monitor Mr. Jovicic							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 3 PM		Street Address 97A Main St. City, State, Zip Code Lincoln Pl., NJ							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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. internal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Roof	15,000 SF				
INTERIOR				Floor Tile	600 SF				
Name of Registered Waste Hauler Millville H2O of PA.		NJDEP Waste Hauler ID No. 010091043	Cubic Yards of Waste 60	Name of Registered Landfill Combside and Co Solid Waste Complex					
City, State Philly, PA		Disposal Date 8-7-18	City, State 169 Jesse Bridges						
Completed by Gabe G. Wuest	Title PRESIDENT	Signature Gabe G. Wuest	Date 7-9-18						

CK6878

Print Form

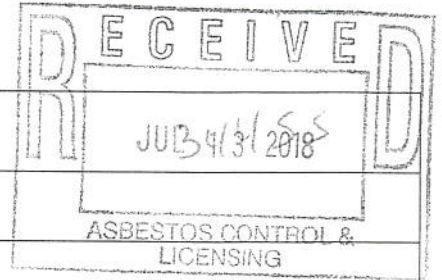
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/10/18		Name of Building Owner/Operator (2) Homeshield Solutions LLC							
Agencies Notified	Type Notification	Street Address 585 Prospect St, Unit 301A							
<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 Lakewood, NJ 08701							
		Name of Contact David	Telephone Number 732-226-3000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Montclair		Square Feet 3455	# of Floors Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 7/20/18	Scheduled Completion Date (11) 7/27/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				TSI Insulation	200LF	x			
INTERIOR				Tiles	800SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 7/27/18	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			



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



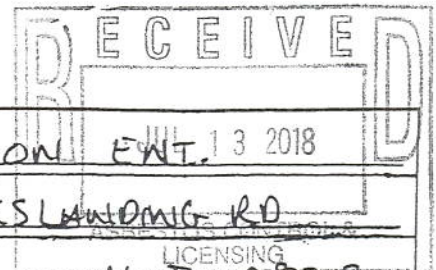
Date of Notification (1) <b>07 / 09 / 18</b>		Name of Building Owner/Operator (2) <b>Frank Lurch Demolition</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 42</b>							
		City, State, Zip Code <b>Avon by the Sea, NJ 07717</b>							
		Name of Contact <b>Frank Lurch</b>	Telephone Number <b>732-740-9814</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Brick</b>		Square Feet <b>1000</b>	# of Floors <b>1</b>						
		Bldg. Age <b>65</b>							
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Garage</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>07 / 19 / 18</b>	Scheduled Completion Date (11) <b>07 / 20 / 18</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	350 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>07/20/18</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature 			Date <b>7/9/18</b>			



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



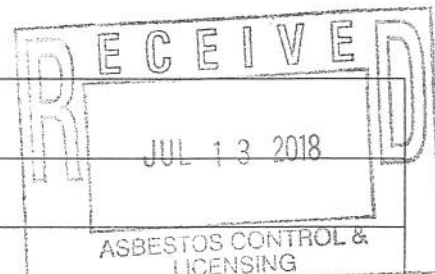
Date of Notification (1) <b>7-8-18</b>		Name of Building Owner/Operator (2) <b>TRANSFORMATION ENT.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>601 W. CLARKSLANDMIG RD</b>	
		City, State, Zip Code <b>EGG HARBOR N.J. 08218</b>	
		Name of Contact <b>TOM</b>	Telephone Number <b>609-965-7498</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>LINWOOD</b>		Square Feet <b>1500</b>	# of Floors <b>1</b>
County (6) <b>ATLANTIC</b>		Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>KLEMCO INC.</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>01371</b>
Start Date (10) <b>7-18-18</b>	Scheduled Completion Date (11) <b>7-25-18</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>SIDING</b>		<b>X</b>	<b>TRANSITE</b>
			<b>1500 SF</b>
			<b>X</b>
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>15904</b>	Cubic Yards of Waste <b>10</b>
City, State <b>MAPLE SHADE N.J.</b>		Name of Registered Landfill <b>ACVA</b>	
Disposal Date		City, State <b>PLEASANTVILLE N.J.</b>	
Completed By <b>MICHAEL KLEMM</b>	Title <b>SUPERVISOR</b>	Signature <b>[Signature]</b>	Date <b>7-8-18</b>



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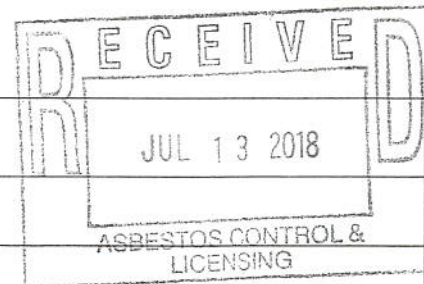
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 07 / 09 / 18		Name of Building Owner/Operator (2) Joseph Davy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Pennsauken, NJ 08110 Name of Contact Joseph Davy Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Pennsauken	Square Feet 2,000	# of Floors 3	Bldg. Age 80						
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 07 / 19 / 18	Scheduled Completion Date (11) 07 / 23 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/23/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 7/19/18			

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



Date of Notification (1) <b>07 / 09 / 18</b>		Name of Building Owner/Operator (2) <b>Silver Lining Properties, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>306 Salarno Court</b> City, State, Zip Code <b>Mullica Hill, NJ 08062</b> Name of Contact <b>Ray Gaiser</b> Telephone Number <b>267-259-7464</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>									
City (5) <b>Maple Shade</b>		Square Feet <b>2,000</b>	# of Floors <b>3</b> Bldg. Age <b>80</b>						
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	Telephone No. <b>856-755-0099</b> License No. <b>00842</b>						
Start Date (10) <b>07 / 20 / 18</b>	Scheduled Completion Date (11) <b>07 / 23 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Paper	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>07/23/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>7/19/18</b>			

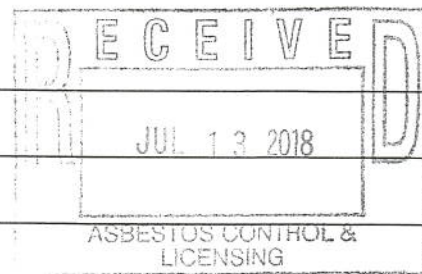


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Print Form

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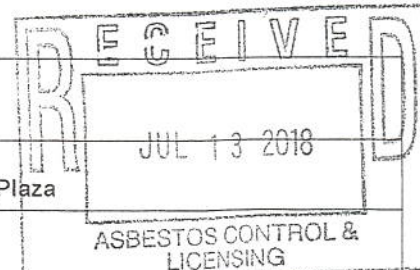
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/3/18		Name of Building Owner/Operator (2) Port Authority of NY & NJ							
Agencies Notified	Type Notification	Street Address 241 Erie Street, Room 236							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07310							
		Name of Contact Uday Mehta	Telephone Number (201) 595-4881						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Marine Operations Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address APM Terminals		Square Feet	# of Floors 2						
City (5) Elizabeth		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) offices							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 00145	Name of Abatement Contractor (9) Pow/R/Save Inc.						
Street Address 11 Tindall Road		Street Address 15 Somerset Place							
City, State, Zip Code Middleton, NJ 07748		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. (732) 671-6400	License No. 00357						
Start Date (10) 7/23/18	Scheduled Completion Date (11) 9/28/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
second floor & stairwell			x	VAT & mastic	6,125 sf	x			
1st & 2nd floors			x	window sill composite	310 sf	x			
boiler room			x	flue insulation and packing	120 sf + 1/2 cy	x			
roof				roofing material & flashing	4,100 sf	x			
Name of Registered Waste Hauler Waste Mangement		NJDEP Waste Hauler ID No. A-901		Cubic Yards of Waste	Name of Registered Landfill Grows North				
City, State Newark, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Sharon Hendee		Title President		Signature 		Date 7/3/18			

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



Date of Notification (1) 07 / 10 / 18		Name of Building Owner/Operator (2) County of Union	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Administration Building-Elizabethtown Plaza City, State, Zip Code Elizabeth, NJ 07207 Name of Contact Owers Agent - Ryan Jones, C.M. Telephone Number 609-276-7382	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Union County Courthouse		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 2 Broad Street		Square Feet 55,000	
City (5) Elizabeth		# of Floors 5	Bldg. Age 80 + yrs.
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Office Building	
Name of Monitoring Firm Hired by Building Owner (8) T and M Associates		ASCM No. 00145	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.
Street Address 1455 Broad St., Suite 250		Street Address 494 East 41st Street	
City, State, Zip Code Bloomfield, NJ 07003		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-347-4396	License No. 00507
Start Date (10) 07 / 23 / 18	Scheduled Completion Date (11) 07 / 22 / 19	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:30PM/11:pmPM-AM		Street Address City, State, Zip Code	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall/ceiling plaster	9,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

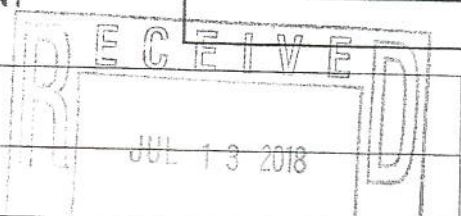
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 150	Name of Registered Landfill G.R.O.W.S., North W/M of PA	
City, State Paterson, NJ		Disposal Date Various 2018	City, State Morrisville, PA		
Completed By (Print or Type) James Unger	Title Sr. Estimator/Project Mgr.	Signature 	Date 7-10-18		



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



Date of Notification (1) 07 / 06 / 18		Name of Building Owner/Operator (2) Amr Alghandoor	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Maplewood, NJ 07040 Name of Contact Amr Alghandoor Telephone Number [REDACTED]	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Maplewood, NJ 07040 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age
County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

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

Start Date (10) 07 / 07 / 18	Scheduled Completion Date (11) 07 / 08 / 18	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410
---------------------------------	--	--

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

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 07/06/18

ASB-41

MAY 11

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



Jul. 07. 2018 06:49 AM A Mac Contracting

201262 321

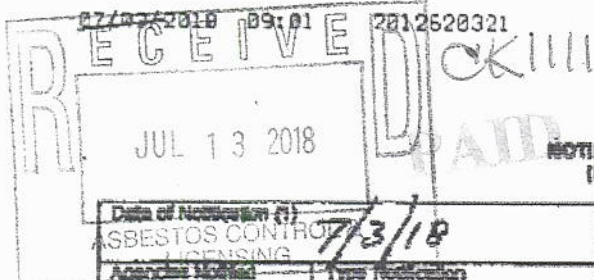
PAGE. 3/ 4

<b>RECEIVED</b>		<b>OK 1113</b>		<b>PAID</b>	
JUL 13 2018		State of New Jersey <b>NOTIFICATION OF ASBESTOS ABATEMENT</b> (Pursuant to NJAC 8:26 and 12:120)		DOL - 10 DAY	
Date of Notification (1) <u>7/6/18</u>		Name of Building Owner/Operator (2) <u>ESTATE OF K...</u>		Street Address <u>BERGEN, N.J.</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <u>BERGEN, N.J. 07001</u>	
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Name of Contact <u>ROBERT ZISSEN</u>		Telephone Number <u>201-262-5841</u>	
Street Address <u>[REDACTED]</u>		Type of Facility (4) <input type="checkbox"/> Single (K-12) <input type="checkbox"/> Multiple (Other than K-12) (i.e., schools & commercial buildings, homes, etc.)		Square Feet <u>3650</u>	
City (5) <u>MAHWAH</u>		County (6) <u>BERGEN</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>ASCM No.</u>		Name of Abatement Contractor (9) <u>A.MAC Contr</u>		License No. <u>00158</u>	
Street Address <u>[REDACTED]</u>		Street Address <u>185 Midland Ave</u>		City, State, Zip Code <u>Midland Park, NJ 07432</u>	
City, State, Zip Code <u>[REDACTED]</u>		City, State, Zip Code <u>Midland Park, NJ 07432</u>		Telephone No. <u>201-262-5841</u>	
Project Manager for Monitoring Firm <u>[REDACTED]</u>		Telephone No. <u>201-262-5841</u>		Name of OSHA Monitor <u>Omega Environ</u>	
Start Date (10) <u>7/6/18</u>		Scheduled Completion Date (11) <u>7/10/18</u>		Street Address <u>280 Huyler Str</u>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code <u>Hackensack, NJ 07606</u>		Name of OSHA Monitor <u>Omega Environ</u>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or less <input checked="" type="checkbox"/> 251 sf or more		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Non-Exhaust	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <u>2ND FLOOR</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>✓</u>		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>VAT</u>	
Name of Registered Waste Hauler <u>Newark Carting Inc.</u>		NJ DEP Waste Hauler ID No. <u>04506</u>		Cubic Yards of Waste <u>2</u>	
City, State <u>Newark, NJ 07105</u>		Disposal Date <u>7/6/18 ON</u>		Name of Registered Landfill <u>Central Sanitary Landfill</u>	
Completed by <u>Joseph Vocaturo</u>		Title <u>Vice President</u>		City, State, Zip Code <u>Phila, PA 08702</u>	
Signature <u>J. Vocaturo</u>		Date <u>7/6/18</u>			

ASD-41 (R-05-09)

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





State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 26:20 and 12:10)

Direct 10/11

Date of Notification (1) <b>7/3/18</b>		Name of Building Owner/Operator (2) <b>Hollows @ HahaKus, 4401 - 1 2018</b>						
ASBESTOS CONTROL LICENSING		Street Address <b>479 RT 17 N</b>						
Agency Method <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DCH <input type="checkbox"/> DCA	Type Notification <input 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 <b>MAHWAH NJ 07430</b>						
		Name of Contact <b>MATT FRASCO</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>HOUSE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Squares Feet <b>1800</b>						
City (5) <b>HAHA KUS</b>		# of Floors <b>2</b>						
County (6) <b>BERGEN</b>		County Code (7) <b>STATE USA ONLY</b>						
Name of Monitoring Firm Head by Building Owner (8)		Name of Abatement Contractor (9) <b>A. Mao Contracting Inc.</b>						
Street Address		Street Address <b>185 Vreeland Ave.</b>						
City, State, Zip Code		City, State, Zip Code <b>Midland Park, N.J.</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>						
Telephone No.		License No. <b>00156</b>						
Start Date (10) <b>7/3/18</b>		Scheduled Completion Date (11) <b>7/10/18</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>						
		Street Address <b>260 Huyler Street</b>						
		City, State, Zip Code <b>Hackensack, N.J. 07606</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10 SF or 25 SF <input type="checkbox"/> 100 SF or 1250 SF <input 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 type="checkbox"/> Non-Exhausted (C) and Non-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	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
<b>BASEMENT</b>			<b>X</b>	<b>TILE</b>	<b>540 SF</b>	<b>X</b>		
<b>"</b>			<b>X</b>	<b>PIPE</b>	<b>220 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04609</b>		Date of Waste at Waste		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		
City, State <b>Newark, N.J. 07105</b>		Disposal Date		City, State <b>Pen Argyl, PA 05072</b>				
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>[Signature]</b>		Date <b>7/3/18</b>		



OK0740

State of New Jersey

# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 7/09/2018		Name of Building Owner/Operator (2) Newark Public School	
Agencies Notified	Type Notification	Street Address: 190 Muhammad Ali Avenue Room 209	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, NJ 07108	
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: 973-733-7200

**RECEIVED**

JUL 13 2018

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility: American History High School		Type of Facility (4):	
74 Montgomery Street		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City/ (5) Newark	County (6): Essex	County Code (7): 07103	Square Feet: _____ # of Floors: _____  Bldg. Age _____ Current Use : School
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>
Street Address: 17 Pleasant Hill Road		Street Address: <b>358 Broadway</b>	
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: <b>Newark, NJ 07104</b>	
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-644-5418	Telephone No.: <b>(973) 350-0101</b> License No.: <b>01215</b>
Start Date (10): 7/23/18	Scheduled Completion Date (11): 8/24/18		Name of OSHA Monitor: Metro Analytical Laboratories
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____  <input type="checkbox"/> Other Describe: _____		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b>  City, State, Zip Code: <b>New York, New York, 10018</b>	
Scope of Work (Check all that apply): <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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 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	Encapsulat	Enclosure
1 <sup>ST</sup> FLOOR CORRIDOR & CLOSET AREA		X		WALL PLASTER	400 SF	*			*
3 <sup>RD</sup> FLOOR RESTROOM		X		WALL PLASTER	200 SF	*			*
3 <sup>RD</sup> FLOOR RESTROOM		X		PIPE INSULATION INCLUDING ELBOWS AND JOINTS	100 LF	*			*
4 <sup>TH</sup> FLOOR RESTROOM		X		WALL PLASTER	200 SF	*			*
4 <sup>TH</sup> FLOOR RESTROOM		X		PIPE INSULATION INCLUDING ELBOWS AND JOINTS	100 LF	*			*

Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.
City, State: Bronx, NY 10474	Disposal Date:		City, State: Waynesburg, OH 44688	
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature: 	Date: 07/09/2018



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

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JUL 13 2018  
3399

Date of Notification (1) <b>5/23/18</b>		Name of Building Owner / Operator (2) <b>Chester School District</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#2-7/10/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>50 North Road</b> City, State & Zip Code <b>Chester, NJ 07930</b> Name of Contact <b>Drew Vanderzee</b> Telephone Number <b>908-879-7373</b>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Dickerson Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) (Non Subchapter 8) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>250 State Route 24</b>		Square Feet # of Floors Bldg. Age	
City (5) <b>Chester</b>	County (6) <b>Morris</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>
Street Address <b>56 East Bridge Street</b>		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Morrisville, PA 19067</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Rick Beach</b>		Telephone Number <b>267-991-9212</b>	Telephone Number <b>(215)788-6040</b> License Number <b>00509</b>
Scheduled Start Date (10) <b>7/11/18</b>	Scheduled Completion Date (11) <b>7/12/18</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <b>7am to 3pm</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)

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

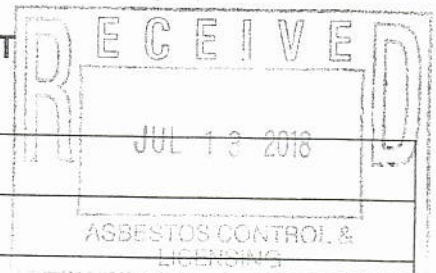
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap and Cut of 2 Boilers	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20 Cu YD</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>7/12/18</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / gpk</i>		Date <b>7/10/18</b>

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



Date of Notification (1) <b>5/23/18</b>		Name of Building Owner / Operator (2) <b>Chester School District</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended-#1-7/6/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>50 North Road</b> City, State & Zip Code <b>Chester, NJ 07930</b> Name of Contact <b>Drew Vanderzee</b> Telephone Number <b>908-879-7373</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Dickerson Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) (Non Subchapter 8) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>250 State Route 24</b>		Square Feet	# of Floors						
City (5) <b>Chester</b>	County (6) <b>Morris</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>56 East Bridge Street</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Morrisville, PA 19067</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Rick Beach</b>		Telephone Number <b>267-991-9212</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>on Hold</b>	Scheduled Completion Date (11)		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>7am to 3pm</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Wrap and Cut of 2 Boilers</b>	<b>250 SF</b>	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>20 Cu YD</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>7/6/18</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / gr</i>			Date <b>7/6/18</b>			

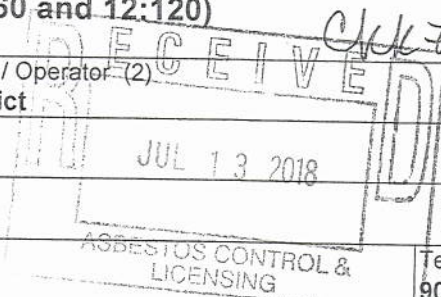
GI181103



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

*Check # 3375*

Date of Notification (1) <b>5/23/18</b>		Name of Building Owner / Operator (2) <b>Chester School District</b>	
Agencies Notified	Type Notification	Street Address <b>50 North Road</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Chester, NJ 07930</b>	
		Name of Contact <b>Drew Vanderzee</b>	Telephone Number <b>908-879-7373</b>



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Dickerson Elementary School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) (Non Subchapter 8) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>250 State Route 24</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Chester</b>	County (6) <b>Morris</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>RJB Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>56 East Bridge Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Morrisville, PA 19067</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Rick Beach</b>		Telephone Number <b>267-991-9212</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>7/5/18</b>	Scheduled Completion Date (11) <b>7/6/18</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>7am to 3pm</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Wrap and Cut of 2 Boilers</b>	<b>250 SF</b>	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>5/23/18</b>

*GI18110 B*