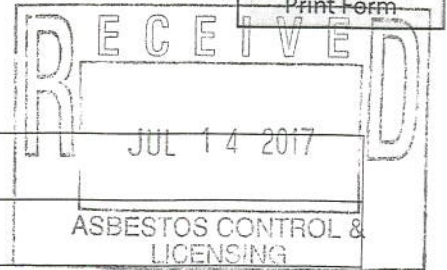


CH 3009485

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



Date of Notification (1) 07/06/2017		Name of Building Owner/Operator (2) Tom Yerves							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Tom Yerves							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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) Piscataway		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Middlesex	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. 973-345-8685	License No. 01311						
Start Date (10) 07/18/2017	Scheduled Completion Date (11) 07/19/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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: Occupied		City, State, Zip Code Totowa, NJ 07512							
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
Attic		X		Vermiculite	100 SF	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, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 07/06/2017		

CH1476704682

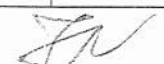
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

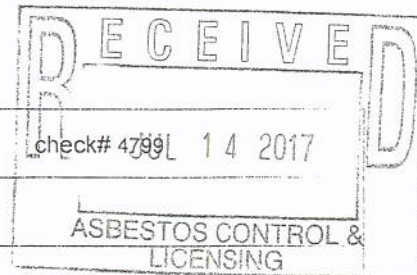
RECEIVED

JUL 14 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/06/2017		Name of Building Owner/Operator (2) John Dyson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact John Dyson	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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) Maplewood		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
		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) 07/17/2017	Scheduled Completion Date (11) 07/18/2017		Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One)			Street Address 11 Rosengren Avenue						
<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>Occupied</u>			City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	70 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, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 07/06/2017			

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



Date of Notification (1) 07/01/2017		Name of Building Owner/Operator (2) Chatham Presbyterian Church	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	240 Southern Blvd.	Chatham, NJ 07928
		Name of Contact	Telephone Number
		Kevin Vodrazka	

Name of Facility Where Abatement is Taking Place (3) Presbyterian Church		Type of Facility (4)	
Street Address 240 Southern Boulevard		<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) Chatham		Square Feet	# of Floors
			Bldg. Age
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) church	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 3 Crosswicks Street		Street Address 606 McBride Ave	
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. 609-298-5520	Telephone No. 973-225-8400
			License No. 01104
Start Date (10) 07-17-2017	Scheduled Completion Date (11) 07-20-2017	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<input checked="" 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>occupied</u>		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Boiler room	x			Breeching insulation	200 SF	x			
Boiler room	x			Boiler insulation	80 SF	x			
Boiler room	x			Fitting insulation	60ea	x			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey		Disposal Date	City, State Morrisville, PA
Completed by Adriana Olejarova	Title president	Signature 	Date 07/01/2017

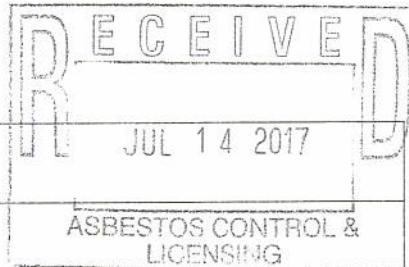
CK# 3192

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

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JUL 14 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/8/17		Name of Building Owner/Operator (2) The Ferber Group, Inc							
Agencies Notified	Type Notification	Street Address 151 Sawgrass Corners Drive							
<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 Ponte Vedra Beach, FL							
		Name of Contact Jason	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ferber Property		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 1144 South Ave West		Square Feet 3500	# of Floors 1						
City (5) Westfield		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Auto center							
Name of Monitoring Firm Hired by Building Owner (8)		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, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 7/17/17	Scheduled Completion Date (11) 7/31/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			x	tar	250sf	x			
roof			x	roofing	2300 sf	x			
rear roof			x	roofing	400sf	x			
roof			x	flashing	300sf	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 40509	Cubic Yards of Waste 10	Name of Registered Landfill Chrins Landfill					
City, State Newark, New Jersey		Disposal Date 7/31/17		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 7/8/17					

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



Date of Notification (1) <u>7</u> / <u>7</u> / <u>17</u>			Name of Building Owner/Operator (2) Lenape Regional High School District						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 93 Willow Grove Road City, State, Zip Code Shamong, NJ 08088 Name of Contact Anthony Vairo					
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lenape Regional High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 235 Hartford Road				Square Feet 80,000					
City (5) Medford				# of Floors 2					
County (6) Burlington				Bldg. Age 80					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 365		Street Address 623 Cutler Avenue							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311		License No. 00842					
Start Date (10) <u>07</u> / <u>06</u> / <u>17</u>		Scheduled Completion Date (11) <u>07</u> / <u>14</u> / <u>17</u>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
A100, A101, A108, A113, Plan Ctr.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 GROWS North Landfill			
City, State Freehold, NJ		Disposal Date 07/14/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 7/7/17			


CK# 1254

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

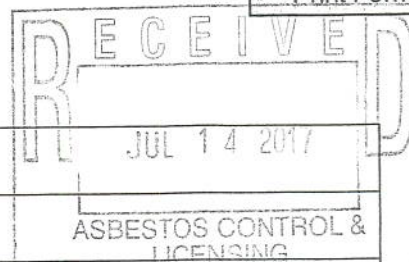
Date of Notification (1) <div style="text-align: center;">06 / 26 / 17</div>		Name of Building Owner/Operator (2) Dan Lines		<div style="border: 2px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL 14 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL & LICENSING</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>							
		City, State, Zip Code Middleburg FL 32068							
		Name of Contact John Wirth							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident				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: 100px; height: 1.2em; margin-top: 5px;"></div>									
City (5) Edgewater Park NJ 08030				Square Feet 2036Sf	# of Floors 2Floors				
County (6) US; Burlington CO.				County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Resident				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.					
Street Address				Street Address 958 Jackson Rd					
City, State, Zip Code				City, State, Zip Code Mays Landing, NJ 08330					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-561-1901	License No. 01158				
Start Date (10) 07 / 07 / 17		Scheduled Completion Date (11) 07 / 11 / 17		Name of OSHA Monitor Graham-Tech Environmental Services, LLC.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-11:30PM</u> / ____PM-____AM				Street Address 958 Jackson Rd					
				City, State, Zip Code Mays Landing, NJ 08330					
Scope of Work (Check all that apply)									
<input 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vermiculitel	20SqFt	<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 Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown				
City, State 14 Read Drive Sicklerville, NJ 08081				Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA				
Completed By (Print or Type) Vernice Graham		Title President		Signature 		Date 6/26/17			

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

Check 6203 2nd Floor

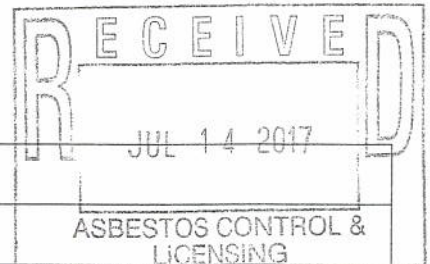
Date of Notification (1) 7/6/17		Name of Building Owner/Operator (2) Enviro- Air Technologies		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 14 2017 ASBESTOS CONTROL & </div>					
Agencies Notified	Type Notification	Street Address PO Box 172							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cooperburg PA 18036							
		Name of Contact Joe Cassidy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) vacant Offices & Warehouse				Type of Facility (4)					
Street Address 22 North Franklin Boulevard				<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) Pleasantville NJ 08232				Square Feet 1000+	# of Floors 2				
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 7/21/17		Scheduled Completion Date (11) 8/21/17		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
2nd Floor			x	Floor Tile & mastic	1664 SF	x			
Name of Registered Waste Hauler Transformation		NJDEP Waste Hauler ID No. 18952		Cubic Yards of Waste 15	Name of Registered Landfill ACMUA.				
City, State Elm NJ				Disposal Date 8/21/17	City, State Egg Harbor Twp NJ 08234				
Completed by Anthony T Perna			Title President	Signature 			Date 7/6/17		

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



Date of Notification (1) 7/7/17		Name of Building Owner/Operator (2) Judith Burr Private Home							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Harvey Cedars NJ 08008							
		Name of Contact Judith							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Judith Burr Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Harvey Cedars NJ 08008		Square Feet 1000+	# of Floors 1.5						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
			License No. 00727						
Start Date (10) 7/20/17	Scheduled Completion Date (11) 7/26/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 7/26/17	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 7/7/17			

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



Date of Notification (1) 6/23/17		Name of Building Owner / Operator (2) Hazlet Township Public Schools	
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 checked="" type="checkbox"/> Amended R#2-7/7/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 421 Middle Road City, State & Zip Code Hazlet, NJ 07730 Name of Contact Mr. Charles Hildner	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Raritan High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 419 Middle Road			Square Feet 130,000		
City (5) Hazlet			County (6) Monmouth		County Code (7)
			# of Floors 2		
			Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08010			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) ON HOLD		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM - 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

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 ≥ 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Wrap & Cut	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 7cu yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 7/8/17	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 7/7/17

GI 17102

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

CF # 3233

Date of Notification (1) 6/23/17		Name of Building Owner / Operator (2) Hazlet Township Public Schools	
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 checked="" type="checkbox"/> Amended R#1-6/30/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 421 Middle Road City, State & Zip Code Hazlet, NJ 07730 Name of Contact Mr. Charles Hildner	

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JUL 14 2017
ASBESTOS

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Raritan High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 419 Middle Road			Square Feet 130,000	# of Floors 2	Bldg. Age 50+
City (5) Hazlet	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/13/17		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM - 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf

☒ Renovation
☐ Demolition

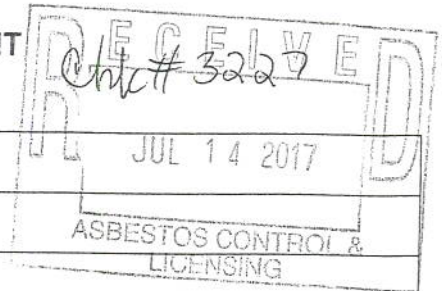
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Wrap & Cut	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 7cu yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 7/8/17	City, State Waynesburg, OH	
Completed By (Print or Type) Lino Pizzigoni	Title Project Manager	Signature <i>Lino Pizzigoni</i>	Date 6/23/17

GE 17102

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



Date of Notification (1) 6/23/17		Name of Building Owner / Operator (2) Hazlet Township Public Schools	
Agencies Notified	Type Notification	Street Address 421 Middle Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Hazlet, NJ 07730	
		Name of Contact Mr. Charles Hildner	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Raritan High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 419 Middle Road			Square Feet 130,000	# of Floors 2	Bldg. Age 50+
City (5) Hazlet	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 North Warren Street		Street Address 1123 Beaver Street			
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007			
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 7/5/17	Scheduled Completion Date (11) 7/8/17		Name of OSHA Monitor Bristol Environmental Inc.		

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM - 3:30 PM	Street Address 1123 Beaver Street
	City, State & Zip Code Bristol, PA 19007

Scope of Work (Check all that apply)

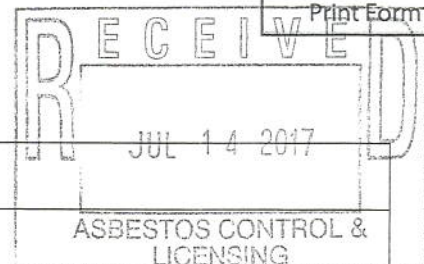
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Wrap & Cut	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 7cu yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 7/8/17	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni/gu</i>	Date 6/23/17

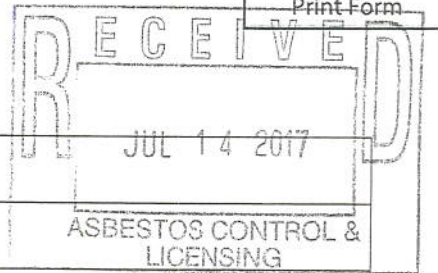
GI17102

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



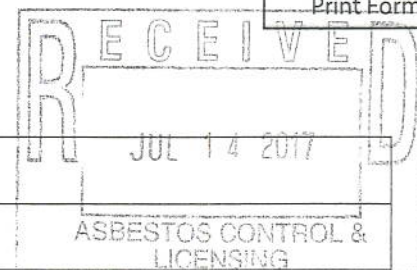
Date of Notification (1) 7/7/17		Name of Building Owner/Operator (2) NJ Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Naimish Kathimi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned		Type of Facility (4)							
Street Address 349 Cleveland St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ORANGE		Square Feet 3000	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 7/17/17		Scheduled Completion Date (11) 8/10/17	Name of OSHA Monitor Yannuzzi Environmental						
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: abandoned		City, State, Zip Code Kinnelon Rd NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	980 LF	x			
Basement			x	chimney mod backing	5sf	x			
throughout			x	plaster	10,000 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80 cy	Name of Registered Landfill Grows /Fairless					
City, State Kinnelon NJ			Disposal Date 8/10/17	City, State Fairless Hills NJ					
Completed by John Mucha		Title project manger		Signature		Date 7/7/17			

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



Date of Notification (1) 7/7/17		Name of Building Owner/Operator (2) N.J. Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Naimish Kathiari	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER ABANDONED RESIDENCE		Type of Facility (4)							
Street Address 347 Cleveland St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Orange NJ		Square Feet 3000	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	License No. 01228						
Start Date (10) 7/22/17	Scheduled Completion Date (11) 7/30/17	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>abandoned</u>		City, State, Zip Code Kinnelon NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
2nd floor living			x	9x9vat & mastic	160 sf	x			
2nd floor kitchen			x	multiple vat and mastic	100 sf	x			
3rd floor bedrooms			x	red vat and mastic	600 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20 CY	Name of Registered Landfill GROWS/FAIRLESS					
City, State Kinnelon, NJ		Disposal Date 8/10/17		City, State Fairless Hills					
Completed by John Mucha		Title Proj.Mgr.	Signature 			Date 7/7/17			

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



Date of Notification (1) 7/7/17		Name of Building Owner/Operator (2) NJ Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Naimish Kathimi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned		Type of Facility (4)							
Street Address 351 Cleveland St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ORANGE		Square Feet 3000	# of Floors 2						
		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		908-218-0880	01228						
Start Date (10) 7/24/17	Scheduled Completion Date (11) 7/30/17	Name of OSHA Monitor Yannuzzi Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>abandoned</u>		City, State, Zip Code Kinnelon Rd NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	1,003 LF	x			
Basement			x	boiler breech	2 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10 cy	Name of Registered Landfill Grows Fairless					
City, State Kinnelon NJ		Disposal Date 8/10/17		City, State Fairless Hills					
Completed by John Mucha		Title project manger		Signature			Date 7/7/17		



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

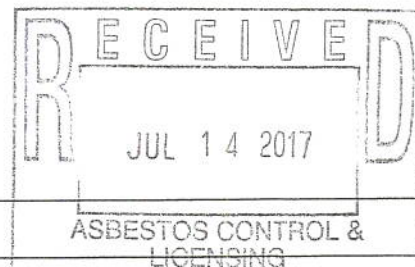
Date of Notification (1) 7/6/17		Name of Building Owner/Operator (2) New Providence Board of Education		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 356 Elkwood Avenue City, State, Zip Code New Providence, NJ 07974 Name of Contact James E. Testa, School Business Admin. Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Allen W. Roberts Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 80 Jones Drive			Square Feet 76,000		
City (5) New Providence			# of Floors 1		Bldg. Age 55 yrs
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. 00099		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address 300 Kimball Drive, 4th Floor			Street Address 32 Willow Way		
City, State, Zip Code Parsippany, NJ 07054			City, State, Zip Code Woodland Park, NJ 07424		
Project Manager for Monitoring Firm Darshan Desai		Telephone No. 973-560-4900		Telephone No. 973-333-9176	
Start Date (10) TBD		Scheduled Completion Date (11) 8/18/2017		License No. 01331	
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 Envirovision Consultants, Inc.		
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			Street Address 20-21 Wagaraw Rd., Bldg. 35-E City, State, Zip Code Fair Lawn, NJ 07410		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SF or LF)		Abatement Type Removal Repair Encapsulate Enclosure			
** SEE CONTINUATION SHEET **				** SEE CONTINUATION SHEET **	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 20+	
City, State Woodland Park, New Jersey		Disposal Date TBD		Name of Registered Landfill Fairless Hills Landfill	
Completed by Dimo Golcev		Title General Manager		Signature Date 7/6/17	

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



Date of Notification (1) 7/6/17		Name of Building Owner/Operator (2) New Providence Board of Education	
Agencies Notified	Type Notification	Street Address 356 Elkwood Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code New Providence, NJ 07974	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact James E. Testa, School Business Admin.	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # 1	Telephone Number	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Salt Brook Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)	
Street Address 35 Pioneer Drive		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) New Providence		<input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
County (6) Union	County Code (7) (STATE USE ONLY)	Square Feet 92,920	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering and Environmental Services		ASCM No. 00099	Bldg. Age 49 yrs
Street Address 300 Kimball Drive, 4th Floor		Current Use (Prior if being demolished) School	
City, State, Zip Code Parsippany, NJ 07054		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Project Manager for Monitoring Firm Darshan Desai		Street Address 32 Willow Way	License No. 01331
Telephone No. 973-560-4900		City, State, Zip Code Woodland Park, NJ 07424	
Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/21/2017	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		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> Other - Describe:			

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

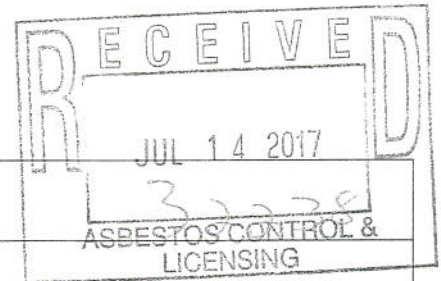
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE CONTINUATION SHEET				**SEE CONTINUATION SHEET**					

Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20+	Name of Registered Landfill Fairless Hills Landfill	
City, State Woodland Park, New Jersey		Disposal Date TBD	City, State Morrisville, PA		
Completed by Dimo Golcev	Title General Manager	Signature 	Date 7/6/17		

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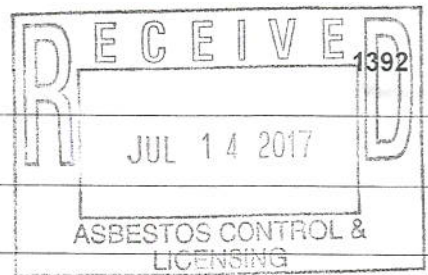
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



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Date of Notification (1) 07 / 10 / 17			Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.						
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 P O Box 188 City, State, Zip Code Spring Lake, NJ 07762 Name of Contact Richard Hyde Telephone Number _____					
FACILITY INFORMATION									
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]			Square Feet 1000						
City (5) Rumson			# of Floors 1		Bldg. Age 65				
County (6) Monmouth		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932 License No. 00624					
Start Date (10) 07 / 20 / 17		Scheduled Completion Date (11) 07 / 21 / 17		Name of OSHA Monitor E.M.S.L. Analytical					
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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 800 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		<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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 07/24/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 7/10/17			

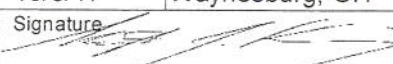
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) July 10, 2017		Name of Building Owner/Operator (2) G-1 Holdings Company							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Charles & Water Streets							
		City, State, Zip Code Gloucester City, NJ							
		Name of Contact Project Manager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old GAF Boiler Plant		Type of Facility (4)							
Street Address Water & Charles Street		<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) Gloucester City, NJ		Square Feet	# of Floors 4						
County (6) Camden		Bldg. Age 115							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) boiler plant							
Name of Monitoring Firm Hired by Building Owner (8) Criterian Labs		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 3370 Progress Drive, Suite J		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Project Manager		Telephone No. 215.244.1300	License No. 00781						
Start Date (10) 10/3/16	Scheduled Completion Date (11) 10/3/17		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Phase 1 - see attached	<input checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>			
Phase 2 - furnace	<input checked="" type="checkbox"/>			furnace insulation	8000 s/f	<input checked="" type="checkbox"/>			
"-	<input checked="" type="checkbox"/>			wall mastic	2000 s/f	<input checked="" type="checkbox"/>			
"-	<input checked="" type="checkbox"/>			mud/packing insulation	1216 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Spartan Environmental Enterprises, Inc		NJ DEP Waste Hauler ID No.		Cubic Yards of Waste 112.2	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Donora, PA		Disposal Date 10/3/17		City, State Waynesburg, OH					
Completed by Steve King		Title V.P.		Signature 			Date 7/10/17		

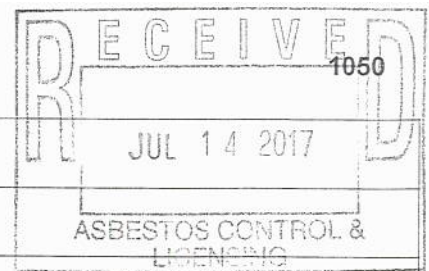
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 15, 2016		Name of Building Owner/Operator (2) G-1 Holdings Company							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Charles & Water Streets City, State, Zip Code Gloucester City, NJ Name of Contact Project Manager							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old GAF Boiler Plant		Type of Facility (4)							
Street Address Water & Charles Street		<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) Gloucester City, NJ		Square Feet	# of Floors 4						
County (6) Camden		Bldg. Age 115							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) boiler plant							
Name of Monitoring Firm Hired by Building Owner (8) Criterian Labs		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 3370 Progress Drive, Suite J		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Project Manager		Telephone No. 215.244.1300	Telephone No. (973) 759 - 5000						
Start Date (10) 10/3/16		License No. 00781							
Scheduled Completion Date (11) 10/3/17		Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Phase 2 - Boiler	<input checked="" type="checkbox"/>			boiler insulation	9000 s/f	<input checked="" type="checkbox"/>			
Phase 2 - furnace	<input checked="" type="checkbox"/>			furnace insulation	8000 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			wall mastic	2000 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			mud/packing insulation	1216 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Spartan Environmental Enterprises, Inc		NJ DEP Waste Hauler ID No.		Cubic Yards of Waste 202.2	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Donora, PA				Disposal Date 10/3/17	City, State Waynesburg, OH				
Completed by Steve King		Title V.P.		Signature 		Date 12/15/16			

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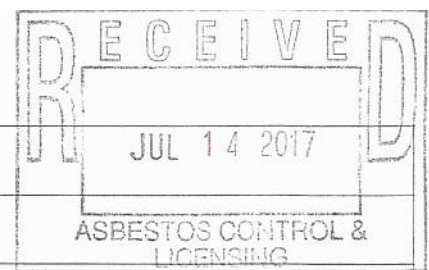
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) September 29, 2016		Name of Building Owner/Operator (2) G-1 Holdings Company							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Charles & Water Streets City, State, Zip Code Gloucester City, NJ Name of Contact Project Manager							
Telephone Number 									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old GAF Boiler Plant		Type of Facility (4)							
Street Address Water & Charles Street		<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) Gloucester City, NJ		Square Feet	Bldg. Age						
County (6) Camden			4						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) boiler plant							
Name of Monitoring Firm Hired by Building Owner (8) Criterian Labs		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 3370 Progress Drive, Suite J		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Project Manager		Telephone No. 215.244.1300	License No. 00781						
Start Date (10) 10/3/16	Scheduled Completion Date (11) 12/31/16	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Phase 1 - see attached	<input checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>			
Phase 2 - furnace	<input checked="" type="checkbox"/>			furnace insulation	8000 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			wall mastic	2000 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			mud/packing insulation	1216 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Spartan Environmental Enterprises, Inc		NJ DEP Waste Hauler ID No.		Cubic Yards of Waste 112.2	Name of Registered Landfill Minerva Enterprises, LLC				
City, State Donora, PA				Disposal Date 12/31/16	City, State Waynesburg, OH				
Completed by Steve King		Title V.P.		Signature 			Date 9/29/16		

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



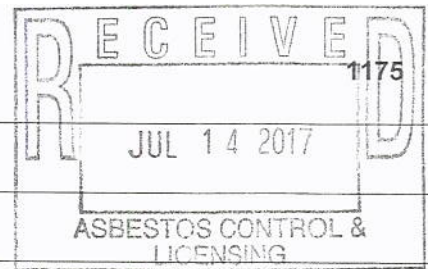
Date of Notification (1) March 03, 2016		Name of Building Owner/Operator (2) G-1 Holdings Company	
Agencies Notified	Type Notification	Street Address Charles & Water Streets	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Gloucester City, NJ	
		Name of Contact Project Manager	Telephone Number


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Old GAF Boiler Plant		Type of Facility (4)	
Street Address Water & Charles Street		<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) Gloucester City, NJ	Square Feet	# of Floors 4	Bldg. Age 115
County (6) Camden	County Code (7) <small>(STATE USE ONLY)</small>	Current Use (Prior if being demolished) boiler plant	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000
		License No. 00781	
Start Date (10) 3/1/16	Scheduled Completion Date (11) 6/30/16		Name of OSHA Monitor The MACK Group, LLC.
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<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 Cherry Hill, NJ 08034	
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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	<input checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TDB	Name of Registered Landfill GROWS / TRRF / WM / Blue Ridge	
City, State Newark / Freehold, NJ		Disposal Date 6/30/16		City, State Morrisville / Tullytown, PA	
Completed by Steve King	Title V.P.	Signature 		Date 3/3/16	

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

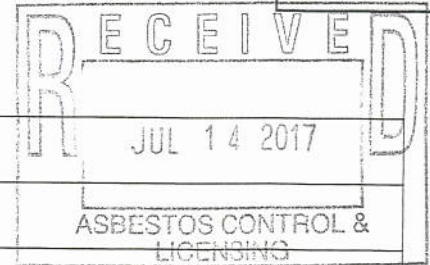


Date of Notification (1) February 15, 2016		Name of Building Owner/Operator (2) G-1 Holdings Company							
Agencies Notified	Type Notification	Street Address Charles & Waters Streets							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Gloucester City, NJ							
		Name of Contact Project Manager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old GAF Boiler Plant		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 Waters St & NJ Ave		Square Feet	# of Floors 4						
City (5) Gloucester City, NJ		Bldg. Age 115							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) boiler plant							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
License No. 00781									
Start Date (10) 3/1/16	Scheduled Completion Date (11) 6/30/16	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached	<input checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TDB	Name of Registered Landfill GROWS / TRRF / WM / Blue Ridge					
City, State Newark / Freehold, NJ		Disposal Date 6/30/16		City, State Morrisville / Tullytown, PA					
Completed by Steve King		Title V.P.	Signature 			Date 2/15/16			

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

Date of Notification (1) 07-08-2017		Name of Building Owner/Operator (2) Mr. Michael Canaris							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] Collingswood, N.J.	Terrace ASBESTOS CONTROL & LICENSING						
Name of Contact Michael Canaris									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling		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) Collingswood	Square Feet 1600	# of Floors 2	Bldg. Age 65yr						
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) Quality Environmental Concepts		Name of Abatement Contractor (9) Quality Environmental Concepts							
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	License No. 01086						
Start Date (10) 07-18-17	Scheduled Completion Date (11) 07-25-17	Name of OSHA Monitor Quality Environmental Concepts							
Occupancy Status During Abatement (Check Only One)		Street Address 1053 North Tuckahoe Road							
<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 Williamstown, New Jersey 08094							
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 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	Encapsulate	Enclosure
Basement			X	Air/Cell pipe insulation w/ cementitious fittings	145LF			X	
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 40y 3cy 1cy-	Name of Registered Landfill Salem County Solid Waste Authority					
City, State Williamstown, New Jersey			Disposal Date TBD	City, State Alloway NJ					
Completed by Edward Knorr		Title Vice President	Signature Edward Knorr	Date 07-08-17					

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

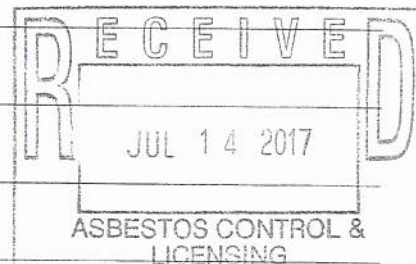


Date of Notification (1) 7/10/2017		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified	Type Notification	Street Address 2000 Pennington Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ewing, New Jersey 08628							
		Name of Contact Matt Bonomo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey, (Power House Boiler # 1)		Type of Facility (4)							
Street Address 2000 Pennington Road		<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) Ewing		Square Feet ~ 9,000	# of Floors 2						
County (6) Mercer		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Power House							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Incorporated		ASCM No. 0003	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 1253 North Church Street		Street Address 42 Ridge Road							
City, State, Zip Code Moorestown, New Jersey 08057		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Michael R. Stocku		Telephone No. 856 840-8800	License No. 00836						
Start Date (10) 7/21/2017	Scheduled Completion Date (11) 8/21/2017	Name of OSHA Monitor Neuber Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road							
<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: Occupied, Maintenance Personnel Only		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Drum Insulation	X			TSI	180 SF	X			
Boiler Insulation	X			TSI	900 SF	X			
Breeching Insulation	X			TSI	100 SF	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 30	Name of Registered Landfill GROWS/Tullytown Landfill					
City, State Trenton, NJ		Disposal Date 06/2017		City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager		Signature 			Date 7/10/2017		

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

CHECK # 10012

Date of Notification (1) 7/11/2017		Name of Building Owner/Operator (2) Dennis Burton	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Orange, NJ, 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Dennis Burton	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dennis Burton			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 1614		
City (5) West Orange			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 90		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 07 21 2017 Month Day Year	Sched. Completion Date (11) 07 22 2017 Month Day Year	Name of OSHA Monitor N/A		
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove-bag Procedure
☐ Non-Friable Procedure

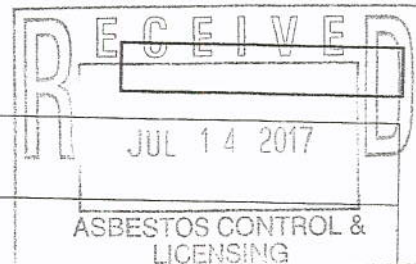
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			<input checked="" type="checkbox"/>	Pipe Insulation	120 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Enterprise INC
City, State Montclair, NJ 07042		Disposal Date 07/22/2017	City, State Waynesburg, Ohio 44688

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 7/11/2017
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MO#24499204233

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

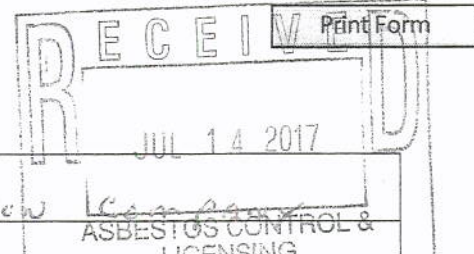


Date of Notification (1) 07 / 11 / 17		Name of Building Owner/Operator (2) "Carmen Hernandez Center for Life"							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 123 Park Avenue City, State, Zip Code Plainfield, NJ 07060 Name of Contact Manoel Oliveira Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office building Street Address 123 Park Avenue City (5) Plainfield, NJ 07060 County (6)		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		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. 973-638-1777 01127							
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 07 / 20 / 17		Scheduled Completion Date (11) 07 / 22 / 17							
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		<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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Scope of Work (Check all that apply) <input checked="" 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									
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 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	160 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"/>	VAT floor tiles	260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 07/11/17			

ASB-41

MAY 11

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



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

Date of Notification (1) 7-10-17		Name of Building Owner/Operator (2) WARREN DISTRIBUTION COMPANY	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BETHLEHEM, PA 18018-5064	Telephone Number
		Name of Contact FRANK BANKO	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HUB CITY DISTRIBUTION COMPANY		Type of Facility (4)	
Street Address 6 PRINCESS ROAD		<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) Trenton	Square Feet + 500	# of Floors 2	Bldg. Age + 25 yrs
County (6) mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) WESTCHESTER ENVIRONMENTAL		ASCM No. 00127	Name of Abatement Contractor (9) K+A ENVIRONMENTAL CONTRACTORS, INC.	
Street Address 307 NORTH WALNUT STREET		Street Address 20 LAUCK ROAD		
City, State, Zip Code WEST CHESTER, PA 19380		City, State, Zip Code MOHNTON, PA 19540		
Project Manager for Monitoring Firm MATTHEW ABRAHAM		Telephone No. 610-431-7545	Telephone No. 610-856-7700	License No. 01102
Start Date (10) 7-29-17	Scheduled Completion Date (11) 9-10-17	Name of OSHA Monitor CEI LABS		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: weekends Saturday + Sunday 8:00am to 5:00pm		Street Address 730 EAST MAYNARD ROAD		
		City, State, Zip Code CARY, NC 27511		

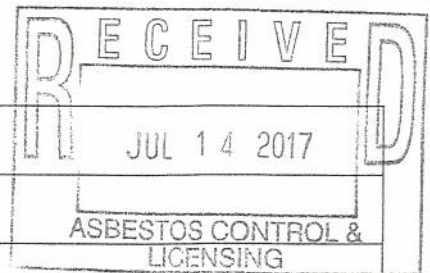
Scope of Work (Check All That Apply)

<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 or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

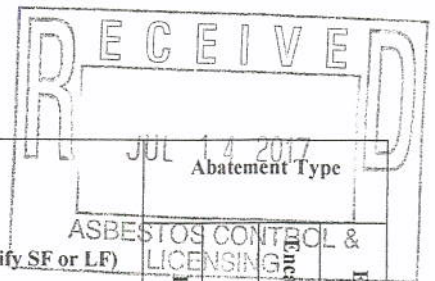
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT BUILDING			X	ELBOW INSULATION	200 SF	X			
THROUGHOUT BUILDING			X	PIPE INSULATION	45 LF	X			

Name of Registered Waste Hauler K+A ENVIRONMENTAL CONTRACTORS		NJDEP Waste Hauler ID No. 00815	Cubic Yards of Waste 5 cy	Name of Registered Landfill MINERVA LANDFILL	
City, State MOHNTON PA		Disposal Date 8-31-17	City, State WAYNESBURG OH		
Completed by ANTHONY J. SANTARELLI	Title OPERATION	Signature <i>Anthony J. Santarelli</i>	Date 7-10-17		

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



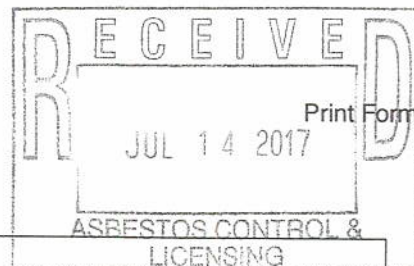
Date of Notification (1) 07/07/2017		Name of Building Owner/Operator (2) Bridge Development, LLC							
Agencies Notified	Type Notification	Street Address One Gate Hall Drive, Suite 210							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Parsippany, NJ 07054							
		Name of Contact Deven Schmitt							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 1 & 2		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 429 Delancy Street		Square Feet 2,000	# of Floors 2						
City (5) Newark		Bldg. Age 57							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Building - Pump House/Vault							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 1130 West Chestnut Street		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. (973) 494-3762	License No. 001036						
Start Date (10) Monday - Friday, 7AM - 5PM.	Scheduled Completion Date (11) 08/18/2017	Name of OSHA Monitor Incinia Contracting, 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: <u>Monday - Friday, 7AM - 5PM.</u>		Street Address 08/18/2017							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Bldg. 1 Upper Roof		X	X	Roofing, Flashing, Tar, Caulking	757 SF	X			
Bldg. 1 Lower Roof		X	X	Roof Flashing	35 SF	X			
Bldg. 1 Throughout Building		X	X	Black Window Caulking/Glazing	67 SF	X			
Bldg. 1 Throughout Building		X	X	Wire Insulation	300 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Milena Zoric		Title VP	Signature 			Date 07/07/2017			



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
Bldg. 1 Throughout		X		Electrical Panel Transite	30 SF	X			
Bldg. 1 Throughout		X		Fire Doors	42 SF	X			
Bldg. 2 Throughout		X		Wire Insulation	300 LF	X			
Bldg. 2 Throughout		X		Electrical Panel Transite	20 SF	X			
Bldg. 2 Elevator Room		X		Brake Pads	2 SF	X			

CH1129

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

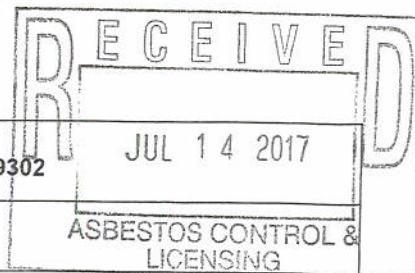


Date of Notification (1) 07/11/17		Name of Building Owner/Operator (2) BRAEN AGGREGATES							
Agencies Notified	Type Notification	Street Address P.O. BOX 8310							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 HALEDON NJ 07538							
		Name of Contact PAUL LENHART							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CORK HILL		Type of Facility (4)							
Street Address 250 CORK HILL RD		<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) FRANKLIN NJ 07416		Square Feet 2800	# of Floors 1						
County (6) SUSSEX		Bldg. Age 1930'S							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ARIAI						
Street Address		Street Address 144 MILL ST							
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-653-9652						
		License No. 1257							
Start Date (10) 07/21/17	Scheduled Completion Date (11) 08/07/17		Name of OSHA Monitor GORAN IGEV						
Occupancy Status During Abatement (Check Only One)			Street Address 144 MILL ST						
<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 PATERSON NJ 07501						
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 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) <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 SIDING		V		PLASTER	800 SF	V			
Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste TBD	Name of Registered Landfill FARRIS HILLS					
City, State PATERSON NJ			Disposal Date TBD	City, State MOORISVILLE PA					
Completed by GORAN IGEV		Title CEO	Signature			Date 07/11/17			

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

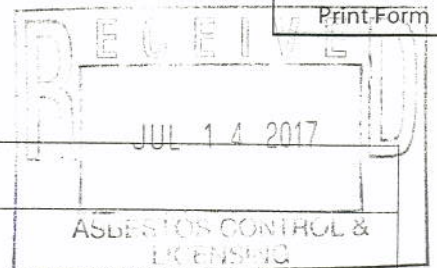
Date of Notification (1) 7 / 6 / 17		Name of Building Owner/Operator (2) West Long Branch BOE/ Job #1603-4997 Check #9207 9301							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 135 Locust Avenue							
		City, State, Zip Code Long Branch, NJ 07764							
		Name of Contact Brian Keeshan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Frank Antonides Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 135 Locust Avenue									
City (5) West Long Branch, NJ 07764		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0026	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm James Guilardi		Telephone No. 856-840-8800	Telephone No. 609-265-2107						
		License No. 00529							
Start Date (10) 6 / 23 / 17	Scheduled Completion Date (11) 7 / 10 / 17	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
A&B Wing Hallway, 9 closets & gym storage room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	220 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&B Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/10/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 			Date 7/10/17			

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



Date of Notification (1) <u>7</u> / <u>12</u> / <u>17</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1706-5165		Check #9302					
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 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Rich Larsen					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G				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 Corbin Street & Innerport Street				Square Feet					
City (5) Port Newark, NJ				# of Floors					
County (6) Essex				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432		License No. 00529					
Start Date (10) <u>7</u> / <u>21</u> / <u>17</u>		Scheduled Completion Date (11) <u>7</u> / <u>21</u> / <u>17</u>		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥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 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"/>	2" ACM coal tar wrap	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12" ACM coal tar wrap	15 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 Waste Management		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Camden, NJ		Disposal Date 7/21/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 7/12/17			

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



Date of Notification (1) 07/06/17		Name of Building Owner/Operator (2) Bergenfield Board of Education	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	225 West Clinton Ave.	
		City, State, Zip Code Bergenfield, NJ 07621	
		Name of Contact Paul McDevitt	Telephone No. _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Franklin Elementary School		Type of Facility (4)	
Street Address 2 North Franklin Ave.		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bergenfield	Square Feet	# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) Academy Construction Inc.
Street Address 307 North Walnut St.		Street Address 205 Rt. 46 West Suite 14	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Paul McCaa		Telephone No. 484-894-4841	Telephone No. 973-832-4244
		License No. 01155	
Start Date (10) 07/17/17	Scheduled Completion Date (11) 08/21/17	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <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
1949 Crawl Space			X	Pipe Insulation & Fittings	858 LF	X		X	
1956 Crawl Space			X	Pipe Insulation & Fittings	1,202 LF	X		X	

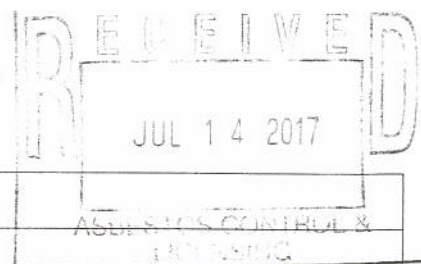
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 8	Name of Registered Landfill GROWS Landfill	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by John Geleski	Title PM	Signature 		Date 07/06/17	

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

Check # 10037
JUL 14 2017

Date of Notification (1) 7-7-17		Name of Building Owner/Operator (2) Enterprise Home Builders LLC	
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 228 Evergreen Court
			City, State, Zip Code Mountain Side NJ 07092
			Name of Contact Kevin Sheenwood
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 <div style="background-color: black; width: 100px; height: 20px;"></div>		Square Feet # of Floors Bldg. Age	
City (5) New Providence NJ 07974		Current Use (Prior if being demolished) Single family Dwelling	
County (6) Union		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	
Start Date (10) July 17, 2017		Scheduled Completion Date (11) July 21, 2017	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies Inc	
		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
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 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure		
Exterior Walls	X	Siding Shingles	1200 SF X
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6
City, State New Egypt NJ		Name of Registered Landfill Waste Management of PA	
Disposal Date by 7-21-17		City, State Morrisville PA	
Completed by Steve Schenker		Title President	Signature Steve Schenker
		Date 7-7-17	

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



CK 2657

Date of Notification (1) 07-06-2017		Name of Building Owner / Operator (2) Mr. Bob Trautz	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Lambertville, NJ 08530	
		Name of Contact Mr. Bob Trautz	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Basement				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 1,900	# of Floors 2 + attic & basement
City (5) Lambertville, NJ		County (6) Hunterdon	County Code (7)	Bldg. Age 125	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services				ASCM No. 117	
Street Address P.O. Box 365				Name of Abatement Contractor (9) Resource Management Group, LLC	
City, State & Zip Code Berlin, NJ 08009				Street Address 2115 Hamilton Ave, Suite 202	
Project Manager for Monitoring Firm Mr. Jim Proctor				Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 7-24-2017		Scheduled Completion Date (11) 07-27-2017		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 9:00am – 6:00pm <input type="checkbox"/> Facility Occupied During Abatement				Street Address 2333 Route 22 West	
				City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

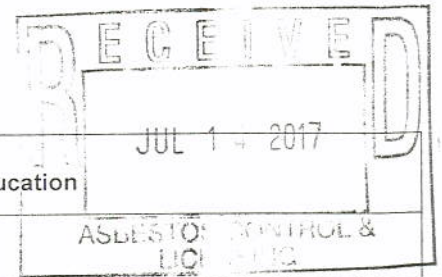
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 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	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	88 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"/>	Pipe Fittings	11 each	<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"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 7-6-2017

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


CK 4105



Date of Notification (1) 7 / 7 / 17			Name of Building Owner/Operator (2) Wildwood Crest Borough Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" 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 9100 Pacific Avenue City, State, Zip Code Wildwood Crest, NJ 08260 Name of Contact Jim Parker					
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Crest Memorial School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 9100 Pacific Avenue				Square Feet 80,000					
City (5) Wildwood Crest				# of Floors 2					
County (6) Cape May				Bldg. Age 80					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC			ASCM No. 00098		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address 3 Terri Lane, Suite 4			Street Address 623 Cutler Avenue						
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-479-8512		Telephone No. 856-755-0099					
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 07 / 24 / 17		Scheduled Completion Date (11) 08 / 11 / 17							
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: 7:00AM-5:00PM / ____ 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section Packing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tube Boiler Door Insulation	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 20	Name of Registered Landfill Cape May County Landfill				
City, State Freehold, NJ		Disposal Date 08/11/2017		City, State Woodbine, NJ					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 7/7/17		

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

CK 6202 JUL 14 2017

Date of Notification (1) 7/6/17		Name of Building Owner/Operator (2) Enviro- Air Technologies							
Agencies Notified	Type Notification	Street Address PO Box 172	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cooperburg PA 18036							
		Name of Contact Joe Cassidy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) vacant Offices & Warehouse		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 22 North Franklin Boulevard		Square Feet 1000+	# of Floors 2						
City (5) Pleasantville NJ 08232		Bldg. Age 35+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/21/17	Scheduled Completion Date (11) 8/21/17	Name of OSHA Monitor Same							
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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			x	Floor Tile & mastic	3600 SF	x			
1st floor warehouse			x	Pipe insulation Wet Wrap Cut	120 LF	x			
Name of Registered Waste Hauler Transformation		NJDEP Waste Hauler ID No. 18952	Cubic Yards of Waste 15	Name of Registered Landfill ACMUA.					
City, State Elm NJ		Disposal Date 8/21/17		City, State Egg Harbor Twp NJ 08234					
Completed by Anthony T Perna		Title President		Signature 		Date 7/6/17			

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

Tom Voorhees 7/7/17

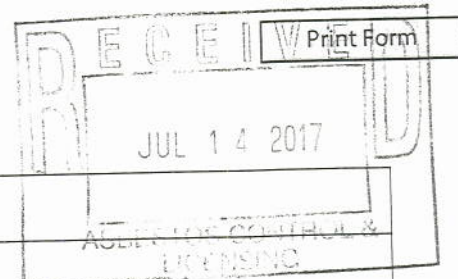
Date of Notification (1) 7 / 7 / 17		Name of Building Owner/Operator (2) Trenton Public Schools		JUL 14 2017					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1490 Prospect Street							
		City, State, Zip Code Trenton, NJ 08638							
		Name of Contact Dwayne Mosely		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trenton Public Schools Maintenance Facility				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1490 Prospect Street									
City (5) Trenton				Square Feet	# of Floors				
County (6) Mercer				County Code (7) (STATE USE ONLY)					
				Current Use (Prior if being demolished) School Maint Bldg					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 07 / 10 / 17		Scheduled Completion Date (11) 07 / 10 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:00PM / ____ PM - ____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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) 9 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation		<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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste <1	Name of Registered Landfill GROWS Landfill				
City, State BRISTOL, PA				Disposal Date 7/8/2017	City, State Morrisville, PA 19067				
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 7-7-17			

ASB-41
MAY 11 **GI17153**

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

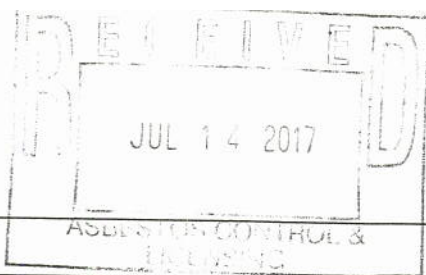
CK 11078
 * SEE REQUEST FOR WAIVER
 LETTER ATTACHED

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



Date of Notification (1) 7/05/2017		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified	Type Notification	Street Address 2000 Pennington Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ewing, New Jersey 08628							
		Name of Contact Matt Bonomo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey, (Power House Boiler # 1)		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 & commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet ~ 9,000	# of Floors 2						
City (5) Ewing		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power House							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Incorporated		ASCN No. 0003	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 1253 North Church Street		Street Address 42 Ridge Road							
City, State, Zip Code Moorestown, New Jersey 08057		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Michael R. Stocku		Telephone No. 856 840-8800	License No. 00836						
Start Date (10) 7/10/2017	Scheduled Completion Date (11) 8/09/2017	Name of OSHA Monitor Neuber 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>Occupied, Maintenance Personnel Only</u>		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Drum Insulation	X			TSI	180 SF	X			
Boiler Insulation	X			TSI	900 SF	X			
Breeching Insulation	X			TSI	100 SF	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 30	Name of Registered Landfill GROWS/Tullytown Landfill					
City, State Trenton, NJ		Disposal Date 06/2017		City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager		Signature 			Date 7/05/2017		

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



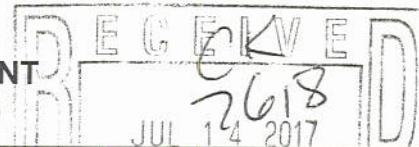
NO CK

Date of Notification (1) 7/6/17		Name of Building Owner/Operator (2) New Providence Board of Education	
Agencies Notified	Type Notification	Street Address 356 Elkwood Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code New Providence, NJ 07974	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact James E. Testa, School Business Admin.	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Salt Brook Elementary School		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 35 Pioneer Drive		Square Feet 92,920	# of Floors 1
City (5) New Providence		Bldg. Age 49 yrs	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering and Environmental Services		ASCM No. 00099	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 300 Kimball Drive, 4th Floor		Street Address 32 Willow Way	
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Darshan Desai		Telephone No. 973-560-4900	Telephone No. 973-333-9176
Start Date (10) 7/7/17		Scheduled Completion Date (11) 7/14/17	License No. 01331
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 Envirovision Consultants, Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410	
<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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
SEE CONTINUATION SHEET		**SEE CONTINUATION SHEET**	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20+
City, State Woodland Park, New Jersey		Disposal Date TBD	Name of Registered Landfill Fairless Hills Landfill
Completed by Dimo Golcev		Title General Manager	Signature
			Date 7/6/17

RECEIVED
JUL 14 2017
ASBESTOS CONTROL &
HUMANITY

[illegible]

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



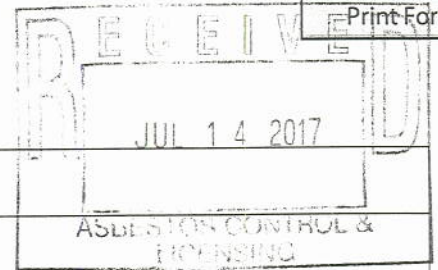
Date of Notification 7/7/17		Name of Building Owner / Operator (2) Somerville Board of Education	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type of Notification	Street Address	
	Emergency Notification	51 West Cliff Street	
	Initial Notification	City, State & Zip Code	
	<input checked="" type="checkbox"/> Amended Notification Cancellation	Somerville, NJ 08876	
		Name of Contact	Telephone Number
		Bryan Boyce	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Van Derveer Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 51 Union Avenue		Square Feet 110,000	# of Floors 1
City (5) Somerville	County (6) Somerset	County Code (7)	Bldg. Age 70+
		Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering and Environmental Svcs		ASCN No. 00099	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 300 Kimball Drive, 4th Floor		Street Address 443 Schoolhouse Road	
City, State & Zip Code Elmwood Park, NJ 07407		City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Vijay Patel	Telephone Number 973-560-4983	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 6/30/17	Scheduled Completion Date (11) 7/15/17	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
Large Project		Mini-Enclosure	
Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Other: Cut and Wrap	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
Janitors Closet	Yes	TSI fittings	4 LF
Boys/Girls Restroom Wall	No	TSI pipe	4 LF
Boys/Girls Restroom Wall	No	TSI Pipe	45 LF
Boys/Girls Restroom	No	Door w/insulation	60SF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5
City, State Freehold, NJ		Disposal Date 7/15/17	Name of Registered Landfill Cumberland County
City, State Freehold, NJ		Disposal Date 7/15/17	City, State Newburg, PA
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>	Date 7/7/17

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

Check RECEIVED
10047
JUL 14 2017

Date of Notification (1) 7-11-17		Name of Building Owner/Operator (2) Jan Gale							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Princeton Junction NJ 08550							
		Name of Contact Jan Gale	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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	# of Floors 1						
City (5) Manasquan NJ 08736		Bldg. Age 60+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Single family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 7-24-17	Scheduled Completion Date (11) 7-30-17	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
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 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 Walls House + Garage			X	Siding Shingles	1500 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 7-30-17		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 7-11-17			

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



Date of Notification (1) 07/6/17		Name of Building Owner/Operator (2) Norwood Board of Education							
Agencies Notified	Type Notification	Street Address 177 Summit St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Norwood, NJ 07648							
		Name of Contact Gina Hennesy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Norwood Elementary School		Type of Facility (4)							
Street Address 177 Summit St.		<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) Norwood		Square Feet 11,500	# of Floors 1						
		Bldg. Age 50 yrs.							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Remediation & Management, Inc.		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 20-10 Maple Avenue - Bldg. 35E		Street Address 135 Kinnelon Rd., Suite 102							
City, State, Zip Code Fairlawn, NJ 07419		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-949-3525	Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/16/17	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd., Suite 102							
<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 Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor	X			Ceiling Tiles	11,050 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40	Name of Registered Landfill GROWS/Fairless Landfill					
City, State Kinnelon, NJ 07405			Disposal Date 7/28/17	City, State Morrisville, PA					
Completed by Anna Bastod		Title Project Coordinator	Signature <i>Anna Bastod</i>			Date 7/6/17			

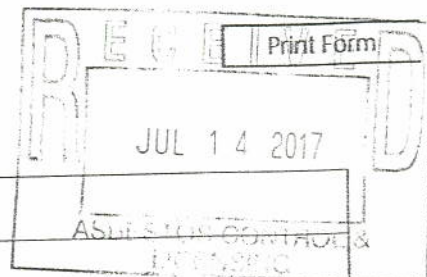
CK 4801

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

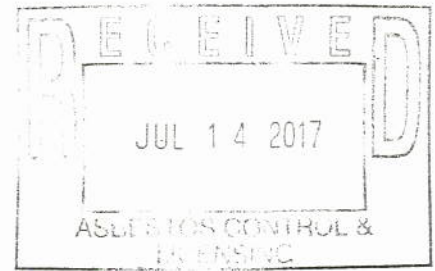
Date of Notification (1) 07/05/2017		Name of Building Owner/Operator (2) Montclair Board of Education						
Agencies Notified	Type Notification	Street Address 22 Valley Road	City, State, Zip Code Montclair, NJ 07042					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lenny Saponara	Telephone Number					
Name of Facility Where Abatement is Taking Place (3) Nishuana School								
Street Address 32 Cedar Ave		Type of Facility (4)						
City (5) Montclair		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		Current Use (Prior if being demolished) school						
Street Address 300 Grand Ave		Name of Abatement Contractor (9) Lillich Corporation						
City, State, Zip Code Englewood, NJ 07631		Street Address 808 McBride Ave						
Project Manager for Monitoring Firm Anthony Valentine		City, State, Zip Code Woodland Park, NJ 07424						
Start Date (10) 07-08-2017	Scheduled Completion Date (11) 07-10-2017	Telephone No. 201-569-8708	Telephone No. 973-226-8400					
Occupancy Status During Abatement (Check Only One)		License No. 01104						
<input checked="" 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: _____		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Scope of Work (Check All That Apply)		Street Address 2333 Route 22 West						
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 260 lf		City, State, Zip Code Union, NJ 07083						
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Geyobag 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 LP)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Main office copy room		X	Glue pods	135 sf	X			
					X			
Name of Registered Waste Hauler Lillich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill				
City, State Woodland Park, New Jersey		Disposal Date		City, State Morrisville, PA				
Completed by Iomio Glavatovic		Title Project manager		Signature 		Date 07/05/2017		

ry Check# 3189
 Amendment - Additional work (pg 2)
 New Amendment Check# 3194

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



Date of Notification (1) 7/10/17		Name of Building Owner/Operator (2) The Ferber Group, Inc							
Agencies Notified	Type Notification	Street Address 151 Sawgrass Corners Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ponte Vedra Beach, FL							
		Name of Contact Jason	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ferber Property		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 1138 South Ave West		Square Feet 8000	# of Floors 1						
City (5) Westfield		Bldg. Age 55+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Auto garage, shop, and Limousine building							
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, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/31/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof (auto garage)			x	roofing	2200sf	x			
roof (auto garage)			x	flashing	300 sf	x			
roof (auto garage)			x	tar	80sf	x			
please see next page									
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 40509	Cubic Yards of Waste 30	Name of Registered Landfill Chrins Landfill					
City, State Newark, New Jersey			Disposal Date 7/31/17	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 7/10/17					



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
interior store and back room			x	vinyl flooring	2800sf	x			
roof (Jax auto shop and limo)			x	roofing	5500 sf	x			
roof (Jax auto shop and limo)			x	tar	250sf	x			
roof (Jax auto shop and limo)			x	flashing	1100sf	x			
Name of Registered Waste Hauler Newark Carting			NJDEP Waste Hauler ID No. 40509	Cubic Yards of Waste 30	Name of Registered Landfill Chrins Landfill				
City, State Newark, New Jersey			Disposal Date 7/31/17		City, State Easton, PA				
Completed by Bree McGuire			Title Secretary Treasurer		Signature <i>Bree McGuire</i>			Date 7/10/17	

ASB-41 (R-06-08)

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

Additional work

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

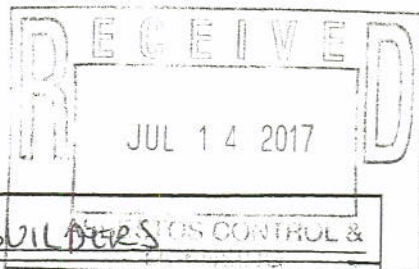
JUL 14 2017

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 7/10/17		Name of Building Owner/Operator (2) Long Branch Partners, LLC							
Agencies Notified	Type Notification	Street Address 350 Main Street							
<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 Montville, New Jersey							
		Name of Contact Chuck	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Long Branch Partners Property		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 156-160 Broadway		Square Feet 3000	# of Floors 2						
City (5) Long Branch		Bldg. Age 55+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) store							
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, New Jersey 07722							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 7/19/17	Scheduled Completion Date (11) 7/31/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		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"/> ≥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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe elbow insulation	25 elbows	x			
basement			x	pipe insulation	500lf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Colts Neck, New Jersey			Disposal Date 7/31/17	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature			Date 7/10/17			

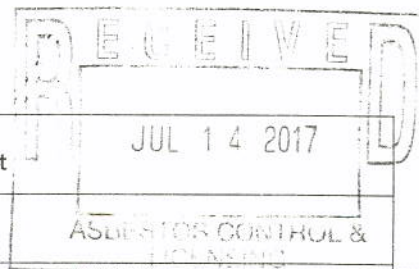
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>7-6-17</u>		Name of Building Owner/Operator (2) <u>MIKE O'NEIL BUILDERS CONTROL &</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>8305 LANDIS AVE SUITE 4</u> City, State, Zip Code <u>SEA ISLE CITY N.J 08243</u>	
		Name of Contact <u>MIKE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>STRATHMORE</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPRUXE AVE</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Telephone No. _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>7-17-17</u>	Scheduled Completion Date (11) <u>7-17-17</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
			Amount (Specify SF or LF) <u>1150 SF</u>
			Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J</u>		Name of Registered Landfill <u>C.M.C. M.U. A</u>	
Disposal Date _____		City, State <u>WOODBINE</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>7-6-17</u>

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



Date of Notification (1) 7 / 10 / 17		Name of Building Owner/Operator (2) Rancocas Valley Regional School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5.23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 Jacksonville Road							
		City, State, Zip Code Mount Holly, NJ 08060							
		Name of Contact John Gaunt	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rancocas Valley Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 520 Jacksonville Road		Square Feet 60,000	# of Floors 2						
City (5) Mount Holly		Bldg. Age 70							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC	ASCM No. 00127	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 307 N. Walnut Street		Street Address 623 Cutler Avenue							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Matt Abraham	Telephone No. 610-431-7545	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 06 / 26 / 17	Scheduled Completion Date (11) 07 / 21 / 17	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 checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room List Attached(1 Containment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9"x9" Floor Tile and Mastic	8,805 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room List Attached(1 Containment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2'x4' Ceiling Tile	9,310 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room List Attached(1 Containment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	2,390 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom C-111	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe TSI Elbow	10 Units	<input checked="" 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 300	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 7/21/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 7/10/17			

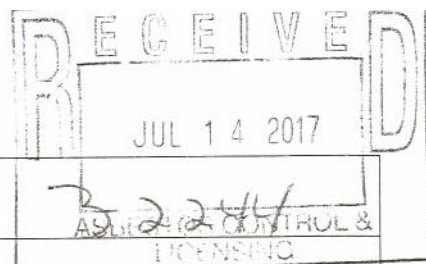
Location	Material	Quantity
B-1-22 (Room 1)	Floor Tile & Mastic	240 SF
B-1-23 (Room 2)	Floor Tile & Mastic	240 SF
Classroom C100	Floor Tile & Mastic	785 SF
Classroom C102	Floor Tile & Mastic	785 SF
Data Pro	Floor Tile & Mastic	785 SF
Classroom C103	Floor Tile & Mastic	785 SF
Classroom C104	Floor Tile & Mastic	785 SF
Classroom C105	Floor Tile & Mastic	785 SF
Classroom C106	Floor Tile & Mastic	785 SF
Classroom C107	Floor Tile & Mastic	785 SF
Classroom C108	Floor Tile & Mastic	785 SF
Classroom C109	Floor Tile & Mastic	785 SF
C-1-2 (Room 5)	Floor Tile & Mastic	280 SF
C-1-4 (Room 4a)	Floor Tile & Mastic	195 SF

Location	Material	Quantity
B-1-22 (Room 1)	Ceiling Tile	240 SF
B-1-23 (Room 2)	Ceiling Tile	240 SF
Classroom C100	Ceiling Tile	785 SF
Classroom C102	Ceiling Tile	785 SF
Data Pro	Ceiling Tile	785 SF
Classroom C103	Ceiling Tile	785 SF
Classroom C104	Ceiling Tile	785 SF
Classroom C105	Ceiling Tile	785 SF
Classroom C106	Ceiling Tile	785 SF
Classroom C107	Ceiling Tile	785 SF
Classroom C108	Ceiling Tile	785 SF
Classroom C109	Ceiling Tile	785 SF
Classroom C111	Ceiling Tile	785 SF
C-1-4 (Room 4a)	Ceiling Tile	195 SF

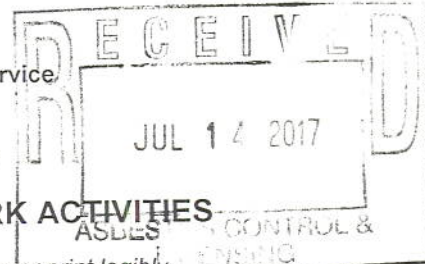
Location	Material	Quantity
Classroom C-100	Glue Dots	190 SF
Classroom C-102	Glue Dots	270 SF
Data Pro	Glue Dots	260 SF
Classroom C103	Glue Dots	270 SF
Classroom C104	Glue Dots	190 SF
Classroom C105	Glue Dots	190 SF
Classroom C106	Glue Dots	190 SF
Classroom C107	Glue Dots	170 SF
Classroom C108	Glue Dots	190 SF
Classroom C109	Glue Dots	270 SF
Classroom C111	Glue Dots	200 SF

*All work to be performed in one (1) containment

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



Date of Notification (1) <div style="text-align: center;">07 / 11 / 17</div>		Name of Building Owner/Operator (2) Tradewinds Builders, LLC							
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 34 West Sailboat Lane							
		City, State, Zip Code Peahala Park, NJ 08008							
		Name of Contact Travis Leply	Telephone Number						
FACILITY INFORMATION									
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) Surf City		Square Feet 2000	# of Floors 2						
		Bldg. Age 65							
County (6) Ocean		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <div style="text-align: center;">07 / 21 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">07 / 24 / 17</div>	Name of OSHA Monitor E.M.S.L. Analytical							
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 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2000 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 07/25/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 7/11/17			



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

I. NOTIFICATION INFORMATION

Date of Notification: 7 / 11 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: General Growth Properties
Street Address: 110 N. Whacker Drive City: Chicago State: IL Zip: 60606
Name of Contact: Kelly Webb Telephone No.: _____

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Willowbrook Mall
Describe Facility Use: Commercial
Street Address: 1400 Willowbrook Mall City: Wayne State: NJ Zip: 07470
County Name: Passaic County Code (State Use Only): _____
Scheduled Start Date: 7 / 25 / 2017 Scheduled Completion Date: 7 / 26 / 2017

Occupancy Status During Activity (check only one):

☐ Facility Closed/Vacated During Entire Activity

☒ Activity Performed Outside Normal Facility Hours—Describe: 8pm-4am

☐ Other—Describe: _____


Scope of Work (check all that apply):

<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>5 SF</u>	Percentage Asbestos: <u> </u> %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>80 SF</u>	Percentage Asbestos: <u> </u> %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Criterion Laboratories, Inc. Telephone No.: 215-244-1300

V. SIGNATURE

Completed By
(type or print legibly): Christina Lynch Title: Vice President of Operations
Signature:  Date: July 11, 2017

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

CK# 1083

JUL 14 2017

Date of Notification (1) 7/11/17		Name of Building Owner/Operator (2) The Alpert Group							
Agencies Notified	Type Notification	Street Address 1 Parker Pl, Suite 64	ASBESTOS CONTROL & LICENSING						
<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 Fort Lee, NJ 07024							
		Name of Contact Joe Alpert	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial 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 18 Central Ave		Square Feet 30,000	# of Floors 3						
City (5) West Orange		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
		License No. 01255							
Start Date (10) 7/20/17	Scheduled Completion Date (11) 8/30/17	Name of OSHA Monitor Harmony Contracting 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>Scheduled for Demolition</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Exterior			x	Roofing Material	30,000 SF	x			
3rd Fl			x	Ceiling Tile Glue Dots	10,000 SF	x			
2nd Fl			x	VAT	5,000 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Riverdale, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 7/11/17			