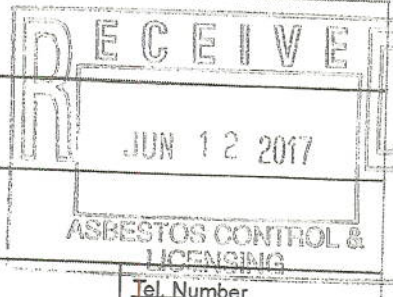


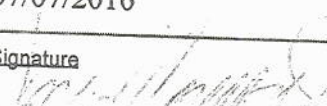
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

#200

Check # 012598

<u>Date of Notification (1)</u> 06/02/2017		<u>Name of Building Owner/Operator (2)</u> Walter Ortiz	
<u>Agencies Notified</u> (X) USEPA (X) NJDEP (X) NJDOL (X) DOH () DCA	<u>Type of Notification</u> (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation	<u>Street Address</u> [REDACTED]	
		<u>City, State, Zip Code</u> Hoboken, NJ 07030	
		<u>Name of Contact</u> Walter Ortiz	
		<u>Tel. Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> residence		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> [REDACTED]		Sq. Feet: <u>16,000</u> # of Floors <u>4</u> Bldg. Age <u>80</u>	
<u>City (5)</u> Hoboken	<u>County (6)</u> Hudson	<u>County Code (7)</u> (State Use Only)	Current Use (if being demolished):
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ISES, Inc.		<u>ASCM No.</u> N/A	<u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc.
<u>Street Address</u> 3300 Hudson Avenue		<u>Street Address</u> 3300 Hudson Avenue	
<u>City, State, Zip Code</u> Union City, NJ		<u>City, State, Zip Code</u> Union City, NJ 07087	
<u>Project Manager for Monitoring Firm</u> David Camacho	<u>Telephone Number</u> 201 325-0055	<u>Telephone Number</u> (201)325-0055	<u>License Number</u> 01124
<u>Scheduled Start Date (10)</u> 06/12/2017	<u>Scheduled Completion Date (11)</u> 07/07/2017	<u>Name of OSHA Monitor</u> ISES, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Other - Describe:		<u>Street Address</u> 3300 Hudson Avenue	
		<u>City, State, Zip Code</u> Union City, NJ 07087	
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation			
() Minor Project (< 25 SF or < 10 LF ACM) () Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM)			
(X) Full Containment with Negative Pressure () Mini-Enclosure with Negative Pressure (X) Glove-bag Procedure and/or Wrap and cut procedure (X) Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u> YES NO N/A	<u>Description of ACM</u> (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	<u>Amount (Specify SF or LF)</u>
			<u>Abatement Type</u>
			Re mo val Rep air Enca psula te En clo sur e



1 st floor kitchen			X	VAT	~ 90 SFT	X			
1st floor entrance, residue in boiler.			X	TSI Pipe	~ 10 LFT	X			
Through out floors			X	plaster surfacing	~ 10,000 SFT	X			
<u>Name of Reg. Waste Hauler</u> Atlas Disposal Options, Inc.		<u>NJDEP Waste Hauler ID #</u> 50452		<u>Cubic Yards of Waste</u> ~ 60		<u>Name of Reg. Landfill</u> Grand Central Sanitation 1963 Pen Argyl Road			
<u>City, State</u> 311 East Blackwell Street, Dover, NJ 07801				<u>Disp. Date</u> 07/07/2016		<u>City, State</u> Pen Argyl, PA 18072			
<u>Completed by (Print or Type)</u> David Camacho		<u>Title</u> Project Supervisor		<u>Signature</u> 		<u>Date</u> 06/02/2017			



Date of Notification (1)

06/02/2017

DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Name of Building Owner/Operator (2)

Jian Chen

Agencies Notified

- () USEPA
 () NJDEP
 (X) NJDOL
 (X) NJDOH
 () NJDCA

Type of Notification

- (X) Initial Notification
 () Amended
 Amendment # _____
 () Emergency (including
 justification)
 () Cancellation

Street Address

City, State, Zip Code

Jersey City, NJ 07307

Name of Contact

Jian Chen

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence

Street Address

City (5)

Jersey City

County (6)

Hudson

County Code (7)
(State Use Only)

Type of Facility (4)

- () School (K-12)
 () Subchapter 8 (other than K-12)
 (X) Other (i.e. private & commercial bldgs., homes, etc.)

SQ. Feet: 3000 # of Floors 2 Bldg. Age 68

Current Use (if being demolished):

Name of Monitoring Firm Hired by Bldg. Owner (8)

ISES, Inc.

ASCM No.

N/A

Name of Contractor (9)

Industrial Safety & Environmental Solutions, Inc.

Street Address

3300 Hudson Avenue

Street Address

3300 Hudson Avenue

City, State, Zip Code

Union City, NJ

City, State, Zip Code

Union City, NJ 07087

Project Manager for Monitoring Firm

David Camacho

Telephone Number

(201)325-0055

Telephone Number

(201)325-0055

License Number

01124

Scheduled Start Date (10)

06/12/2017

Scheduled Completion Date (11)

06/17/2017

Name of OSHA Monitor

ISES, Inc.

Occupancy Status During Abatement (Check only one)

- (X) Facility Closed/Vacated During Entire Period of Abatement
 () Abatement Performed Outside of Normal Facility Hours -
 () Other - Describe: work area in basement will be vacated

Street Address, City, State, Zip Code

3300 Hudson Avenue, Union City, NJ 07087

Source of Work (Check all that apply)

() Demolition

(X) Renovation

- () Minor Project (<25 SF or <10 LF ACM)
 () Small Project (>25 <160 SF or >10 <260 LF ACM)
 (X) Large Project (>160 SF or > 260 LF ACM)

- () Full Containment with Negative Pressure
 (X) Mini-Enclosure with Negative Pressure
 (X) Glove-bag Procedure or Wrap and cut procedure
 () 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)

YES NO N/A

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)

Amount (Specify SF or LF)

Abatement Type

Re mo val	Rep air	Enca psula te	En clo sur e
-----------------	------------	---------------------	-----------------------

Exterior Walls

Siding Material

~ 1200 Sq Ft.

X

Name of Reg. Waste Hauler
Atlas Disposal Options, Inc.NJDEP Waste Hauler ID #
50452Cubic Yards of Waste
~ 10Name of Reg. Landfill
Grand Central Sanitation
1963 Pen Argyl Road

City, State

311 East Blackwell Street, Dover, NJ 07801

Disp. Date
06/17/2017City, State
Pen Argyl, PA 18072

Completed by (Print or Type)

David Camacho

Title

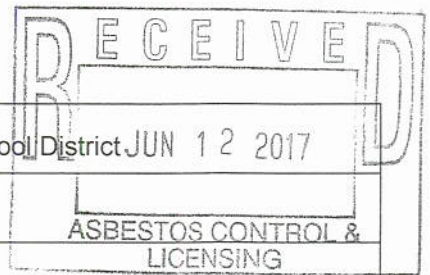
Project Supervisor

Signature

Date

06/02/2017

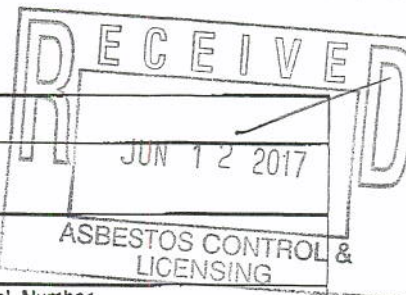
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/09/2017		Name of Building Owner/Operator (2) Penns Grove-Carneys Point Regional School District							
Agencies Notified	Type Notification	Street Address 100 Iona Avenue							
<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 Penns Grove, NJ 08069							
		Name of Contact Brian Ferguson	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Penns Grove Regional High School		Type of Facility (4)							
Street Address 334 Harding Hwy		<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) Carneys Point, NJ 08069		Square Feet 90,000	# of Floors 2						
		Bldg. Age 30 years							
County (6) Salem County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Public High School							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No. 00073	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address P. O. Box 316		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Steve		Telephone No. (856) 848-0800	Telephone No. 973-339-9735						
		License No. 01034							
Start Date (10) 06/19/2017	Scheduled Completion Date (11) 07/03/2017	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 205 Route 46 Suite 15							
<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 Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
24 classrooms		X		pipe insulation (wrap and cut)	240 LF	x			
4 bathrooms		X		pipe insulation (wrap and cut)	120 LF	x			
Boiler Room	X			boiler rope gasket	20 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ			Disposal Date 07/05/2017	City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager	Signature 	Date 06/09/2017					

4103039

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



Date of Notification (1) 5/3/17		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	
		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro, NJ 08068	
		Name of Contact Ravi Jarecha	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		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 bldgs., homes, etc.)	
Street Address 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	
		Bldg. Age N/A	
Name of Monitoring Firm Hired by Bldg. Owner (8)		Current Use (prior if being demolished) Oil Refinery	
Street Address		Name of Contractor (9) Mansfield Industrial, Inc.	
		Street Address 26 Colonial Ave	
		City, State, Zip Code Woodbury NJ 08096	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 5/17/17	Scheduled Completion Date (11) 5/26/17	Name of OSHA Monitor Mansfield Industrial, 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 - Removal of ACM within restricted work area in outside area		Street Address 26 Colonial Ave	
		City, State, Zip Code Woodbury NJ 08096	
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input checked="" type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Abatement Type Rem Rep Encep Enclose			
TSI on T1 Tower at CU7	X	TSI	Approx 20 SF
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 2 CY	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ		Disp. Date Various	City, State South Harrison, NJ
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - Mansfield Industrial, Inc.	Signature Site Operations Supervisor	Date 5/3/17

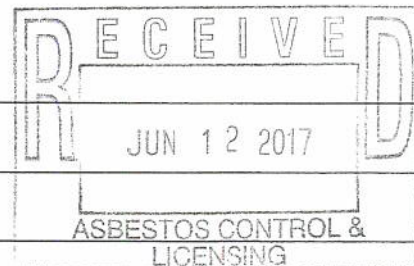
Mail to: NJDEP-DSHW-BRRTF
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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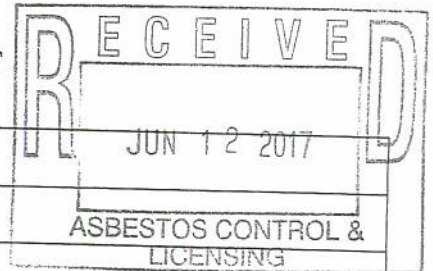
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/31/2017		Name of Building Owner/Operator (2) Frenklin Township Public Schools							
Agencies Notified	Type Notification	Street Address 1755 Amwell 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerset NJ 08873							
		Name of Contact James Strimple	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Avenue School		Type of Facility (4)							
Street Address 363 Elizabeth Avenue		<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) Somerset NJ 08873		Square Feet 90,000	# of Floors 2						
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Public High School						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 385		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-339-9735						
Start Date (10) 06/19/2017		Scheduled Completion Date (11) 07/02/2017	License No. 01034						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Savic Construction Corp							
<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>		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
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
Main Hallway		X		Pipe & Fitting Insulation	585 LF	x		x	
Main Hallway		X		Skylight Transite Panels	192 SF	x		x	
Principles Office		X		Transite Panels	30 SF	x		x	
Nurse's restroom		X		Transite Panels	30 SF	x		x	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill GROWS				
City, State Newark NJ				Disposal Date 07/03/2017	City, State Morrisville, PA				
Completed by Milos Savic		Title Project Manager		Signature <i>Milos Savic</i>	Date 05/31/2017				

Ch 851

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)



Date of Notification (1): 6/7/17		Name of Building Owner/Operator (2): MR. WILLIAM LOWE	
Agencies Notified	Type Notification	Street Address:	
() EPA () DEP (X) DOL (X) DOH () DCA	(X) Initial Notification () Amendment Notification () Emergency () Cancellation	City, State, Zip Code: WESTFIELD, NJ	
		Name of Contact: MARGARET	Telephone Nur.:

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL		Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.)	
Street Address:			
City & State (5): WESTFIELD, NJ		Square Feet: 2000	# of Floors: 2 Bldg. Age: 60+
County (6): MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, LLC		ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.
Street Address: 71 ARCH STREET		Street Address: 339 North 6 th Street	
City, State, Zip Code: PATERSON, NJ 07522		City, State, Zip Code: Prospect Park, NJ 07508	
Project Manager for Monitoring Firm: FERNANDO VILLA		Telephone No.: 973-417-7214	Telephone No.: (973) 595-6955
Start Date (10): 6/16/17	Scheduled Completion Date (11): 6/18/17	License No.: 00641	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.	
		Street Address: P.O. Box 8265	
		City, State, Zip Code: Haledon, NJ 07538	

Scope of Work (Check all that apply):

(X) ≥ 3 sf or ≥ 3 lf
() ≥ 160 sf or ≥ 260 lf

(X) Renovation
() Demolition

() Full Containment with Negative Pressure
() Mini Enclosure
(X) Glovebag 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			Removal	Repair	Encapsulat	Enclosure
BASEMENT		X		PIPE INSULATION	120 LF	X			

Name of Registered Waste Hauler: SERVICES TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste:	Name of Registered landfill: IESI
City, State: NEW CASTLE, DE		Disposal Date: 6/21/17	City, State: WAYNESBURG, PA 19720	
Completed By: MIKE ALTADOUKA		Title: PRESIDENT	Signature:	Date: 6/7/17

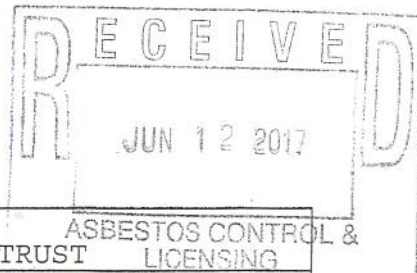
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 2872

Date of Notification (1) 06 / 09 / 17		Name of Building Owner / Operator (2) First Energy		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 12 2017 JS CONTROL & LICENSING </div>	
Agencies Notified		Type of Notification			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
<input type="checkbox"/>		<input type="checkbox"/>			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address 14 BELLEVUE AVE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) RUMSON	County (6) MONMOUTH	County Code (7)	Square Feet	# Of Floors	Building Age
			Current Use (Prior if being demolished) Telephone Pole		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations			ASCM NO		
Street Address 655 West Shore Trail			NORTHSTAR CONTRACTING GROUP. INC.		
City, State, Zip Code Sparta, NJ 07871			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm Dino Nappi			City, State, Zip Code East Hanover, NJ 07036		
Schedul Start Date (10) 06 / 20 / 17		Sched. Completion Date (11) 06 / 22 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:30 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP. INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07036		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> >160 sf or >260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				R E M O V A L	R E P A I R
				E N C A P S U L	E N C L O S U R
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature 		Date 06/09/17

CK 4919

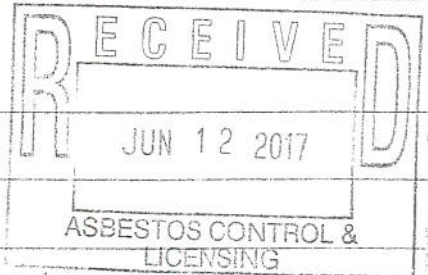
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6-9-17		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST		ASBESTOS CONTROL & LICENSING		
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1626 EAST JEFFERSON STREET City, State, Zip Code ROCKVILLE, MD 20852 Name of Contact RIC WOODIE Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) BRICK PLAZA - SPACE 43			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 100 CEDARBRIDGE AVENUE			Square Feet 100,000	# of Floors 1	Bldg. Age +/-100	
City (5) BRICK			Current Use (Prior if being demolished) RETAIL STORES			
County (6) OCEAN		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) THE VERTEX COMPANIES		ASC No.		Name of Abatement Contractor (9) Pepper Environmental Services, Inc.		
Street Address 700 TURNER WAY		City, State, Zip Code ASTON, PA 19014		Street Address 2251 Fraley Street City, State, Zip Code Philadelphia, PA 19137		
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-558-8902		Telephone No. 215-533-5155 License No. 01166		
Start Date (10) 6-19-17		Scheduled Completion Date (11) 6-23-17		Name of OSHA Monitor THE VERTEX COMPANIES		
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 type="checkbox"/> Other - Describe:				Street Address 700 TURNER WAY City, State, Zip Code ASTON, PA 19014		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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		
				Removal	Repair	Encapsulate
Space 43	Yes No N/A X	acpi within the 2nd floor	200lf	x		
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage		
City, State Morrisville, PA		Disposal Date	City, State Libson, OH			
Completed by Jennifer Niven Dir. of Operations		Signature			Date 6-9-17	

CK# 3174

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



Date of Notification (1) 6/6/17		Name of Building Owner/Operator (2) Manno	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bradley Beach, New Jersey	
		Name of Contact Frank	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Manno Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bradley Beach	Square Feet 4000	# of Floors 2	Bldg. Age 55+
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house + carriage house	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Ace Insulation Co., Inc.	
City, State, Zip Code		Street Address 95 Montrose Rd	
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey	
Telephone No.		Telephone No. 732 294 1757	License No. 00029
Start Date (10) 6/15/17	Scheduled Completion Date (11) 6/20/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM-3PM		City, State, Zip Code	

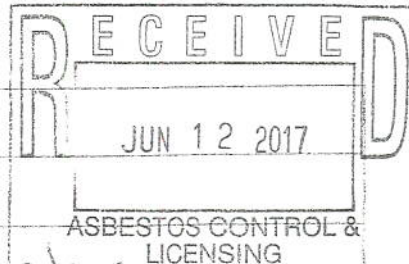
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> 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
house + carriage house			X	Siding	4000 lf	X			

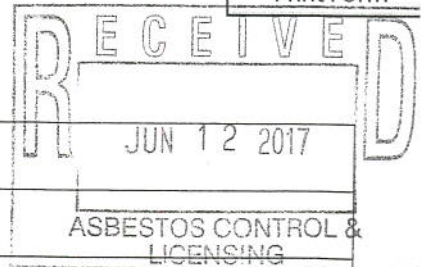
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill Chrins Landfill	
City, State Colts Neck, New Jersey		Disposal Date 6/20/17	City, State Easton, PA		
Completed by Bree McGuire	Title Secretary Treasurer	Signature Bree	Date 6/6/17		

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



Date of Notification (1) 6/16/17		Name of Building Owner/Operator (2) Manno							
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bradley Beach, New Jersey							
		Name of Contact Frank							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Giamano's		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 3500 # of Floors 2 Bldg. Age 55+							
City (5) Bradley Beach		Current Use (Prior if being demolished) Restaurant							
County (6) monmouth	County Code (7) (STATE USE ONLY)								
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							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 6/16/17	Scheduled Completion Date (11) 6/20/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am - 4pm		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 9 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" 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) 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	Encapsulation	Enclosure
basement			X	p.p.e wrap	200 LF	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chinas Landfill Fairless					
City, State Colts Neck, New Jersey		Disposal Date 6/20/17		City, State Chinas Landfill Fairless					
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree	Date 6/16/17					

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



Date of Notification (1) 06-06-2017		Name of Building Owner/Operator (2) FedEx Freight, Inc.							
Agencies Notified	Type Notification	Street Address PO Box 25612							
<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 Richmond, VA 23260							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FedEx Freight		Type of Facility (4)							
Street Address 164 W Wheat 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) Vineland		Square Feet N/A	# of Floors N/A						
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 12 Maple Ave #F2							
City, State, Zip Code		City, State, Zip Code Pine Brook, NJ 07058							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-276-0099						
Start Date (10) 06-18-2017		Scheduled Completion Date (11) 06-19-2017	License No. 01317						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor United Safety LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 12 Maple Ave #F2							
		City, State, Zip Code Pine Brook, NJ 07058							
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 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
Mechanical Room		X		Drywall	350 SF			X	
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste N/A	Name of Registered Landfill GROWS Landfill					
City, State Pine Brook, NJ		Disposal Date N/A		City, State Tullytown, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 06-06-2017		

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

Amended New Material

Hold
Starting 5/11/17
New Material CK

RECEIVED
JUN 12 2017

Date of Notification (1) 10/3/16		Name of Building Owner/Operator (2) Dandrea Construction Co. Inc.							
Agencies Notified	Type Notification	Street Address PO Box 13							
<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 checked="" type="checkbox"/> Amended Amendment # <i>3</i> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Berlin NJ 08009							
		Name of Contact Chris Nugent							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mercer County Courthouse		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 209 North Broad Street		ASBESTOS CONTROL & LICENSING							
City (5) Trenton NJ 08625		Square Feet 10000 +	# of Floors 5						
County (6) Mercer		Bldg. Age 35+							
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) 10/14/16		Scheduled Completion Date (11) 8/9/17							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <i>Start time 3:00 pm 2nd shift</i>		Street Address							
Scope of Work (Check All That Apply)		City, State, Zip Code							
<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							
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
Window sashes ground floor through 5th floor			X	window glazing	250 Sashes	X			
<i>New Material</i> <i>Plaster Basement + stairs</i>			X	<i>Drill holes as needed</i> <i>Plaster</i>	<i>8.5F</i>	X			
Name of Registered Waste Hauler Horizon Disposal Ser.		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Trenton NJ		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature <i>[Signature]</i>			Date 10/3/16		

Emergency 6/6/17

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

CK 075 RECEIVED
JUN 12 2017


Date of Notification (1) 6/6/17		Name of Building Owner/Operator (2) Bobby Gonzales Private Home	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Gibbstown NJ 08027	
		Name of Contact Bob	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) Bobby Gonzales Private Home				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) Gibbstown NJ 08027				Square Feet 1000+	# of Floors 2
County (6) gloucester		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+	
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) 6/7/17		Scheduled Completion Date (11) 6/8/17		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
laundry Room			x	floor tile & mastic	125 SF	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ				Disposal Date 6/8/17		City, State Morrisville PA 19067	
Completed by Anthony T Perna			Title President		Signature 		Date 6/6/17

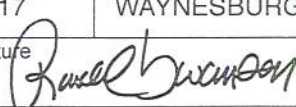
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 1697

Date of Notification (1) 06/05/2017		Name of Building Owner/Operator (2) DIOCESE OF CAMDEN		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 12 2017 ASBESTOS CONTROL & </div>	
Agencies Notified	Type Notification	Street Address 631 MARKET STREET			
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN NJ 08102			
		Name of Contact PAT WILLIAMS		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ST. MARGARET REGIONAL SCHOOL			Type of Facility (4)		
Street Address 773 THIRD STREET			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) WOODBURY HEIGHTS			Square Feet 21,000	# of Floors 2	Bldg. Age 54
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL		
Name of Monitoring Firm Hired by Building Owner (8) HORIZON ENVIRONMENTAL GROUP, INC.		ASCM No. 0073	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		
Street Address PO BOX 316			Street Address 570 CLEMS RUN		
City, State, Zip Code THOROFARE, NJ 08086			City, State, Zip Code MULLICA HILL NJ 08062		
Project Manager for Monitoring Firm DAVE FLANIGAN		Telephone No. 856-848-0800	Telephone No. 610-304-4676	License No. 01145	
Start Date (10) 06/26/2017		Scheduled Completion Date (11) 07/05/2017		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code CINNAMINSON NJ 08077		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" 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	

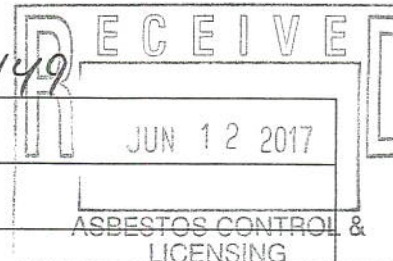
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			BREECHING INSULATION	168 SF	X			
ROOM 2 PRE K		X		PIPE INSULATION	8 LF	X			
ROOM 1 PRE K & CLOSET		X		PIPE INSULATION	16 LF	X			
ROOM 6B & 6A CLOSET		X		PIPE INSULATION	4 LF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ			Disposal Date 07/07/2017	City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 06/05/2017	

*** Emergency ***

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

CK 6/49



Date of Notification (1) 6/5/17		Name of Building Owner/Operator (2) Patty Del Giudice Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton NJ 08620							
		Name of Contact Patty	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Patty Del Giudice Private Home		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 1000+	# of Floors 2						
City (5) Trenton NJ 08620		Bldg. Age 35+							
County (6) merc	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.	License No. 00727						
Start Date (10) 6/6/17	Scheduled Completion Date (11) 6/7/17	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 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"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	100 LF	x			
				wet wrap and cut					
Name of Registered Waste Hauler Horizon Disposal Ser		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Trenton NJ		Disposal Date 6/7/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/5/17		

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

CK 4125

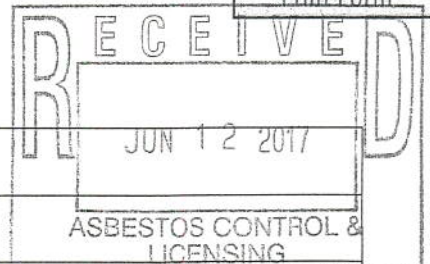
Date of Notification (1) 6/6/17		Name of Building Owner/Operator (2) FERNANDO CATANIA		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 12 2017 </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 [REDACTED]			
City, State, Zip Code LEONIA . NJ . 07605		Name of Contact MR. DAN WARNER				Telephone Number [REDACTED]			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. CATANIA				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 2000					
City (5) LEONIA				# of Floors 2					
County (6) BERGEN				Bldg. Age 1945					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc					
Street Address				Street Address 450 South River Street					
City, State, Zip Code				City, State, Zip Code Hackensack, NJ 07601					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444					
				License No. 00388					
Start Date (10) 6/21/17		Scheduled Completion Date (11) 6/22/17		Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 5:00 PM				Street Address 280 Huyler Street					
				City, State, Zip Code South Hackensack, NJ 07606					
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) 70LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				THERMAL SYSTEM INSULATION		X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 20/207		Name of Registered Landfill Minverva Enterprises, LLC			
City, State Hackensack, NJ 07601		Disposal Date 6/22/17		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>		Date 6/6/17			

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

CK 4124

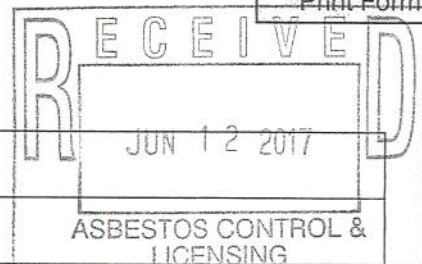
Date of Notification (1) 6/6/17		Name of Building Owner/Operator (2) MS. LENORA O'CONNOR							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code WOOD-RIDGE, NJ. 07075 Name of Contact MS. O'CONNOR							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. LENORA O'CONNOR		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) WOOD-RIDGE	Square Feet 1800	# of Floors 2	Bldg. Age 1940						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 6/20/17	Scheduled Completion Date (11) 6/21/17	Name of OSHA Monitor Omega Environmental							
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: 8:00 AM TO 5:00 PM		Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <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) BASEMENT	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) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 3 SLP	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 e7s	Name of Registered Landfill Minverva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 6/21/17		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>[Signature]</i>			Date 6/6/17			

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



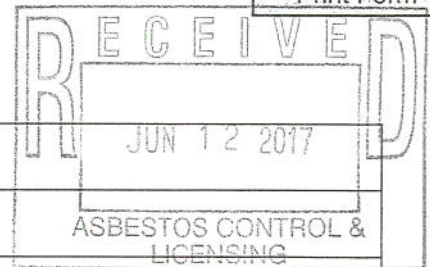
Date of Notification (1) 06/02/2017		Name of Building Owner/Operator (2) Arc of Essex							
Agencies Notified	Type Notification	Street Address 24 Clarendon Place							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 Bloomfield NJ 07003							
		Name of Contact Jason Action	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Arc of Essex		Type of Facility (4)							
Street Address 24 Larendon Place 24 clarendon		<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) Bloomfield		Square Feet 2200	# of Floors 2						
		Bldg. Age 1938							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Divine Environmental		ASCM No.	Name of Abatement Contractor (9) Turningpoint Contracting Corporation						
Street Address 358 Broadway		Street Address 51 Berkeley Terrace							
City, State, Zip Code Newark NJ 07104		City, State, Zip Code Irvington NJ 07111							
Project Manager for Monitoring Firm Nkeiruka Onwukaife		Telephone No. 201-483-9788	License No. 01238						
Start Date (10) 6/14/2017	Scheduled Completion Date (11) 6/25/2017	Name of OSHA Monitor JLC Environmental Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 30 West 25th Street							
<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: floor (immediate WA) vacated during abatement.		City, State, Zip Code New York NY 10007							
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
Basement			X	Thermal System Insulation	530 LF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Re-facility					
City, State Newark NJ		Disposal Date		City, State Tullytown PA					
Completed by Emeka Okeke		Title President		Signature 		Date 6/2/017			

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



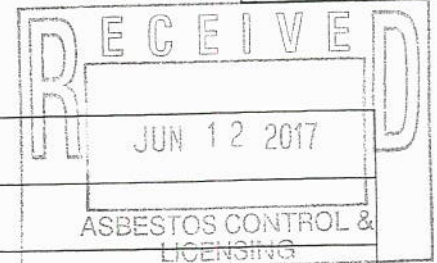
Date of Notification (1) 6/7/17		Name of Building Owner/Operator (2) Jerry Wedman Private Home							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Loveladies NJ 08008	Telephone Number 						
Name of Contact Jerry									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jerry Wedman 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) Loveladies NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		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.	License No.						
		856-753-9800	00727						
Start Date (10) 7/20/17	Scheduled Completion Date (11) 7/27/17	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	3000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/16/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/7/17			

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



Date of Notification (1) 6/7/17		Name of Building Owner/Operator (2) Angie Rummler Private Home							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact Angie	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Angie Rummler Private Home		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 1000+	# of Floors 2						
City (5) Surf City NJ 0800		Bldg. Age 35+							
County (6) Ocean	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) 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) 7/20/17	Scheduled Completion Date (11) 7/27/17	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 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
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/16/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/7/17		

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



Date of Notification (1) 6/6/17		Name of Building Owner/Operator (2) PSE&G	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
Name of Contact CHARLIE MIRACOLA		Telephone Number	

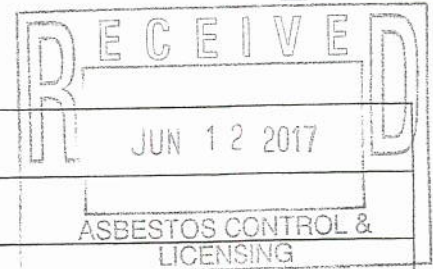
Name of Facility Where Abatement is Taking Place (3) PSE & G - TRENCH / EXCAVATION IN STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 800 MORRIS STREET		Square Feet N/A	
City (5) GLOUCESTER CITY		# of Floors N/A	
County (6) CAMDEN		Bldg. Age N/A	
County Code (7) CAMDEN		Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.	
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882	
Telephone No. 732-292-2217		Telephone No. 732-432-8350	
Start Date (10) 6/7/17		License No. 01111	
Scheduled Completion Date (11) 6/9/17		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
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: OUTDOORS		Street Address 396 WHITEHEAD AVE.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code SOUTH RIVER, NJ 08882	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
IN TRENCH		X		TRANSITE PIPE	16 LF	X			

Name of Registered Waste Hauler VEOLIA		NJDEP Waste Hauler ID No. 080631369		Cubic Yards of Waste APPX 1		Name of Registered Landfill EQ-WAYNE DISPOSAL	
City, State FLANDERS, NJ		Disposal Date TBD		City, State BELLEVILLE, MI			
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 6/6/17	

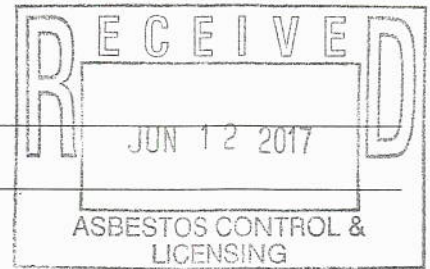
CK # 8172

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



Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) PSE&G						
Agencies Notified	Type Notification	Street Address 4000 HADLEY 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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact CHARLIE MIRACOLA	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE & G - TRENCH / EXCAVATION IN STREET		Type of Facility (4)						
Street Address 800 MORRIS 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		Square Feet N/A	# of Floors N/A					
County (6) CAMDEN		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045						
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.						
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882						
Telephone No. 732-292-2217		Telephone No. 732-432-8350	License No. 01111					
Start Date (10) 6/7/17	Scheduled Completion Date (11) 6/9/17		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.						
<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: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882						
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
IN TRENCH		X	TRANSITE PIPE	16 LF	X			
Name of Registered Waste Hauler VEOLIA		NJDEP Waste Hauler ID No. 080631369	Cubic Yards of Waste APPX 1	Name of Registered Landfill EQ-WAYNE DISPOSAL				
City, State FLANDERS, NJ		Disposal Date TBD		City, State BELLEVILLE, MI				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 5/26/17		

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



Date of Notification (1) 6/05/17		Name of Building Owner/Operator (2) NJ DOE / Katzenbach School for the Deaf	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	Street Address 320 Sullivan Way	
	City, State, Zip Code West Trenton, NJ 08628		
	Name of Contact William Conley	Telephone Number 	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building 14 & 25, Katzenbach School for the Deaf			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 320 Sullivan Way			Square Feet 100000	# of Floors 1	Bldg. Age ~ 50
City (5) West Trenton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 120 North Warren St.		Street Address 323 Changebridge Rd Suite 100			
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm Roland Jones		Telephone Number 609-392-4200	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 6/15/17	Sched. Completion Date (11) 6/30/17		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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: <input type="checkbox"/> Other – Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- ☐ Demolition
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

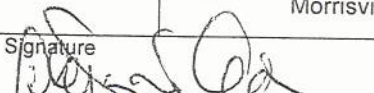
☒ Renovation

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

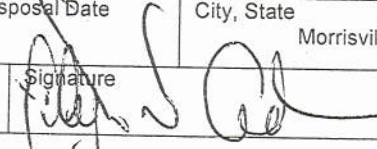
Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Bldg. 14 Mechanical Rooms 1 & 2	X			Pipe insulation and duct collars via wrap and cut	33 LF & 4SF	X			
Bldg. 25 1 st floor		X		Pipe insulation mastic via wrap and cut	35 LF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 6/30/17		City, State Taylor, PA	
Completed By (Print or Type) Danny Martinovic		Title Project Manager	Signature 		Date 6/05/17

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

Date of Notification (1) 06/06/2017		Name of Building Owner/Operator (2) Wanaque Board of Education		check# 4760	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 973A Ringwood Ave City, State, Zip Code Haskell, NJ 07420 Name of Contact Nancy DiBartolo	
Name of Facility Where Abatement is Taking Place (3) Haskell 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.)		ASBESTOS CONTROL & LICENSING JUN 12 2017	
Street Address 973 Ringwood Ave		Square Feet		# of Floors	
City (5) Haskell		Bldg. Age			
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 56 East Bridge Street		Street Address 606 McBride Ave			
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Firm James Frisbee		Telephone No 267-991-9212		Telephone No. 973-225-8400	
Start Date (10) 06-26-2017		Scheduled Completion Date (11) 07-07-2017		License No. 01104	
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 checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u>		Name of OSHA Monitor Iris Environmental Laboratories, LLC		Street Address 2333 Route 22 West	
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	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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			
Rooms 111,113,114		x		Wall plaster 810 SF	
Room 110		x		Chalk board (nonfrbl) 64 SF	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	
City, State Woodland Park, New Jersey		Disposal Date		Name of Registered Landfill G.R.O.W.S Landfill	
Completed by Adriana Olejarova		Title president		City, State Morrisville, PA	
Signature 		Date 06/06/2017			

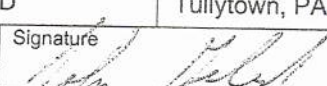
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/24/2017		Name of Building Owner/Operator (2) Montclair Board of Education		check# 4758					
Agencies Notified		Type Notification		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 12 2017 </div>					
<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							
Street Address 22 Valley Road		City, State, Zip Code Montclair, NJ 07042		Name of Contact Lenny Saponara					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bradford school				Type of Facility (4)					
Street Address 87 Mt. Hebron Road				<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) Montclair		County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school				
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave		City, State, Zip Code Englewood, NJ 07631		Street Address 606 McBride Ave					
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6078		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 06-23-2017		Scheduled Completion Date (11) 06-25-2017		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>unoccupied</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"/> ≥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
Room #3				VAT&Mastic	800 SF	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 05/24/2017			

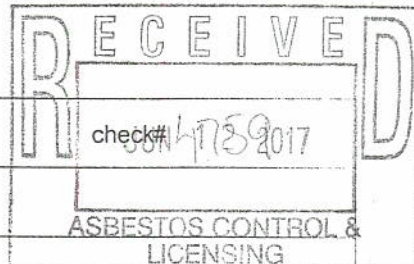
CK 2188

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

RECEIVED	Print Form
	JUN 12 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 06/05/17		Name of Building Owner/Operator (2) Washington Township Board of Education							
Agencies Notified	Type Notification	Street Address 1 Front St.							
<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	City, State, Zip Code Washington, NJ 07882							
		Name of Contact Michael Angeloni	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Port Colden Elementary School		Type of Facility (4)							
Street Address 30 Port Colden Rd.		<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) Washington		Square Feet 60,000	# of Floors 2						
County (6) Warren		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No. 090	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address 401 St. James Ave.		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	Telephone No. 973-832-4244						
		License No. 01155							
Start Date (10) 06/26/17		Scheduled Completion Date (11) 07/05/17							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor N/A							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address N/A							
		City, State, Zip Code N/A							
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
Main Entrance Hall		X		Acoustical Plaster	810 SF	X			
Lower Hall		X		Acoustical Plaster	920 SF	X			
Room 202		X		TSI Pipe Insulation	130 LF	X		X	
Room 202		X		VAT & Mastic	900 SF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 7	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 06/05/17			

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



Date of Notification (1) 06/02/2017		Name of Building Owner/Operator (2) Montclair Board of Education	
Agencies Notified	Type Notification	Street Address 22 Valley Road	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Lenny Saponara	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) Northeast 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 603 Grove Street		Square Feet	# of Floors
City (5) Montclair		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 300 Grand Ave		Street Address 606 McBride Ave	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6078	License No. 01104
Start Date (10) 07-05-2017	Scheduled Completion Date (11) 07-08-2017	Name of OSHA Monitor Iris Environmental Laboratories, 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 checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u>		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

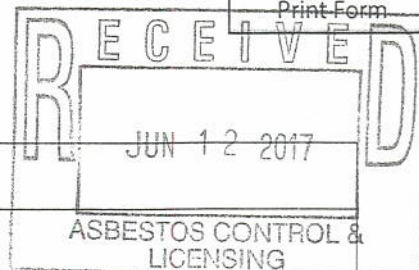
Scope of Work (Check All That Apply)

<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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Principal office & main office				VAT & Mastic	738 SF	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 06/02/2017		

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




Date of Notification (1) 6/7/2017		Name of Building Owner/Operator (2) RICHARD MCCARTHY							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 ENGLISHTOWN NJ 07726							
		Name of Contact RICHARD MCCARTHY	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) ENGLISHTOWN		Square Feet 1608	# of Floors 1 Bldg. Age 49						
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) CPR ENVIRONMENTAL SERVICE						
Street Address 28 NORTH PENNELL RD		Street Address 8421 HEGERMAN ST							
City, State, Zip Code MEDIA PA 19063		City, State, Zip Code PHILADELPHIA PA 19136							
Project Manager for Monitoring Firm CARMELO ALTOMONTE		Telephone No. 201 864-6583	Telephone No. 215 333-5117 License No. 01328						
Start Date (10) 6.17.17	Scheduled Completion Date (11) 6.24.17	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check Only One)		Street Address 28 NORTH PENNELL RD							
<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 MEDIA PA 19063							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT FLOOR TILE			X	VAT	424SF	YES			
Name of Registered Waste Hauler REPUBLIC SERVICES		NJDEP Waste Hauler ID No. 2798	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT-G.R.O.W.S					
City, State NEW BRUNSWICK NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by ANTHONY JONES		Title PROJECT MANAGER	Signature Anthony Jones			Date 6.7.17			

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

Date of Notification (1) 06 / 07 / 17		Name of Building Owner/Operator (2) Benjamin H. Realty Corp.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Glenwood Avenue, Suite 308							
		City, State, Zip Code East Orange, NJ 07017							
		Name of Contact Benjamin Herbst	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) Plainfield		Square Feet 2000 sf	# of Floors 2						
County (6) Union		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 06 / 08 / 17	Scheduled Completion Date (11) 06 / 12 / 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	160 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 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 06/13/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 6/7/17			

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 / 07 / 17</div>		Name of Building Owner/Operator (2) Benjamin H. Realty Corp.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7 Glenwood Avenue, Suite 308							
		City, State, Zip Code East Orange, NJ 07017							
		Name of Contact Benjamin Herbst	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) Plainfield		Square Feet 2000 sf	# of Floors 2						
		Bldg. Age 65							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <div style="text-align: center;">06 / 08 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 12 / 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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	160 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 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 06/13/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 			Date 6/7/17				

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

Check # 10011

RECEIVED
JUN 12 2017

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 6-8-17		Name of Building Owner/Operator (2) Pulsinelli Contracting						
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 25 West Franklin Street						
		City, State, Zip Code Bound Brook NJ 08805						
		Name of Contact Greg Pulsinelli						
		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]								
City (5) Union NJ 07083	Square Feet	# of Floors 2	Bldg. Age 80					
County (6) Union	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) 6-20-17	Scheduled Completion Date (11) 6-30-17		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement	<input checked="" type="checkbox"/>			Cardboard of Boiler	20 SF	<input checked="" type="checkbox"/>		
Basement	<input checked="" type="checkbox"/>			Pipe Insulation	200 LF	<input checked="" type="checkbox"/>		
Basement	<input checked="" type="checkbox"/>			Floor Tiles	400 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date by 6/30/17		City, State Morrisville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 6-8-17		

Open window Time Frame

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

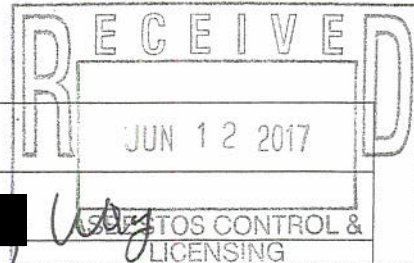
Check
10010

Date of Notification (1) 6-8-17		Name of Building Owner/Operator (2) Sakoutis Brothers Disposal							
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 P.O. Box 84	City, State, Zip Code Colts Neck, NJ 07722						
		Name of Contact John Sakoutis	Telephone Number 732-246-1111						
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 2						
City (5) Woodbridge NJ 07095		Bldg. Age 80+							
County (6) Middlesex	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) June 19 2017	Scheduled Completion Date (11) June 30 2017		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 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
Extension Walls			x	Siding Shingles	1800 SF	x			
Back half 1 st floor				Flooring	150 SF	x			
Back Corner 1 st floor				Floor Tiles	150 SF	x			
Garage				Flue Picking	2 SF	x			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by June 30, 2017		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date June 8, 2017			

Open Window Time Frame

CK2131

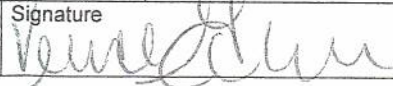
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/7/17		Name of Building Owner/Operator (2) Paul Lin							
Agencies Notified	Type Notification	Street Address [REDACTED] Way							
<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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Eric Plackis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED] Way		<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) West Orange	Square Feet 1428	# of Floors 2	Bldg. Age 57						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.						
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196						
Start Date (10) 6/8/17	Scheduled Completion Date (11) 6/15/17	Name of OSHA Monitor							
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 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) 300SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				vermiculite		8			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 6/15/17	City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]			Date 6/7/17			

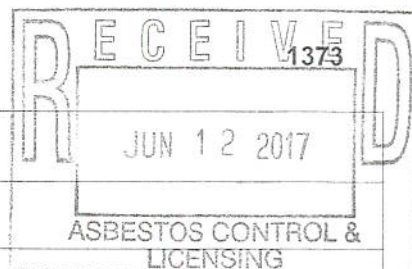
CK# 1179

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

Date of Notification (1) 06 / 05 / 17		Name of Building Owner/Operator (2) Ronald Ernharth		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 12 2017 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: 15px;"></div>							
City, State, Zip Code Gloucester City NJ 08030		Name of Contact Ronald Ernharth							
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: 15px;"></div>									
City (5) Gloucester City NJ 08030			Square Feet 1,528Sf	# of Floors 3 Floors	Bldg. Age 117				
County (6) US; Gloucester 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) 06 / 15 / 17		Scheduled Completion Date (11) 06 / 19 / 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> / <u> </u> PM - <u> </u> 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) <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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pape Insulation	100SqFt	<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 Brodentown Rd. Morrisville, PA						
Completed By (Print or Type) Vernice Graham		Title President	Signature 		Date 6-5-17				

CH1373

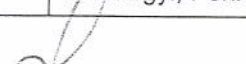
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) June 07, 2017		Name of Building Owner/Operator (2) Mercedes-Benz of Caldwell							
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1230 Bloomfield Ave City, State, Zip Code Fairfield, NJ 07004 Name of Contact Jim Eagleton							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mercedes-Benz of Caldwell		Type of Facility (4)							
Street Address 1220 Bloomfield Ave		<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) West Caldwell, NJ 07006		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) Essex		Current Use (Prior if being demolished) Auto dealership							
Name of Monitoring Firm Hired by Building Owner (8) J & J Environmental Services		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address P.O. Box 67		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Little Falls, NJ 07424		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm George Webber		Telephone No. 973-868-3343	Telephone No. (973) 759 - 5000						
Start Date (10) 06/21/2017		License No. 00781							
Scheduled Completion Date (11) 07/21/2017		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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Windows		<input checked="" type="checkbox"/>		Window caulk	30 LF	<input checked="" type="checkbox"/>			
Inside Bldg		<input checked="" type="checkbox"/>		Floor Tile & Associated Mastic	780 SF	<input checked="" type="checkbox"/>			
Warehouse area		<input checked="" type="checkbox"/>		ACM Roof	22000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting and/or Spartan		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF					
City, State Newark, NJ / Donora, PA		Disposal Date 07/21/2017		City, State Newburg / Imperial / Morrisville, PA					
Completed by Michael Cooper		Title President	Signature 			Date 6/7/17			

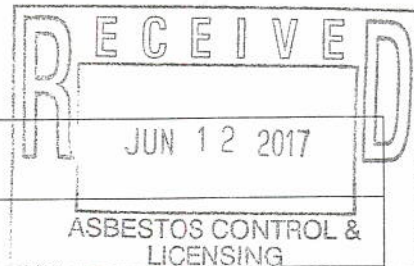
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Cr # 026636

Date of Notification (1) 05/25/17		Name of Building Owner/Operator (2) Lawrence Township Board of Education							
Agencies Notified	Type Notification	Street Address 2565 Princeton Pike							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Lawrenceville, NJ 08648							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Dave Nelson	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lawrence Middle 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 2455 Princeton Pike		Square Feet 10,000 +	# of Floors 2						
City (5) Lawrenceville		Bldg. Age 50 +							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. _____	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 120 North Warren Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Roland Jones		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
Start Date (10) 06/21/17		Scheduled Completion Date (11) 07/31/17	License No. 00408						
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 Building</u>		Name of OSHA Monitor Enviro Vision Consultants, Inc.							
		Street Address 20-21 Wagaraw Road, Bldg. #35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
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
Kitchen/ Faculty Room			X	Drop Ceiling	3,920 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature 		Date 05/25/17			

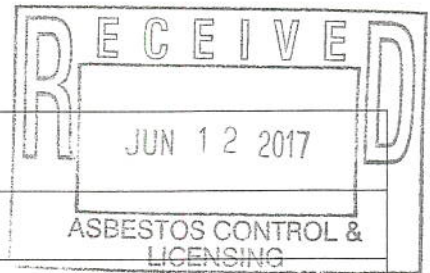
CK 4015

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



Date of Notification (1) <u>6</u> / <u>7</u> / <u>17</u>		Name of Building Owner/Operator (2) Burlington Township Schools							
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 700 Jacksonville Road, Hopkins Building							
		City, State, Zip Code Burlington, NJ 08016							
		Name of Contact Nicholas Bice	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Burlington Township 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 610 Fountain Avenue									
City (5) Burlington		Square Feet 80,000	# of Floors 2						
		Bldg. Age 80							
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) Epic Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1930 Brown Road		Street Address 623 Cutler Avenue							
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077	License No. 00842						
Start Date (10) <u>06</u> / <u>26</u> / <u>17</u>	Scheduled Completion Date (11) <u>06</u> / <u>30</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 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
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbow Insulation (Wrap and Cut)	60 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 06/26/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/7/17			

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



Date of Notification (1) <u>6</u> / <u>7</u> / <u>17</u>		Name of Building Owner/Operator (2) Lindenwold Board of Education							
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 801 Egg Harbor Road City, State, Zip Code Lindenwold, NJ 08021 Name of Contact Kathleen Huder Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lindenwold Middle 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 40 White Horse Avenue		Square Feet 20,000							
City (5) Lindenwold		# of Floors 2							
County (6) Camden		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) Horizon Environmental Group, Inc.		ASCM No. _____							
Street Address 301 9th Street		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code West Deptford, NJ 08086		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Steve Flanigan		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 856-848-0800		Telephone No. 856-755-0099							
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) <u>06</u> / <u>23</u> / <u>17</u>		Scheduled Completion Date (11) <u>06</u> / <u>26</u> / <u>17</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 - 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"/> 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
Furnace Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue Cement	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof near Chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flasher Sealer	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front of the Building (Exterior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing Putty	48 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"/>
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 06/26/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 10/7/17			

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

CK 1252

6/2/2017

Name of Building Owner/Operator (2)

Street Address

City, State, Zip Code
Lavallette NJ

Name of Contact
Frank Sica

Telephone Number

ASBESTOS CONTROL & CENSING

DECEIVED

JUN 12 2017

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private property

Street Address

City (5)
Rahway NJ

County (6)
Union

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
2500SF

of Floors
2

Bldg. Age
+50

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.
N/A

Name of Abatement Contractor (9)
ACM Solutions Services LLC

Street Address
N/A

Street Address
1435 51st Street

City, State, Zip Code
N/A

City, State, Zip Code
North Bergen NJ 07047

Project Manager for Monitoring Firm
N/A

Telephone No.
N/A

Telephone No.
201-552-9685

License No.
01320

Start Date (10)
6/13/2017

Scheduled Completion Date (11)
6/25/2017

Name of OSHA Monitor
Iris Environmental Laboratories

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Street Address
2333 Route 22 West

City, State, Zip Code
Union NJ 07803

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
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor			x	Glue dots	1200SF	x			

Name of Registered Waste Hauler
Newark Carting Inc

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste

Name of Registered Landfill
ISES Bethlehem Rd Landfill

City, State
Po Box 5670

Disposal Date

City, State
2335 Applebutter Rd Bethlehem PA

Completed by
Marcos Regato

Title
President

Signature
Marcos Regato

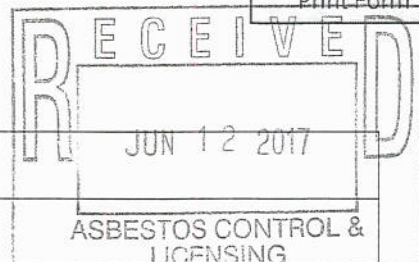
Date
6/2/2017

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

206#
17-044
ch# 1251 1251

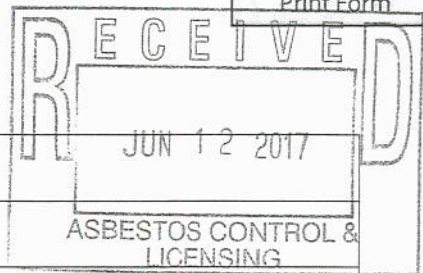
Date of Notification (1) 6/2/2017		Name of Building Owner/Operator (2) Abhisekh Adukia		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 12 2017 ASBESTOS CONTROL & CENSING </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" 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	City, State, Zip Code Guttenberg NJ 07093 Name of Contact Abhisekh Adukia							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Galaxy Towers #2		Type of Facility (4)							
Street Address 7002 Kennedy Blvd E Apt# 12F		<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) Guttenberg		Square Feet 1200F	# of Floors 46	Bldg. Age +50					
County (6) Hudson		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. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685	License No. 01320					
Start Date (10) 6/12/2017		Scheduled Completion Date (11) 6/20/2017		Name of OSHA Monitor Iris Environmental Laboratories					
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 type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union NJ 07803							
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 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
Apt 12F 12th floor			x	floor tile/mastic	800SF	x			
Apt 12F 12th floor			x	popcorn Ceiling	1200SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill				
City, State Po Box 5670				Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA				
Completed by Marcos Regato			Title President	Signature <i>Marcos Regato</i>		Date 6/2/2017			

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



Date of Notification (1) 06/05/2017		Name of Building Owner/Operator (2) Selena Jill Fox							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Selena Jill Fox	Telephone Number [REDACTED]						
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)	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.	License No.						
Start Date (10) 06/15/2017		Scheduled Completion Date (11) 06/16/2017	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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	100 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 Oliver Hegedis		Title Project Manager		Signature 		Date 06/05/2017			

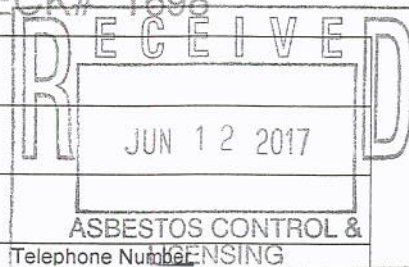
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/05/2017		Name of Building Owner/Operator (2) Christine Ellis							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08817							
		Name of Contact Christine Ellis	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) Edison		Square Feet N/A	# of Floors N/A						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
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. _____	License No. _____						
Start Date (10) 06/16/2017		Scheduled Completion Date (11) 06/17/2017	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Duct Insulation	150 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 Oliver Hegedis		Title Project Manager		Signature 		Date 06/05/2017			

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

CHECK# 1698



Date of Notification (1) 06/06/2017		Name of Building Owner/Operator (2) K. HOVNANIAN HOMES, LLC.	
Agencies Notified	Type Notification	Street Address 110 FIELDCREST AVE. 5TH FLOOR	
<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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EDISON NJ 08837	
		Name of Contact BOB KIEFFER	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		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) EAST BRUNSWICK		Square Feet 2104	# of Floors 2
		Bldg. Age 43	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 318 12TH STREET		Street Address 570 CLEMS RUN	
City, State, Zip Code HAMMONTON NJ 08037		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm JIM PROCTOR		Telephone No. 609-704-8550	Telephone No. 610-304-4676
		License No. 01145	
Start Date (10) 06/16/2017	Scheduled Completion Date (11) 06/17/2016	Name of OSHA Monitor EMSL	
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 200 RT. 130 NORTH	
		City, State, Zip Code CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GARAGE CEILING			X	GLUE DOTS	25 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 06/19/2017	City, State WAYNESBURG, OH		
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 06/06/2017	

CK 9499

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

RECEIVED
JUN 12 2017
ASBESTOS CONTROL & LICENSING

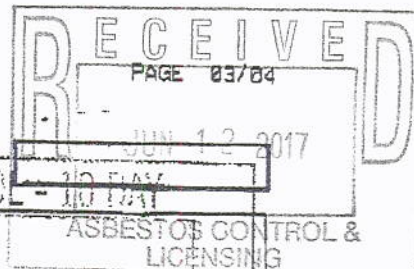
Date of Notification (1) 6-01-17		Name of Building Owner/Operator (2) ALAN SHOUP							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code BERGEN FIELD, N.J. 07621							
		Name of Contact ALAN SHOUP	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 & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) BERGEN FIELD		Square Feet 2300	# of Floors 2						
County (6) BERGEN		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432							
Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 6/12/17		Scheduled Completion Date (11) 6/30/17							
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc							
		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 23 sf or ≥ 3 If <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 If		<input checked="" type="checkbox"/> Renovation <input 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			/	PIPE INSULATION	150 LF	/			
BASEMENT			/	VAT	220 SF	/			
EXTERIOR			/	SIDING	1250 SF	/			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 004509	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date 6/12/17		City, State Pen Argyl, PA 08072					
Completed by Joseph Vocaro		Title Vice President		Signature J. Vocaro			Date 6/01/17		

Date of Notification (1) June 6, 2017		Name of Building Owner/Operator (2) BOROUGH OF OAKLAND	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 - New Completion Date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 2 MUNICIPAL PLAZA		City, State, Zip Code OAKLAND, NJ 07436	
City (5) OAKLAND		County (6) BERGEN	
County Code (7) (State Use Only)		Name of Contact MR. Richard Kunze - Borough Administrator	
Telephone Number 201-438-4839		Telephone Number 973-492-0477	
License Number 00840		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Name of Facility Where Abatement is Taking Place (3) Borough of Oakland - "Library" BUILDING		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.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~70+ years	
Street Address 464 VALLEY BROOK AVENUE #3A		Current Use (prior if being demolished): LIBRARY BASEMENT & EQUIPMENT ROOM	
City, State, Zip Code LYNDHURST, NJ 07071		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Project Manager for Monitoring Firm JOHN CHIAVELLO		Street Address 268 MAIN STREET	
Telephone Number 201-438-4839		City, State, Zip Code BUTLER, NJ 07405	
Scheduled Start Date (10) 05/31/17		Scheduled Completion Date (11) 06/9/17	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement - Area Vacated (SUB 8 - OCCUPIED - M - F 7am - 4 pm (24 hrs & weekends as needed))		Name of OSHA Monitor ENVIROVISION, 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 (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	
Abatement Type Remove Repair Encap Enclose			
Basement & Boiler Room		TSI - Mudded Joint Fitting	
Basement & Boiler Room		TSI - Flue Packing	
Basement & Boiler Room		TSI - Aircell Pipe Insulation	
Various Locations		Remnant Old Generation Joint Compound	
Various Locations		TSI - Preformed Flue Pipe Insulation	
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	
Cubic Yards of Waste: 40 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Notes: None		Disposal Date 06/9/17	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	
Signature <i>Raymond C. Pedalino</i>		Date June 6, 2017	

Date of Notification (1) May 30, 2017		Name of Building Owner/Operator (2) BOROUGH OF OAKLAND	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New Start Date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1 MUNICIPAL PLAZA		City, State, Zip Code OAKLAND, NJ 07436	
Name of Contact MR. Richard Kunze - Borough Administrator		Telephone Number CONTROL & 3	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Borough of Oakland - "Library" BUILDING		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 2 MUNICIPAL PLAZA		Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~70+ years	
City (5) OAKLAND	County (6) BERGEN	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC		ASCM No. 00118	
Street Address 464 VALLEY BROOK AVENUE #3A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code LYNDHURST, NJ 07071		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JOHN CHIAVELLO		Telephone Number 201-438-4839	License Number 00840
Scheduled Start Date (10) 05/31/17		Scheduled Completion Date (11) 06/06/17	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement - Area Vacated (SUB 8 - OCCUPIED - M - F 7am - 4 pm (24 hrs & weekends as needed))		Name of OSHA Monitor ENVIROVISION, 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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Mudded Joint Fitting	50 SF
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Flue Packing	10 SF
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Aircell Pipe Insulation	25 LF
Various Locations	<input checked="" type="checkbox"/>	Remnant Old Generation Joint Compound	1000 SF
Various Locations	<input checked="" type="checkbox"/>	TSI - Preformed Flue Pipe Insulation	150 SF
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 40 CY
Notes: None		Disposal Date 06/06/17	Name of Registered Landfill G.R.O.W.S. North Landfill
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date May 30, 2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700

Date of Notification (1) May 19, 2017		Name of Building Owner/Operator (2) BOROUGH OF OAKLAND	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 1 MUNICIPAL PLAZA City, State, Zip Code OAKLAND, NJ 07436 Name of Contact MR. Richard Kunze - Borough Administrator Telephone Number 908.436.1000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Borough of Oakland - "Library" BUILDING		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.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~70+ years	
Street Address 2 MUNICIPAL PLAZA		Current Use (prior if being demolished): LIBRARY BASEMENT & EQUIPMENT ROOM	
City (5) OAKLAND	County (6) BERGEN	County Code (7) (State Use Only)	Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC
Street Address 464 VALLEY BROOK AVENUE #3A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code LYNDHURST, NJ 07071		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JOHN CHIAVELLO	Telephone Number 732-438-4839	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/30/17	Scheduled Completion Date (11) 06/06/17	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement - Area Vacated (SUB 8 - OCCUPIED - M - F 7am - 4 pm (24 hrs & weekends as needed))		Street Address 20-21 WARGARAW ROAD	
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Mudded Joint Fitting	50 SF
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Flue Packing	10 SF
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Aircell Pipe Insulation	25 LF
Various Locations	<input checked="" type="checkbox"/>	Remnant Old Generation Joint Compound	1000 SF
Various Locations	<input checked="" type="checkbox"/>	TSI - Preformed Flue Pipe Insulation	150 SF
Name of Reg. Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 40 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 06/06/17	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Notes: None		Date May 19, 2017	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 19, 2017

86/05/2017 09:29AM 9736381778



Check#2805

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

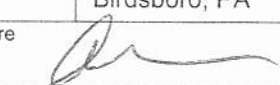
Date of Notification (1) 06 / 05 / 17		Name of Building Owner/Operator (2) "Munco"		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-e)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 845 Bloomfield Avenue City, State, Zip Code Clifton, NJ 07012 Name of Contact Mark Jacobovits	
Telephone Number _____ WAIVER APPROVED					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Warehouse			Type of Facility (4)		
Street Address 845 Bloomfield Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
City (5) Clifton, NJ 07012			Square Feet	# of Floors	Bldg. Age
County (6) Passaic			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8)			Name of Abatement Contractor (9)		
Street Address			Gr Tech LLC		
City, State, Zip Code			576 Valley Rd #283 Wayne, NJ 07470		
Project Manager for Monitoring Firm			Telephone No.	License No.	
			973-638-1777	01127	
Start Date (10) 06 / 06 / 17			Scheduled Completion Date (11) 06 / 10 / 17		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ AM			Envirovision Consultants, Inc.		
Scope of Work (Check all that apply)			Street Address		
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			20-21 Wageraw Road, Bldg # 355 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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
			Yes No N/A		Amount (Specify SIF or LF)
Warehouse-1st floor			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		100 LF
Warehouse-1st floor			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		4,200 SF
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler			NJ DEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC			0033785	TBD	T.R.R.F. Inc
City, State			Disposal Date	City, State	
Wayne, NJ 07470			TBD	Tullytown, PA	
Completed By (Print or Type)			Title	Signature	Date
N.Jevtic			Owner	<i>Heather Wernad</i>	06/05/17

 85B-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)

Check 16558

Date of Notification (1) 6/5/17		Name of Building Owner/Operator (2) David Mandery		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 12 2017 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address							
<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"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact David Mandery							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) West Orange			Square Feet 2200	# of Floors 2	Bldg. Age 71				
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 7/1/17	Scheduled Completion Date (11) 7/15/17		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<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>basement</u>			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 checked="" type="checkbox"/> Renovation <input 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 insulation	100 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 6/5/17				

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

Chad # 11271

Date of Notification (1) <div style="text-align: center;">6 / 8 / 17</div>		Name of Building Owner/Operator (2) Pemberton Township Schools		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 12 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Egbert St							
		City, State, Zip Code Pemberton, NJ 08068							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Howard L Emmons ES				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 14 Scrapetown Rd									
City (5) Pemberton				Square Feet 10,000	# of Floors 1				
County (6) Burlington		County Code (7) (STATE USE ONLY)		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. _____		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address 3 Terri Lane - Suite 4		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Burlington, NJ 08106		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) <div style="text-align: center;">6 / 19 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 31 / 17</div>		Name of OSHA Monitor CES					
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-7:00PM / ____ PM - ____ AM				Street Address 1121 N. Bethlehem Pike - Suite 60					
				City, State, Zip Code Spring House, PA 19477					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Transite Soffit Panels	3640 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Window Caulking	2300 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Transite Panels	2580 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Champion Waste Hauler		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 40 CU YD	Name of Registered Landfill Grows-Tullytown				
City, State Hainesport, NJ		Disposal Date 8/1/17		City, State Morrisville, PA 19067					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 6/8/17			