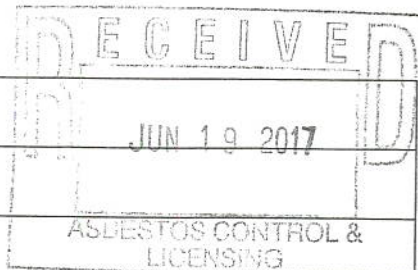
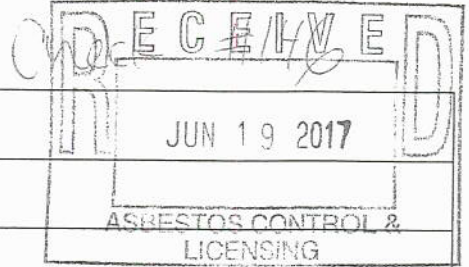


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|---|--|---|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 06/17/2017 | | Name of Building Owner/Operator (2) Edward & Kathleen McDonald | | | | | | | |
| 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 Chesterfield, NJ 08515 | | | | | | | |
| | | Name of Contact Edward | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) residence | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Beach Haven West | | Square Feet 750 | # of Floors 1 | | | | | | |
| | | Bldg. Age 50+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. | Name of Abatement Contractor (9) Safeway Abatement LLC | | | | | | |
| Street Address | | Street Address 128 Bartlett Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Creek, NJ 08092 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 609-618-5955 | | | | | | |
| | | | License No. 01319 | | | | | | |
| Start Date (10) 6/27/2017 | Scheduled Completion Date (11) 7/1/2017 | Name of OSHA Monitor n/a | | | | | | | |
| 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) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | X | | Siding | 750 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Timster Trucking Inc | | NJDEP Waste Hauler ID No. 21079 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management | | | | | |
| City, State West Creek, NJ | | | Disposal Date TBD | City, State Tullytown, PA | | | | | |
| Completed by Amanda Mears | | Title Owner- Safeway | Signature | Date 6/17/17 | | | | | |

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



| | | | |
|---|---|---|------------------------|
| Date of Notification (1) 06/16/2017 | | Name of Building Owner/Operator (2) Pat & Joan Shannon | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input 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 Howell, NJ 07731 | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Joe | 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] | | Square Feet 1575 | # of Floors 2 |
| City (5) Beach Haven | | Bldg. Age 50+ | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) residence | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. _____ | |
| Street Address | | Name of Abatement Contractor (9) SafeWay Abatement LLC | |
| City, State, Zip Code | | Street Address 128 Bartlett Ave | |
| Project Manager for Monitoring Firm | | City, State, Zip Code West Creek, NJ 08092 | |
| Telephone No. _____ | | Telephone No. 609-618-5955 | License No. 01319 |
| Start Date (10) 6/26/2017 | Scheduled Completion Date (11) 7/1/2017 | Name of OSHA Monitor n/a | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | |
| | | City, State, Zip Code | |

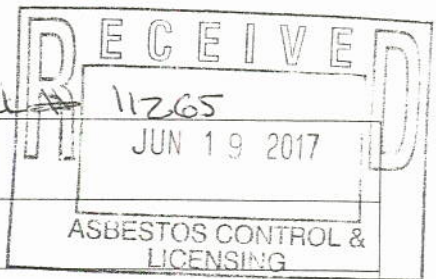
Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | x | | Siding | 1500 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|-------------------------|------------------------------------|------------------------------|---|--|
| Name of Registered Waste Hauler Timster Trucking Inc | | NJDEP Waste Hauler ID No. 21079 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management | |
| City, State West Creek, NJ | | Disposal Date TBD | City, State Tullytown, PA | | |
| Completed by Amanda Mears | Title Owner- Safeway | Signature | Date 6/16/17 | | |

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



Page 3 of 3

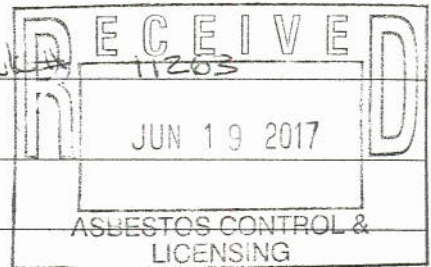
| | | | | | | | | | |
|---|--|--|--|---|-------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>6</u> / <u>7</u> / <u>17</u> | | Name of Building Owner/Operator (2) Hackettstown Board of Education | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 701 Warren Street City, State, Zip Code Hackettstown, NJ 07840 Name of Contact _____ Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hackettstown 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 701 Warren Street | | Square Feet | # of Floors 1 | | | | | | |
| City (5) Hackettstown, NJ 07840 | | Bldg. Age 50+ | | | | | | | |
| County (6) Warren | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental | | ASCM No. 00099 | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | | |
| Street Address 300 Kimball Dr - 4th Floor | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Project Manager for Monitoring Firm Vijay Patel | Telephone No. 973-560-4900 | Telephone No. 215 542 7000 | License No. 00847 | | | | | | |
| Start Date (10) <u>6</u> / <u>19</u> / <u>17</u> | Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</u> | Name of OSHA Monitor CES | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-5:00PM</u> / _____ PM-_____ AM <u>5:00 PM</u> | | 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"/> 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 |
| Boys Locker Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bedding/Waterproofing under tile | 300 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Champion Waste Removal | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Grows-Tullytown | | | | | |
| City, State Hainesport, NJ | | | Disposal Date 7/31/17 | City, State Morgantown, PA | | | | | |
| Completed By (Print or Type) Patricia Visco | Title Office Manager | Signature <i>Patricia Visco</i> | | | Date 6/7/2016 | | | | |

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

Check # 11264

| | | | | | | | | | |
|--|---|--|---|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">6 / 7 / 17</div> | | | Name of Building Owner/Operator (2) Hackettstown 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 701 Warren Street City, State, Zip Code Hackettstown, NJ 07840 Name of Contact _____ Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Hackettstown 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 701 Warren Street | | | | | | | | | |
| City (5) Hackettstown, NJ 07840 | | | | Square Feet | # of Floors 1 | | | | |
| | | | | Bldg. Age 50+ | | | | | |
| County (6) Warren | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) School | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental | | ASCM No. 00099 | | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | |
| Street Address 300 Kimball Dr - 4th Floor | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| City, State, Zip Code Parsippany, NJ 07054 | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Project Manager for Monitoring Firm Vijay Patel | | Telephone No. 973-560-4900 | | 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM / ____ 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| TV Studio B14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door Insulation | 80 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TV Studio B14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window Glazing-Putty | 100 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Champion Waste Removal | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste | Name of Registered Landfill Grows-Tullytown | | | | |
| City, State Hainesport, NJ | | | | Disposal Date 7/31/17 | City, State Morgantown, PA | | | | |
| Completed By (Print or Type) Patricia Visco | | Title Office Manager | | Signature <i>Patricia Visco</i> | | Date 6/7/2017 | | | |

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



Page 1 of 3

| | | | |
|--|--|--|--|
| Date of Notification (1) 6 / 7 / 17 | | Name of Building Owner/Operator (2) Hackettstown Board of Education | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 701 Warren Street City, State, Zip Code Hackettstown, NJ 07840 Name of Contact _____ Telephone Number _____ | |

FACILITY INFORMATION

| | | | |
|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Hackettstown 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 701 Warren Street | | Square Feet _____ # of Floors 1 Bldg. Age 50+ | |
| City (5) Hackettstown, NJ 07840 | | County (6) Warren | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) School | |
| Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Environmental | | ASCM No. 00099 | |
| Name of Abatement Contractor (9) Controlled Environmental Systems | | Street Address 1121 N. Bethlehem Pike - Suite 60 | |
| Street Address 300 Kimball Dr - 4 th Floor | | City, State, Zip Code Spring House, PA 19477 | |
| City, State, Zip Code Parsippany, NJ 07054 | | Telephone No. 215 542 7000 | |
| Project Manager for Monitoring Firm Vijay Patel | | License No. 00847 | |
| Telephone No. 973-560-4900 | | Name of OSHA Monitor CES | |
| Start Date (10) 6 / 19 / 17 | | Scheduled Completion Date (11) 7 / 31 / 17 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/____PM-____AM <i>Sub 8 cleanup</i> | | Street Address 1121 N. Bethlehem Pike - Suite 60 | |
| | | City, State, Zip Code Spring House, PA 19477 | |

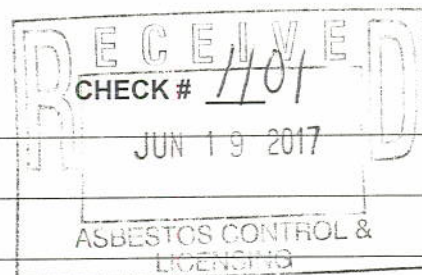
Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> 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 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 |
| Media Center-IT office-Maker Space | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Multi Layer Tile & Mastic | 5910 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Media Center-IT office-Maker Space | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Door Insulation | 240 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Media Center-IT office-Maker Space | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Window glazing putty | 160 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Media Center | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vapor barrier under Concrete Slab | 450 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Media CNTR above Suspend Ceiling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Transite Ceiling Decking | 5 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|-------------------------|------------------------------------|----------------------|--|--|
| Name of Registered Waste Hauler Champion Waste Removal | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Grows-Tullytown | |
| City, State Hainesport, NJ | | Disposal Date 7/31/17 | | City, State Morgantown, PA | |
| Completed By (Print or Type) Patricia Visco | Title Office Manager | Signature <i>Patricia Visco</i> | | Date 6/7/2017 | |

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



| | | | |
|---|--|--|------------------------------|
| Date of Notification (1) 6-12-17 | | Name of Building Owner / Operator (2) Thomas E Smith | |
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTROL & LICENSING |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code Belvidere, NJ 07823 | |
| | | Name of Contact | |
| | | Telephone Number | |

FACILITY INFORMATION

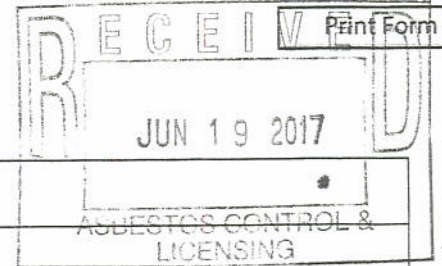
| | | | | | |
|--|-----------------------------|--|---|--|-----------|
| Name of Facility Where Abatement is Taking Place (3) Thomas E Smith | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1000 | # of Floors | Bldg. Age |
| City (5) Belvidere | County (6) Warren | County Code (7) | Current Use (Prior if being demolished) Old farm houses-TO be demolished | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | ASCM No. | Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC | |
| Street Address | | | Street Address 874 Piney Hollow Road, PO Box 70 | | |
| City, State & Zip Code | | | City, State & Zip Code Winslow, New Jersey 08095 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number 609-567-0600 | License Number 01263 | |
| Scheduled Start Date (10) 6-22-17 | | Scheduled Completion Date (11) 7-14-17 | | Name of OSHA Monitor EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 200 Route 130 North | | |
| | | | City, State & Zip Code Cinnaminson, NJ 08077 | | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Grey Barn | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceiling | 400 Sq. Ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grey Barn | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tar Flashing | 200 Sq. Ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tin Barn | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tar Coating | 1200 Sq. Ft. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grey Barn | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Siding | 5000 sq ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|---|--|---|
| Name of Registered Waste Hauler Bull Waste & Recycling, LLC | NJDEP Waste Hauler ID No. 21435 | Cubic Yards of Waste 5 | Name of Registered Landfill Salem County Landfill |
| City, State Berlin, NJ | Disposal Date 7/14/17 | City, State Alloway Township, NJ | |
| Completed By (Print or Type) Theodore S. Budzynski | Title Vice Pres. | Signature | Date 6-12-17 |



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

MO 23082382 470

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 06/13/17 | | Name of Building Owner/Operator (2) Meredith Kunz | | | | | | | |
| 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hackensack NJ 07601 | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Meredith Kunz | | 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 | | | | | | |
| City (5) Hackensack NJ | | Bldg. Age | | | | | | | |
| County (6) Bergen County | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) The Asbestos Removal Experts LLC | | | | | | |
| Street Address | | Street Address 8009 Bergenline Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code North Bergen, NJ 07047 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-951-6310 | License No. 01325 | | | | | | |
| Start Date (10) 06/13/17 | Scheduled Completion Date (11) 06/23/17 | Name of OSHA Monitor HILMAMM CONSULTING LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 1600 ROUTE EAST SUITE 107 | | | | | | | |
| | | 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 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 |
| 1er floor | | | | VAT | 150SF | | | | |
| Basement | | | | TSI | 200Ln ft | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill WASTE MANAGEMENT GROWS N. | | | | | |
| City, State HILLSIDE, NJ | | | Disposal Date | City, State MORRISVILLE PA | | | | | |
| Completed by Bryan Parra | | Title Project Manager | | Signature | | Date 06/13/17 | | | |