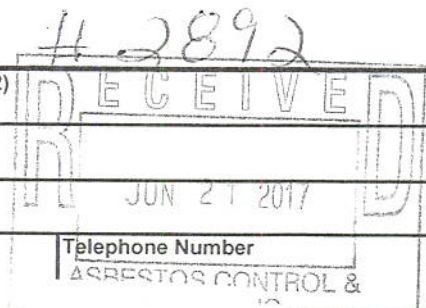


**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**



Date of Notification (1) 06 / 20 / 17			Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL			Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		
			Street Address 570 COMMERCE BLVD		
			City, State, Zip Code CARLSTADT, NJ 07072		
			Name of Contact DOMINICK TUCCI		Telephone Number ASBESTOS CONTROL & REMEDIATION
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			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 1011 MORRIS AVE					
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 9,500	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Sched. Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 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: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <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 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	
U18	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LAB TOPS	455 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U18	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	845 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U18	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF FLASHING	4,740 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U18	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	600 SF	<input checked="" 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) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 06/20/17

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

2891

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 21 2017 CONTROL & LICENSING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" 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	570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 1,400	# Of Floors 1	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 655 WEST SHORE TRAIL		Street Address 32 Williams Parkway			
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm WILLIAM KIERBIL		Telephone Number 973-729-5649			
Scheduled Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	R E P A I R
U15	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U15	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF FLASHING	157 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 06/20/17

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

2890

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 21 2017 POL & </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 10,500	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		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 WILLIAM KIERBIL		City, State, Zip Code East Hanover, NJ 07936			
Telephone Number 973-729-5649		Telephone Number 973-884-8682			
License Number 00860					
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
U14	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LAB TOPS	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U14	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE	65 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U14	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	SILL CAULK	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U14	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GLAZING	90 WINDOWS	<input checked="" 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) Steve Stiles		Title Project Manager	Signature 		Date 06/20/17

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
U14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	1,110 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"/>
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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

H 2889

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 21 2017 NJ DEPT. OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL & ABATEMENT DIVISION </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 570 COMMERCE BLVD					
						City, State, Zip Code CARLSTADT, NJ 07072					
				Name of Contact DOMINICK TUCCI		Telephone Number					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION				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 1011 MORRIS AVE				<div style="display: flex; justify-content: space-between;"> <div>Square Feet 300,000</div> <div># Of Floors 3</div> <div>Building Age 40 +</div> </div>							
City (5) UNION		County (6) UNION		County Code (7)		Current Use (Prior if being demolished) OFFICE / WAREHOUSE					
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI				ASCM NO NORTHSTAR CONTRACTING GROUP, INC.							
Street Address 655 WEST SHORE TRAIL				Street Address							
City, State, Zip Code SPARTA, NJ 07871				32 Williams Parkway City, State, Zip Code							
Project Mngr. For Monitoring Firm WILLIAM KIERBIL				Telephone Number 973-729-5649							
Schedul Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 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: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936							
Scope of Work (Check All That Apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div style="width: 50%;"> <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 </div> </div>											
Location of Asbestos Containing TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> A <input type="checkbox"/>		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
U 13		<input checked="" type="checkbox"/>		WATERPROOFING		10,760 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13		<input checked="" type="checkbox"/>		CAULK		2,000 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13		<input checked="" type="checkbox"/>		DUCT MASTIC		500 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>						<input checked="" 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) Steve Stiles				Title Project Manager		Signature <i>Steve Stiles</i>		Date 06/20/17			

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDOW GLAZING	338 WINDOWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOFING	89,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	5,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

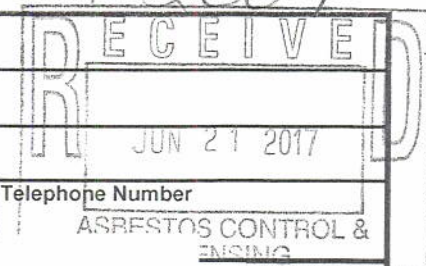
#2888

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 21 2017 ASBESTOS CONTROL & </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	570 COMMERCE BLVD CARLSTADT, NJ 07072		Name of Contact DOMINICK TUCCI	
<div style="text-align: right;">Telephone Number</div>					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 11,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		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 WILLIAM KIERBIL		City, State, Zip Code East Hanover, NJ 07936			
Telephone Number 973-729-5649		Telephone Number 973-884-8682		License Number 00860	
Schedul Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17			
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input 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)	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
U12	<input checked="" type="checkbox"/>	LAB TOPS	655 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U12	<input checked="" type="checkbox"/>	ROOF FLASHING	3,557 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U12	<input checked="" type="checkbox"/>	TANK FLASHING	100 SF	<input checked="" 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) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>	Date 06/20/17	

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

#2887

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 570 COMMERCE BLVD		City, State, Zip Code CARLSTADT, NJ 07072	
Name of Contact DOMINICK TUCCI		Telephone Number ASBESTOS CONTROL & REMEDIATION	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION		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 1011 MORRIS AVE		Square Feet 13,200	
City (5) UNION		County (6) UNION	County Code (7)
Building Age 40 +		Current Use (Prior if being demolished) OFFICE / PRODUCTION	
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		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 WILLIAM KIERBIL		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 973-729-5649		License Number 00860	
Sched. Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17	
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: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <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			
				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
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						
U10	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	LAB TOP	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U10	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CAULK	1,650 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U10	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROOF TAR	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U10	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ROOF FLASHING	6,385 SF	<input checked="" 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) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 06/20/17		

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

#2886

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 570 COMMERCE BLVD		City, State, Zip Code CARLSTADT, NJ 07072	
Name of Contact DOMINICK TUCCI		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION		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 1011 MORRIS AVE		Square Feet 22,000	
City (5) UNION		County (6) UNION	County Code (7)
Current Use (Prior if being demolished) OFFICE / PRODUCTION		Building Age 40 +	
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		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 WILLIAM KIERBIL		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 973-729-5649		Telephone Number 973-884-8682	
Sched. Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17	
License Number 00860		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
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: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <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	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
U9 / 9A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	CAULK	10 LF
U9 / 9A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF TAR	10 SF
U9 / 9A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF FLASHING	1,600 SF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste
City, State NEWARK, NJ		Disposal Date	Name of Registered Landfill I.E.S.I.
City, State BETHLEHEM, PA 18105			
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>
		Date 06/20/17	

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

42885

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 21 2017 CONTROL & MONITORING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" 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		570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 6,500	# Of Floors 1	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 655 WEST SHORE TRAIL		Street Address 32 Williams Parkway			
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm WILLIAM KIERBIL		Telephone Number 973-729-5649			
Scheduled Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" 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
U7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT MASTIC	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LAB TOP	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input checked="" 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) Steve Stiles		Title Project Manager	Signature 		Date 06/20/17

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

#2884

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">JUN 21 2017</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			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 1011 MORRIS AVE			Square Feet 12,500 # Of Floors 1 Building Age 40 +		
City (5) UNION	County (6) UNION	County Code (7)	Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			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 WILLIAM KIERBIL			City, State, Zip Code East Hanover, NJ 07936		
Telephone Number 973-729-5649			Telephone Number 973-884-8682		
Schedul Start Date (10) 07 / 13 / 17			Sched. Completion Date (11) 12 / 30 / 17		
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: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" 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)		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	
		YES NO N/A			
U6		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VAT MASTIC 370 SF	
U6		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		VAT 2,100 SF	
U6		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		CAULK 415 LF	
U6		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		LAB TOP 40 SF	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste	
City, State NEWARK, NJ		Disposal Date		Name of Registered Landfill I.E.S.I. BETHLEHEM, PA 18105	
Completed by (Print or Type) Steve Stiles		Title Project Manager		Signature <i>Steve Stiles</i>	
				Date 06/20/17	

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
U6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	510 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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

420883

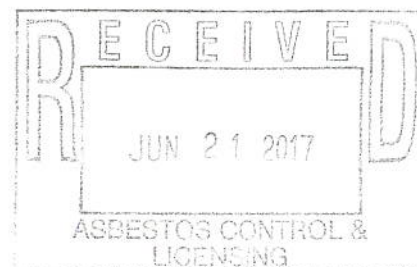
Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 21 2017 ENVIRONMENTAL CONTROL & </div>			
Agencies Notified		Type of Notification				Street Address 570 COMMERCE BLVD	
<input checked="" 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				City, State, Zip Code CARLSTADT, NJ 07072	
						Name of Contact DOMINICK TUCCI	
				Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)				
Street Address 1011 MORRIS 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 bldgs., homes, etc.)				
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 19,000	# Of Floors 1	Building Age 40 +		
			Current Use (Prior if being demolished) OFFICE / PRODUCTION				
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			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 WILLIAM KIERBIL			City, State, Zip Code East Hanover, NJ 07936				
Telephone Number 973-729-5649							
Scheduled Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17		License Number 00860			
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.				
<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"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway				
			City, State, Zip Code East Hanover, NJ 07936				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing <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			
				R E M O V A L	E N C A P S U L		
				R E P A I R	E N C L O S U R		
U5 / 5A	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTINGS	52 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
U5 / 5A	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTINGS	4 EA	<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"/>		
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) Steve Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 06/20/17		

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

#2882

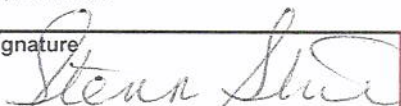
Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 21 2017 CONTROL & LICENSING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" 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		570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 20,000	# Of Floors 1	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		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 WILLIAM KIERBIL		City, State, Zip Code East Hanover, NJ 07936			
Telephone Number 973-729-5649		Telephone Number 973-884-8682			
Sched. Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17		License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E N C A P S U L
U4	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT & MASTIC	480 SF	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT INSULATION	175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VIBRATION CLOTHE	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	RADIATOR MASTIC	4 SF	<input checked="" 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) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 06/20/17

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			
						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
	YES	NO	N/A						
U4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GLUE DABBS	200 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	60 FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF FLASHING	3,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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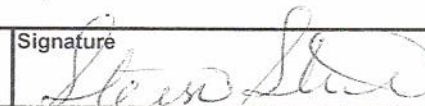
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

#2881

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 21 2017 AIR CONTROL & LICENSING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" 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	570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 14,000	# Of Floors 2	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address		
City, State, Zip Code SPARTA, NJ 07871			32 Williams Parkway City, State, Zip Code		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Sched. Start Date (10) 07 / 13 / 17			Sched. Completion Date (11) 12 / 30 / 17		
			Telephone Number 973-884-8682		
			License Number 00860		
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor		
<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"/> Other - Describe: 7:00 AM-3:30 PM			NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address		
			32 Williams Parkway		
			City, State, Zip Code		
			East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E N C A P S U L
U3	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LINOLEUM AND MASTIC	600 SF	<input type="checkbox"/>	<input type="checkbox"/>
U3	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	1,060 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U3	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WATERPROOFING	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U3	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOF FLASHING	3,120 SF	<input checked="" 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) Steve Stiles		Title Project Manager	Signature 	Date 06/20/17	

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

2880

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 10px; font-size: 1.5em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="text-align: right; margin-top: 10px;">JUN 21 2017</div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" 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		570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 54,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		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 WILLIAM KIERBIL		City, State, Zip Code East Hanover, NJ 07936			
Telephone Number 973-729-5649		Telephone Number 973-884-8682			
Sched. Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17		License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor		
<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"/> Other - Describe: 7:00 AM-3:30 PM			NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" 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 <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	R E P A I R
U2	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAPOR BARRIER PAPER	3,000 SF	<input type="checkbox"/>	<input type="checkbox"/>
U2	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CEILING PLASTER	1,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U2	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING FLASHING	14,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U2	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	60 LF	<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) Steve Stiles		Title Project Manager	Signature 	Date 06/20/17	

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

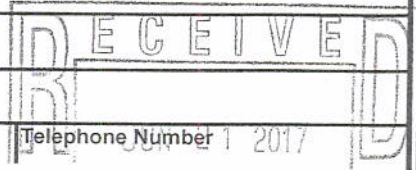
2879

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; font-size: 18px;">JUN 21 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; font-size: 12px;">CONTROL & LICENSING</div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" 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		570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 77,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO. _____		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mng. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17		License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E N C A P S U L
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
U1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	WATER PROOFING	10,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	MASTIC	17,175 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U1	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	810 LF	<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) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 06/20/17

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

CR # 2878

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
Agencies Notified		Street Address 570 COMMERCE BLVD	
Type of Notification		City, State, Zip Code CARLSTADT, NJ 07072	
<input checked="" 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	
		Name of Contact DOMINICK TUCCI	Telephone Number 1 2017



FACILITY INFORMATION				ASBESTOS CONTROL & LICENSING	
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS 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 bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 200	# Of Floors 1	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 07 / 13 / 17		Sched. Completion Date (11) 12 / 30 / 17	Telephone Number 973-884-8682		License Number 00860
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

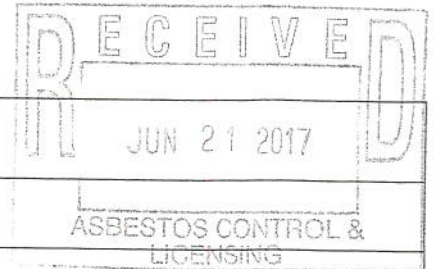
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/>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

Location of Asbestos Containing <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			
				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
76 TANK SHED	YES NO N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 06/20/17

ASB-41
JAN 13

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



0977-02

Date of Notification (1) 5 / 31 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT	
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 30 CHURCH STREET	
		City, State, Zip Code PENNSVILLE NJ 08070	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PENNSVILLE CENTRAL PARK 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 43 OLIVER AVENUE			
City (5) PENNSVILLE		Square Feet >50,000	# of Floors 1
		Bldg. Age 50+	
County (6) SALEM	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC		ASCM No. 102	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address 515 GROVE STREET SUITE B		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm Alan Boyd		Telephone No. 856-656-2875	License No. 00783
Start Date (10) 6 / 13 / 17	Scheduled Completion Date (11) 8 / 31 / 17	Name of OSHA Monitor CRITERION LABS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/4:30PM-____AM		Street Address 400 STREET ROAD	
		City, State, Zip Code BENSALEM PA 19020	

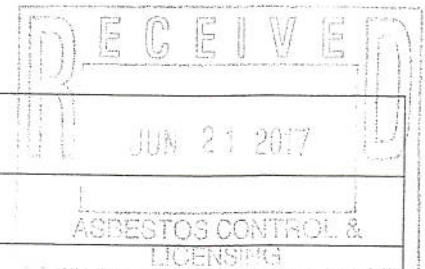
Scope of Work (Check all that apply)

<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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	12SF	<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 checked="" type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) MICHAEL PARSON	Title PROJECT MANAGER	Signature Michael Parson		Date 5-31-2017	

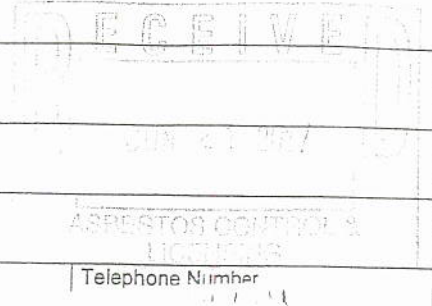
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">6 / 19 / 17</div>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET							
		City, State, Zip Code PENNSVILLE NJ 08070							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE VALLEY PARK 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 63 MAHONEY ROAD		Square Feet >50,000	# of Floors 1						
City (5) PENNSVILLE		Bldg. Age 50+							
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 318 12TH STREET		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HAMMONTON NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm AL OSWALD		Telephone No. 609 704-8850	License No. 00783						
Start Date (10) <div style="text-align: center;">6 / 13 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 31 / 17</div>	Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4:30</u> PM- <u> </u> AM		Street Address 400 STREET ROAD							
		City, State, Zip Code BENSALEM PA 19020							
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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	12SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXTERIOR UNIT VENTILATORS	8LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER	Signature <i>Michael Parson</i>			Date 6-19-2017			

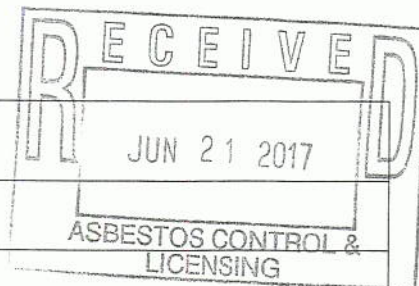
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

097602



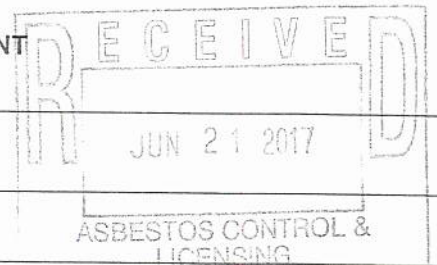
Date of Notification (1) 5 / 31 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET							
		City, State, Zip Code PENNSVILLE NJ 08070							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE VALLEY PARK 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 63 MAHONEY ROAD									
City (5) PENNSVILLE		Square Feet >50,000	# of Floors 1						
		Bldg. Age 50+							
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC	ASCM No. 102	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 515 GROVE STREET SUITE B		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-656-2875	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 6 / 13 / 17	Scheduled Completion Date (11) 8 / 31 / 17	Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/4:30PM- AM		Street Address 400 STREET ROAD							
		City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	12SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXTERIOR UNIT VENTILATORS	8LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature Michael Parson / cov		Date 5-31-2017			

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;">6 / 19 / 17</div>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE 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 4 WILLIAM PENN AVE.		Square Feet >50,000 # of Floors 1 Bldg. Age 50+							
City (5) PENNSVILLE		County Code (7)(STATE USE ONLY) _____ Current Use (Prior if being demolished) SCHOOL							
County (6) SALEM		Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES							
ASCN No. _____		Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 318 12TH STREET		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm AL OSWALD		Telephone No. 609 704-8850	License No. 00783						
Start Date (10) <div style="text-align: center;">6 / 13 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 31 / 17</div>	Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4:30</u> PM- <u> </u> AM		Street Address 400 STREET ROAD City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	12SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXTERIOR UNIT VENTILATORS	28LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER	Signature <i>Michael Parson</i>			Date 6-19-2017			

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



0975-02

Date of Notification (1) <div style="text-align: center;">5 / 31 / 17</div>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT	
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 30 CHURCH STREET	
		City, State, Zip Code PENNSVILLE NJ 08070	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PENNSVILLE 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 4 WILLIAM PENN AVE.			
City (5) PENNSVILLE		Square Feet >50,000	# of Floors 1
County (6) SALEM		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC		Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 515 GROVE STREET SUITE B		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 656-2875	License No. 00783
Start Date (10) <div style="text-align: center;">6 / 13 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 31 / 17</div>		
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</u> AM- <u>4:30</u> PM- <u>4</u> AM		Name of OSHA Monitor CRITERION LABS	
		Street Address 400 STREET ROAD	
		City, State, Zip Code BENSALEM PA 19020	

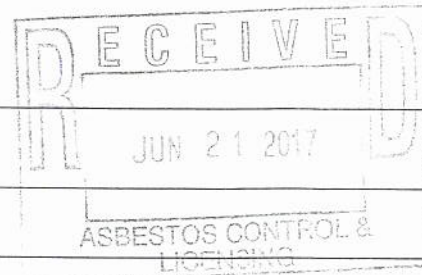
Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <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) <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
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	35 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOILET ROOMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	12SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXTERIOR UNIT VENTILATORS	28LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) MICHAEL PARSON	Title PROJECT MANAGER	Signature <i>Michael Parson</i>		Date 5-31-2017	

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



Date of Notification (1) <u>6</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT	
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PENNSVILLE 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 110 S BROADWAY			
City (5) PENNSVILLE	Square Feet >50,000	# of Floors 1	Bldg. Age 75
County (6) SALEM	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 318 12TH STREET		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm AL OSWALD	Telephone No. 609 704-8850	Telephone No. 215 322-2900	License No. 00783
Start Date (10) <u>6</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor CRITERION LABS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4:30</u> PM- <u>4</u> AM		Street Address 400 STREET ROAD City, State, Zip Code BENSALEM PA 19020	

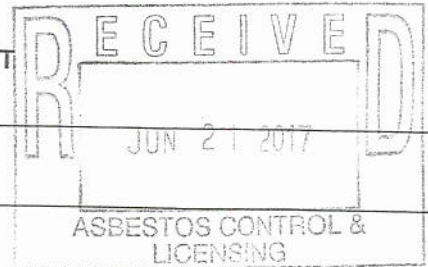
Scope of Work (Check all that apply)

<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
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) MICHAEL PARSON	Title PROJECT MANAGER	Signature <i>Michael Parson</i>		Date <i>6-19-2017</i>	

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

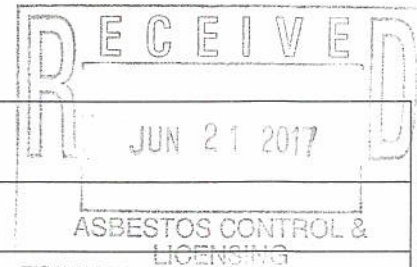


0974-02

Date of Notification (1) 5 / 31 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
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 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE 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 110 S BROADWAY		Square Feet >50,000							
City (5) PENNSVILLE		# of Floors 1							
County (6) SALEM		Bldg. Age 75							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC		ASCM No. 102							
Name of Abatement Contractor (9) DELTA/BJDS, INC		Street Address 1345 INDUSTRIAL BLVD							
Street Address 515 GROVE STREET SUITE B		City, State, Zip Code SOUTHAMPTON, PA 18966							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		Telephone No. 215 322-2900							
Project Manager for Monitoring Firm Alan Lloyd		License No. 00783							
Start Date (10) 6 / 13 / 17		Scheduled Completion Date (11) 8 / 31 / 17							
Telephone No. 856-656-2875		Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4:30PM AM		Street Address 400 STREET ROAD City, State, Zip Code BENSALEM PA 19020							
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature <i>Michael Parson</i>	Date 5/31/2017				

0964-02 NOCK

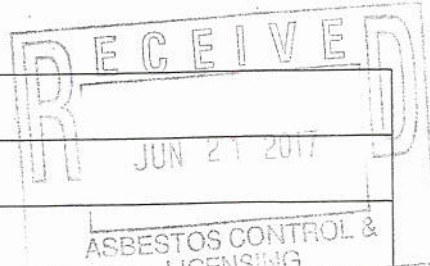
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>6</u> / <u>19</u> / <u>17</u>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENN BEACH ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 96 KANSAS ROAD		Square Feet >50,000							
City (5) PENNSVILLE		# of Floors 1							
County (6) SALEM		Bldg. Age 50+							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		ASCM No. _____							
Street Address 318 12TH STREET		Name of Abatement Contractor (9) DELTA/BJDS, INC							
City, State, Zip Code HAMMONTON NJ 08037		Street Address 1345 INDUSTRIAL BLVD							
Project Manager for Monitoring Firm AL OSWALD		City, State, Zip Code SOUTHAMPTON, PA 18966							
Telephone No. 609 704-8850		Telephone No. 215 322-2900							
Start Date (10) <u>6</u> / <u>13</u> / <u>17</u>		License No. 00783							
Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>		Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4:30</u> PM- <u>4</u> AM		Street Address 400 STREET 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"/> 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		City, State, Zip Code BENSALEM PA 19020							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOM 123	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 124	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 125	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature <i>Michael Parson</i>			Date 6-19-2017		

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

096402



Date of Notification (1) 5-22-2017		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET	
		City, State, Zip Code PENNSVILLE, NJ 08070	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PENN BEACH ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 96 KANSAS ROAD		Square Feet .50,000	# of Floors _____
City (5) PENNSVILLE		Bldg. Age _____	
County (6) SALEM	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) PENNON ASSOCIATES		ASCM No. 102	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address 515 GROVE STREET SUITE 1B		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON PA 18966	
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 215 322-2900	License No. 00783
Start Date (10) 6-3-2017	Scheduled Completion Date (11) 9-1-2017	Name of OSHA Monitor CRITERION LABS	
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: Mon-Sat		Street Address 400 STREET ROAD	
		City, State, Zip Code BENSALEM, PA 19020	

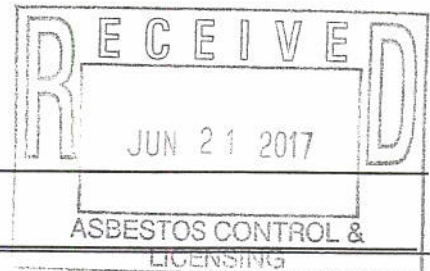
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input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

Location of Asbestos-Containing Material (ACM) <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 123	<input checked="" type="checkbox"/>	X		PIPE INSULATION	6LF	X			
ROOM 124		X		PIPE INSULATION	6LF	X			
ROOM 125		X		PIPE INSULATION	6LF	X			

Name of Registered Waste Hauler SERVICE TRANSPORT	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE, NEW CASTLE DE 19720		Disposal Date _____	City, State WAYNESBURG, OH 44688
Completed by CHRISTINE DEL VISCIO	Title ASST. ADMIN	Signature <i>Christine DelViscio</i>	Date 5-22-2017

D&S Proj. #: 17-170

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/16/14/17		Name of Building Owner/Operator (2) barbara christen	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code elmwood Park, NJ 07407	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact barbara christen	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) barbara christen			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) elmwood Park			County (6) BERGEN	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 06/26/17	Sched. Completion Date (11) 07/12/17		Name of OSHA Monitor D & S Restoration, 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"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

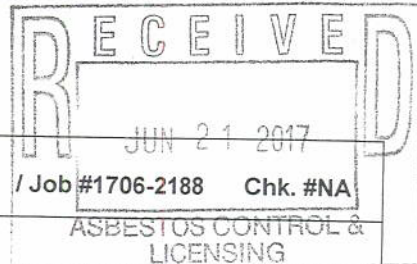
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	135 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/27/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/14/2017

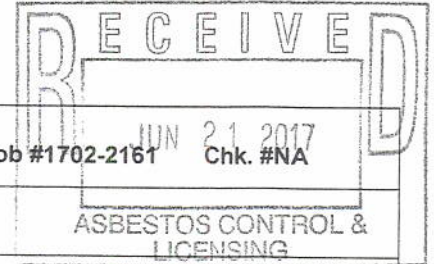
Page 1 of 2 *no ck*

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

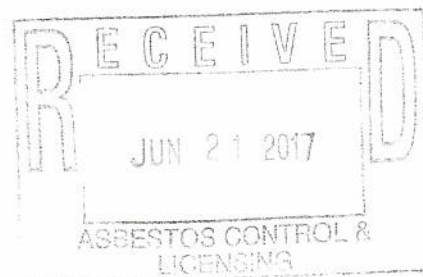


Date of Notification (1) <u>6</u> / <u>9</u> / <u>17</u>		Name of Building Owner/Operator (2) Mr. Roberto de O. Marques		<div style="border: 1px solid black; padding: 5px;"> RECEIVED JUN 21 2017 Job #1706-2188 Chk. #NA ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <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 Newtown, PA 18940		Name of Contact Troy					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Temple Emeth Shalom				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 8501 Ventnor Avenue				Square Feet 10000					
City (5) Margate				# of Floors 2					
County (6) Atlantic				Bldg. Age + - 50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 16 W Elizabeth Ave # 2				Street Address 3859 Sylon Boulevard					
City, State, Zip Code Linden, NJ 07036				City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Kelly Walton		Telephone No. (908) 862-4301		Telephone No. 609-702-0400					
Start Date (10) <u>6</u> / <u>12</u> / <u>17</u>		Scheduled Completion Date (11) <u>7</u> / <u>6</u> / <u>17</u>		License No. 00862					
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> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SCOPE OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ATTACHED	ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SCOPE REVISIONS ATTACHED		<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 Bloom & ACS		NJDEP Waste Hauler ID No. 27034/21086		Cubic Yards of Waste 8		Name of Registered Landfill Atlantic County / ACUA			
City, State Cherry Hill, NJ & Egg Harbor Twp, NJ		Disposal Date 7/7/17		City, State Egg Harbor Township, NJ 08234					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 6-14-17			

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



Date of Notification (1) 5 / 17 / 17		Name of Building Owner/Operator (2) New Providence Board of Education / Job #1702-2161							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 356 Elkwood Avenue							
		City, State, Zip Code New Providence, NJ 07974							
		Name of Contact Administration	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Providence Middle/High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 35 Pioneer Drive									
City (5) New Providence		Square Feet 163,618	# of Floors 1 Bldg. Age 59						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No. 00099	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 300 Kimbal Drive, 4th Floor		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Vijay Pital		Telephone No. 973-560-4900	Telephone No. 609-702-0400 License No. 00862						
Start Date (10) 6 / 14 / 17	Scheduled Completion Date (11) 8 / 15 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 3:30 PM - 11:00 PM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <i>wrap and cut methods</i>							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SCOPE OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>* See page 2 and 3 for scope amendments</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Newark, NJ		Disposal Date 8/15/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 6-13-17		



Page 3 of 3

Assumed Materials, if exist & tested by an ASCM firm
Per project specification

Removal To Be Determined

Work Area #1 – *to be performed under subchapter 8 regulations*

Room 316	150 SF of glue/mastic associated with tack board/marker board *confirmed scope (see page 1) 21 SF of door insulation 5 SF of electrical panel board
Room 316A	80 SF of glue/mastic associated with tack board/marker board *confirmed scope (see page 1) 21 SF of door insulation
Room 318	50 SF of glue/mastic associated with tack board/marker board *confirmed scope (see page 1) 84 SF of door insulation
Room 320	50 SF of glue/mastic associated with tack board/marker board 21 SF of door insulation
Room 322	50 SF of ceramic floor tile grout, glue and waterproofing 200 SF of waterproofing/floor fill below quarry tiles 63 SF of door insulation
Hallway	42 SF of door insulation

Work Area #2 – *to be performed under subchapter 8 regulations*

Library & Office	150 SF of glue/mastic associated with tack board/marker board 189 SF of door insulation 5 SF of electrical panel board
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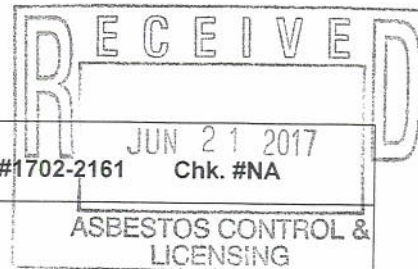
Work Area #3 – *to be performed as non-subchapter 8 work*

Exterior by Shed	500 SF of suspect foundation waterproofing materials exterior by Girls Locker Room
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Work Area #4 – *to be performed as non-subchapter 8 work*

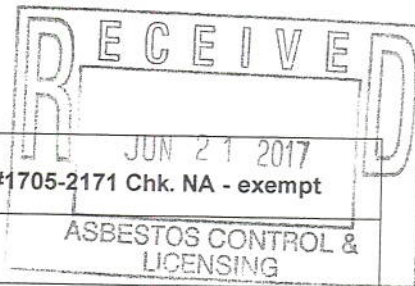
Exterior by Library	50 SF of weatherproofing behind face bricks 500 SF of suspect foundation waterproofing materials exterior by Girls Locker Room
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 5 / 17 / 17		Name of Building Owner/Operator (2) New Providence Board of Education / Job #1702-2161		Chk. #NA				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 356 Elkwood Avenue City, State, Zip Code New Providence, NJ 07974 Name of Contact Administration				
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) New Providence Middle/High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 35 Pioneer Drive								
City (5) New Providence			Square Feet 163,618	# of Floors 1	Bldg. Age 59			
County (6) Union		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No. 00099		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.				
Street Address 300 Kimbal Drive, 4th Floor		Street Address 3859 Sylon Boulevard						
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Vijay Pital		Telephone No. 973-560-4900		Telephone No. 609-702-0400	License No. 00862			
Start Date (10) 6 / 14 / 17		Scheduled Completion Date (11) 8 / 15 / 17		Name of OSHA Monitor EMSL Analytical, Inc.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 3:30 PM - 11:00 PM / ____ PM- ____ AM			Street Address 200 U.S. Route 130 North					
			City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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 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
SEE ATTACHED SCOPE OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central			
City, State Newark, NJ		Disposal Date 8/15/17		City, State Penn Argyle, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 6-16-17		

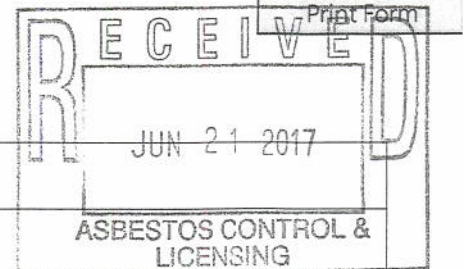
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) 6 / 18 / 17		Name of Building Owner/Operator (2) State of New Jersey		Job #1705-2171 Chk. NA - exempt					
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 20 West State Street City, State, Zip Code Trenton, NJ 08625 Name of Contact Anthony Mazzella					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT - Finance & Admin Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1035 Parkway Avenue				Square Feet					
City (5) Trenton				# of Floors 3					
County (6) Mercer				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) DOT Headquarters							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCN No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-702-0400					
Start Date (10) 7 / 3 / 17		Scheduled Completion Date (11) 7 / 10 / 17		License No. 00862					
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				Name of OSHA Monitor EMSL Analytical, Inc.					
				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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 wrap and cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting & Saddle Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Rms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coating Material on Fiberglass Ins.	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 7/11/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 6-19-17		

CK 71210

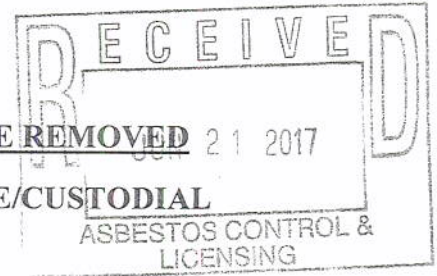
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/15/2017		Name of Building Owner/Operator (2) County of Essex						
Agencies Notified	Type Notification	Street Address 900 Bloomfield Avenue						
<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 Verona, NJ						
		Name of Contact Mr. Sanjeev Vargheese	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hall of Records 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 465 Dr. Martin Luther King Jr. Blvd.		Square Feet 30,000	# of Floors 5					
City (5) Newark,		Bldg. Age 90						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) DIA General Construction, Inc.					
Street Address 111 Wood Avenue South		Street Address 1360 Clifton Avenue, PMB Suite 218						
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Clifton, NJ 07012						
Project Manager for Monitoring Firm Kevin Herrighty		Telephone No. 973-912-2480	License No. 00693					
Start Date (10) 07/07/2017	Scheduled Completion Date (11) 09/18/2017	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218						
		City, State, Zip Code Clifton, NJ 07012						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			SEE ATTACHED		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30 CY	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE 19720			Disposal Date 09/18/2017	City, State Waynesburg, OH 44688				
Completed by Krutarth Jagad		Title Project Manager	Signature 	Date 06/15/2017				

LIST OF ASBESTOS CONTAINING MATERIALS TO BE REMOVED

IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF? YES



Hall of Records Building

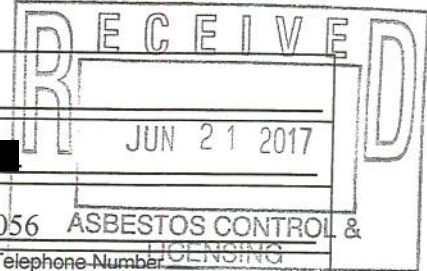
LOCATION OF ASBESTOS CONTAINING MATERIAL TO BE ABATED IN FACILITY	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL	AMOUNT (SF OR LF)
Pipe Chase # 1 (North) Basement (Room B-11) to 5 th Floor	Thermal System Insulation (TSI) Pipe Insulation	250 LF
Pipe Chase # 2 (North-West) Basement (Room B-21) to 5 th Floor	Thermal System Insulation (TSI) Pipe Insulation	250 LF
Pipe Chase # 3 (South-West) First Floor (Room 119) to 5 th Floor	Thermal System Insulation (TSI) Pipe Insulation	250 LF
Pipe Chase # 4 South 3 rd Floor to 5 th Floor	Thermal System Insulation (TSI) Pipe Insulation	130 LF
Basement Rooms B-37 and B-38	Thermal System Insulation (TSI) Pipe Insulation	50 LF

Annex Building

Room B-25	Thermal System Insulation (TSI) Pipe Insulation	100 LF
Hallway (Between Rooms)	Thermal System Insulation (TSI) Pipe Insulation	50 LF
Room B-36	Thermal System Insulation (TSI) Pipe Insulation	110 LF

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

Check # 25527

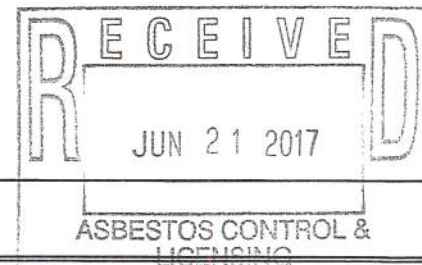


Date of Notification (1) <u>5/26/17</u>		Name of Building Owner/Operator (2) <u>Phillips</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <u>Mickleton, NJ 08056</u>					
		Name of Contact <u>Ira Phillips</u>	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <u>3000</u>	# of Floors <u>2</u>				
City (5) <u>Mickleton, NJ 08056</u>		Bldg. Age <u>115+/-</u>					
County (6) <u>Gloucester</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>				
Start Date (10) <u>7/6/17</u>	Scheduled Completion Date (11) <u>7/15/17</u>	Name of OSHA Monitor <u>MECS</u>					
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>8am - 4pm</u>		Street Address <u>PO Box 341</u>					
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
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) <u>Basement</u>	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) <u>495 lf</u>	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
	<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>5 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/15/17</u>	City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/18/17</u>				

CK 005899

D&S Proj. #: 17-168

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/16/14		Name of Building Owner/Operator (2) andy rohatgi	
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 Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code SO. ORANGE, NJ 07079	
Name of Contact andy rohatgi		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) andy rohatgi			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) SO. ORANGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 06/16/17		Sched. Completion Date (11) 06/30/17	License Number 01169	
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"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		transite board	110 sq ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/17/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/14/17