

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

CK 60282
0646-02

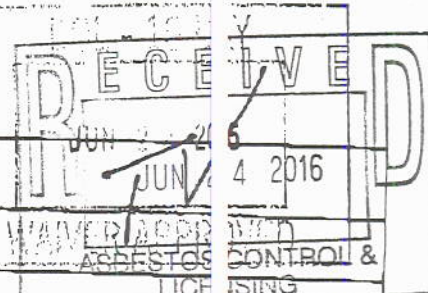
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| Date of Notification (1) 06 / 22 / 16 | | Name of Building Owner/Operator (2) Pennsville School District | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 30 Church Street | | | | | | | |
| | | City, State, Zip Code Pennsville, NJ 08070 | | | | | | | |
| | | Name of Contact Mike Simpkins | 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 checked="" 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 | # of Floors 2 | | | | | | |
| 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) PENNONI ASSOCIATES INC | | 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 | | | | | | | |
| Project Manager for Monitoring Firm BRYAN CLARK | | Telephone No. 856 656-2944 | License No. 00783 | | | | | | |
| Start Date (10) 06 / 25 / 16 | Scheduled Completion Date (11) 07 / 30 / 16 | 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>11</u> PM- <u>11</u> AM | | Street Address 3370 PROGRESS AVE | | | | | | | |
| | | 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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BATHROOM (10 LOCATIONS) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE INSULATION | 200 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler 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 44888 | | | | | |
| Completed By (Print or Type) MICHAEL PARSON | | Title PROJECT MGR. | Signature <i>Michael Parson</i> | | Date 6-22-2016 | | | | |

JUN/22/2016/WED 01:31 PM Delta/BJDS

FAX No. 215-332-1616

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

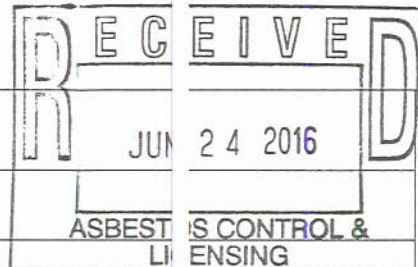


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| Date of Notification (1) 06 / 22 / 16 | | Name of Building Owner/Operator (2) Pennsville School District | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation | Street Address 30 Church Street | City, State, Zip Code Pennsville, NJ 08070 |
| | | Name of Contact Mike Simpkins | 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 checked="" 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 60,000 | # of Floors 2 |
| City (5) PENNSVILLE | | Current Use (Prior if being demolished) SCHOOL | |
| County (8) SALEM | County Code (7) (STATE USE ONLY) | | |
| Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES INC | | ASCM No. 102 | Name of Abatement Contractor (8) 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 | |
| Project Manager for Monitoring Firm BRYAN CLARK | | Telephone No. 856 888-2944 | Telephone No. 215 322-2900 |
| Start Date (10) 06 / 25 / 16 | | Scheduled Completion Date (11) 07 / 30 / 16 | License No. 00763 |
| 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: 7AM-11PM-11PM-AM | | Name of OSHA Monitor CRITERION LABS | |
| Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 260 sf or 260 ft | | Street Address 3370 PROGRESS AVE | |
| | | City, State, Zip Code BENSALEM PA 19020 | |
| | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) |
| BATHROOM (10 LOCATIONS) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | PIPE INSULATION | 200 LF |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT | | NJDEP Waste Hauler ID No. 20880 | Cubic Yards of Waste |
| City, State 58 PYLES LANE, NEW CASTLE DE. 19720 | | Disposal Date | Name of Registered Landfill MINERVA LANDFILL |
| City, State WAYNESBURG, OH 44688 | | | |
| Completed By (Print or Type) MICHAEL PARSON | Title PROJECT MGR. | Signature Michael Parson | Date 6-22-2016 |

AS5-41
MAY 11

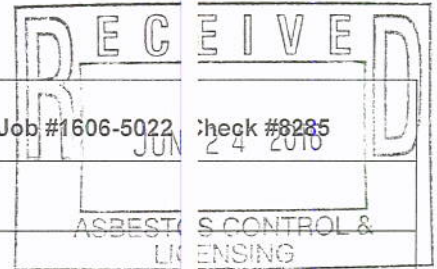
* Do not use this form for asbestos licensure exempted activities.

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



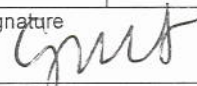
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| Date of Notification (1) 06 / 22 / 16 | | | Name of Building Owner/Operator (2) SOUTH JERSEY LEGAL SERVICES | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 745 MARKET STREET City, State, Zip Code CAMDEN NJ 08102 Name of Contact _____ Telephone Number _____ | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) SOUTH JERSEY LEGAL SERVICES CAMDEN COUNTY OFFICE | | | | 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 745 MARKET STREET | | | | Square Feet >25,000 | |
| City (5) CAMDEN | | | | # of Floors 3 | |
| County (6) CAMDEN | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) VERTEX | | ASCN No. | | Name of Abatement Contractor (9) DELTA/BJDS, INC | |
| Street Address 700 TURNER WAY SUITE | | Street Address 1345 INDUSTRIAL BLVD | | | |
| City, State, Zip Code ASTON, PA 19014 | | City, State, Zip Code SOUTHAMPTON PA | | | |
| Project Manager for Monitoring Firm DON HEIM | | Telephone No. 610 558-8902 | | License No. 00783 | |
| Start Date (10) 07 / 06 / 16 | | Scheduled Completion Date (11) 08 / 08 / 16 | | 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4PM-7AM | | | | Street Address 3370 PROGRESS AVE 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Processure | |
| 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) |
| | Yes | No | N/A | | |
| 3 rd Floor Mechanical Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | PIPE INSULATION | 145 LF |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT | | 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 4438 | |
| Completed By (Print or Type) JAMES LAVELLE /CDV | | Title PROJECT MGR. | | Signature <i>James Lavelle /CDV</i> Date 6/27/2016 | |

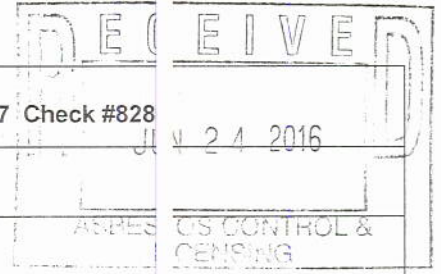
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

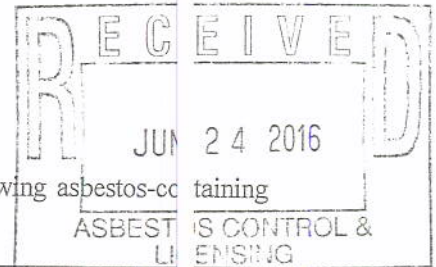


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| Date of Notification (1) 6 / 21 / 16 | | Name of Building Owner/Operator (2) Point Pleasant Beach School District / Job #1606-5022, Check #8285 | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 299 Cooks Lane City, State, Zip Code Point Pleasant Beach, NJ 08742 Name of Contact Mark McNamara | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) G. Harold Antrim 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 401 Niblick Street | | Square Feet | # of Floors | | | | | | |
| City (5) Point Pleasant Beach, NJ 08742 | | Bldg. Age | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc. | | ASCM No. 00149 | Name of Abatement Contractor (9) AbateTech, Inc. | | | | | | |
| Street Address 56 East Bridge Street | | Street Address 30 Maple Ave. PO Box 25 | | | | | | | |
| City, State, Zip Code Morrisville, PA 19067 | | City, State, Zip Code Lumberton, NJ 08048 | | | | | | | |
| Project Manager for Monitoring Firm Richard Beach | | Telephone No. 267-991-9212 | License No. 00529 | | | | | | |
| Start Date (10) 7 / 5 / 16 | Scheduled Completion Date (11) 7 / 8 / 16 | Name of OSHA Monitor EMSL Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| (2) Team Rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fittings | 45 total | <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 AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | Cubic Yards of Waste 20 | Name of Registered Landfill G.R.O.W.S. Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 7/8/16 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | Date 6/21/16 | | | |

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

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| Date of Notification (1) <div style="text-align: center;">6 / 21 / 16</div> | | | Name of Building Owner/Operator (2) West Long Branch BOE/ Job #1603-4997 Check #828 | | |
| 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 135 Locust Avenue City, State, Zip Code Long Branch, NJ 07764 Name of Contact Brian Keeshan | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Frank Antonides Elementary School | | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than homes, etc.) <input type="checkbox"/> Other (i.e., private and commercial buildings, etc.) | |
| Street Address 135 Locust Avenue | | | | Square Feet | |
| City (5) West Long Branch, NJ 07764 | | | | # of Floors | |
| County (6) Monmouth | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) School | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental | | ASCM No. 0026 | | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address 1253 North Church Street | | Street Address 30 Maple Ave. PO Box 25 | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Lumberton, NJ 08048 | | | |
| Project Manager for Monitoring Firm James Guillard | | Telephone No. 856-840-8800 | | License No. 00529 | |
| Start Date (10) <div style="text-align: center;">7 / 5 / 16</div> | | Scheduled Completion Date (11) <div style="text-align: center;">7 / 29 / 16</div> | | Name of OSHA Monitor EMSL Analytical | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | | | Street Address 200 Route 130 North | |
| | | | | City, State, Zip Code Cinnaminson, NJ 08077 | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) | |
| | | Yes No N/A | | | |
| See Attached Scope of Work | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | SEE ATTACHED | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | |
| City, State Lumberton, NJ | | Disposal Date 7/29/16 | | Name of Registered Landfill G.R.O.W.S. Landfill | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature  | |
| | | | | Date 6/21/16 | |





- c. As part of the abatement work, remove and dispose of the following asbestos-containing materials from the Frank Antonides Elementary School.

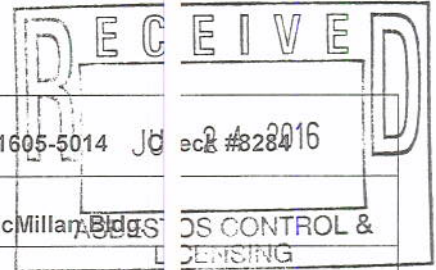
| Location | Material | Estimated Quantities | Removal Method |
|-------------|-------------------------|----------------------|---------------------------------------------------------------------------|
| Boiler Room | Pipe Fitting Insulation | 60 fittings* | Full Containment Removal Per NJAC 5:23-8.19 Occupied Building Conditions. |
| | Boiler Breeching | 400 sf* | |
| | Pipe Insulation | 300 lf* | |
| | Tank Insulation | 400 sf* | |
| Crawlspace | Pipe Insulation | 1,100 lf* | |
| | Pipe Fitting Insulation | 120 fittings* | |

*Estimated only. Not to be used for bidding purposes. Contractor MUST field verify

- d. A New Jersey Department of Labor and Workforce Development (DLWD) Licensed Asbestos Abatement Contractor shall perform all asbestos abatement work. ALL workers performing asbestos abatement shall hold a valid permit issued by the DLWD. The Contractor is advised that work under this contract shall be performed in accordance with the requirements that may be imposed by the New Jersey Department of Health and Senior Services (NJDHSS), New Jersey Department of Labor and Workforce Development (DLWD), New Jersey Department of Environmental Protection (D.E.P.), New Jersey Department of Education, United States Department of Labor, and the United States Environmental Protection Agency (E.P.A.).
- e. Remove and dispose as asbestos-containing, all boiler breech, tank insulations, pipe and pipe fitting insulation from the boiler room and crawlspace under full containment occupied building conditions per NJAC 5:23-8.19.
- f. All work is to be performed in an occupied building as per NJAC 5:23-8.19 utilizing full containment abatement procedures. The contractor shall provide a fully operational negative air system that maintains a negative pressure of -0.05 inches of water column (WC) at the decontamination unit. The negative air system shall include a digital recording manometer with a continuous printout, extra recording chart paper and a complete operation instruction booklet. The onsite supervisor shall be familiar with the complete operation of the manometer.
- g. The decontamination unit shall be attached directly to the work area and all means of ingress shall be through the decontamination unit. All materials utilized in the construction of the containment will be fire rated in accordance with NJAC 5:23-8. Separation barriers shall be constructed by utilizing fire rated 2"x 4" or metal studs and 1/2 fire rated plywood. The studs will be 16 inch on center with the plywood being placed on both sides of the 2"x 4" and secured on to the studs. All seams shall be caulked with fire rated caulk or foam. Place 2 layers of 6 mil fire rated plastic on both sides of the barrier. The decontamination unit shall be considered as a separation barrier and constructed as such.
- h. The Contractor is responsible to complete applications for and secure all necessary permits, approvals, and inspections and pay all required fees. The Contractor is responsible for posting all such permits at the work site and has copies available in the business office.

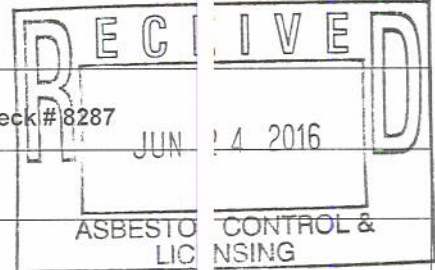


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Date of Notification (1) 6 / 21 / 16 | | Name of Building Owner/Operator (2) Trustees of Princeton / Job #1605-5014 | | Job # 1605-5014 | |
| 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 Trustees of Princeton University E.A. MacMillan Bldg City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego, P.E. | |
| Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University | | | | 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 5 Ivy Lane | | | | Bldg. Age _____ | |
| City (5) Princeton | | | | Square Feet _____ # of Floors _____ | |
| County (6) Mercer | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC | | ASCM No. 00098 | | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address 3 Terri Lane | | Street Address 30 Maple Ave. PO Box 25 | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code Lumberton, NJ 08048 | | | |
| Project Manager for Monitoring Firm Michael R. Keehn | | Telephone No. 609-386-8800 | | License No. 00529 | |
| Start Date (10) 7 / 25 / 16 | | Scheduled Completion Date (11) 8 / 31 / 16 | | Name of OSHA Monitor EMSL Analytical | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <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) | |
| | | Yes | No | | |
| Exterior | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Window Caulk & Glazing |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Name of Registered Waste Hauler AbateTech, Inc. | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 40 | |
| City, State Lumberton, NJ | | Disposal Date 8/31/16 | | Name of Registered Landfill G.R.O.W.S. Landfill | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature <i>Gwendolyn Trumbetti</i> | |
| | | | | Date 6/21/16 | |

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



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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Date of Notification (1) 6 / 21 / 16 | | Name of Building Owner/Operator (2) PSE&G / Job #1606-5024 | | Check # 8287 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Mark Domingues Telephone Number _____ | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G- Delair Substation | | | | 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 576 June Road | | | | Square Feet _____ # of Floors _____ Bldg. Age _____ | |
| City (5) Pennsauken, NJ 08110 | | County (6) Burlington | | County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Substation | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. _____ | | Name of Abatement Contractor (9) AbateTech, Inc. | |
| Street Address PO BOX 365 | | City, State, Zip Code Berlin, NJ 08009 | | Street Address 30 Maple Ave. PO Box 25 | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone No. 856-452-1311 | | Telephone No. 609-265-2107 | |
| Start Date (10) 6 / 29 / 16 | | Scheduled Completion Date (11) 7 / 1 / 16 | | License No. 00529 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | | Name of OSHA Monitor EMSL Analytical | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process | |
| 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) 2,500 LF |
| | Yes | No | N/A | | |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excavated Transite Pipe | 2,500 LF |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 18750 | | Cubic Yards of Waste 12 | Name of Registered Landfill G.R.O.W.S. Landfill |
| City, State Camden, NJ | | Disposal Date 7/1/16 | | City, State Tullytown, PA | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature <i>Gwendolyn Trumbetti</i> | |
| Date 6/21/16 | | | | | |

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

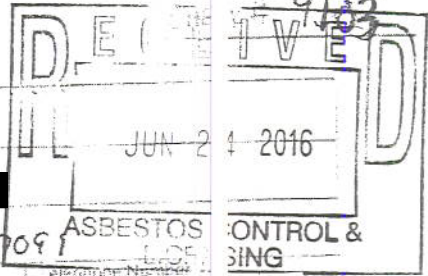
| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Date of Notification (1) 6/20/16 | | Name of Building Owner/Operator (2) Exeter 319 Richard, LLC | | | |
| Agencies Notified | Type Notification | Street Address 140 West Germantown Pike suite 150 | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Plymouth Meeting, PA 19462 | | | |
| | | Name of Contact Henry Steinberg | Telephone Number | | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 319 Richard Mine RD | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | |
| Street Address 319 Richard Mine Rd. Suite 500 | | Square Feet 15000 | # of Floors 2 | | |
| City (5) Wharton, NJ | | Bldg. Age | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Yannuzzi Environmental Service | | |
| Street Address | | Street Address 135 Kinnelon Rd suite 102 | | | |
| City, State, Zip Code | | City, State, Zip Code Kinnelon, NJ 07405 | | | |
| Project Manager for Monitoring Firm | | Telephone No. 908-218-0880 | License No. 01228 | | |
| Start Date (10) 6/30/16 | Scheduled Completion Date (11) 7/5/16 | Name of OSHA Monitor Yannuzzi Environmental Service | | | |
| 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 135 Kinnelon Rd Suite 102 | | | |
| | | City, State, Zip Code Kinnelon, NJ 07405 | | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | Yes | No | N/A | | |
| office floor | | | x | VAT | 2000 |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Yannuzzi Group | | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste 20 | Name of Registered Landfill Grows | |
| City, State Kinnelon, NJ | | Disposal Date 7/5/16 | | City, State Morrisville, PA | |
| Completed by John Mucha | | Title Project Mang | Signature | Date 6/20/16 | |

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

REC'd # 9103
JUN 4 2016
ASBESTOS CONTROL & LICENSING

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 6/21/16 | | Name of Building Owner/Operator (2) GENE LIMOLI | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> BCH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code PITTSFORD, NJ | |
| Name of Contact GENE LIMOLI | | Telephone Number 08867 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1,075 | |
| City (5) WOOD BRIDGE | | # of Floors 2 | |
| County (6) MIDDLESEX | | Current Use (Prior if being demolished) RESIDENTIAL | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) A. MAC Contracting Inc. | |
| Street Address | | Street Address 185 Vreeland Ave. | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ | |
| Project Manager for Monitoring Firm | | Telephone No. (201)262-5841 | |
| Start Date (10) 6/30/16 | | Scheduled Completion Date (11) 7/10/16 | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Name of OSHA Monitor Omega Environmental Services | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> <23 sf or <23 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("I" and Non-Enforceable Procedure) | | Street Address 280 Huyler St. | |
| City, State, Zip Code Hackensack, NJ 07606 | | Telephone No. 00156 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | |
| KITCHEN | | ✓ | |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | |
| VAT | | 225 SF | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. 04509 | |
| City, State Newark, NJ | | Cubic Yards of Waste 2 | |
| Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | City, State Bethlehem, PA | |
| Disposal Date 6/30/16 | | Signature J. Vocaturo | |
| Completed by Joseph Vocaturo | | Title Vice President | |
| Date 6/21/16 | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:1201)



Date of Notification: **6/7/16**

Name of Building Owner/Operator: **ERIN BELFI**

Street Address: [REDACTED]

City, State, Zip Code: **WESTFIELD, N.J. 07091**

Name of Contact: **ERIN BELFI**

Telephone Number: [REDACTED]

Agency Notified: ☒ EPA, ☒ DEP, ☒ DOH, ☒ DCA

Type Notification: ☒ Initial, ☒ Amended, ☐ Emergency (including justification), ☐ Cancellation

Name of Facility Where Abatement is Taking Place (3): **RESIDENCE**

Street Address: [REDACTED]

City (5): **WESTFIELD**

County (16): **UNION**

County Code (STATE USE ONLY): [REDACTED]

Name of Monitoring Firm Headed by Building Owner (3): [REDACTED]

ASCM No.: [REDACTED]

Name of Abatement Contractor (3): **A. MAC Contracting Inc.**

Street Address: **185 Vreeland Ave**

City, State, Zip Code: **Midland Park, NJ**

Project Manager for Monitoring Firm: [REDACTED]

Telephone No.: **(201) 262-5841**

License No.: **00155**

Type of Facility (4): ☐ School (K-12), ☐ Subchapter S (Other than K-12), ☒ Other (i.e. private & commercial building, etc.)

Square Feet: **1350**

of Floors: **2**

Current Use (Prior to being demolished): **RESIDENTIAL**

Start Date (10): **6/28/16**

Scheduled Completion Date (10): **7/10/16**

Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement, ☐ Abatement Performed Outside of Normal Facility Hours, ☐ Other - Describe: [REDACTED]

Name of OSHA Monitor: **Omega Environmental Services**

Street Address: **280 Huyler St**

City, State, Zip Code: **Hackensack, NJ 07606**

Scope of Work (Check All That Apply): ☒ 10' or 12' LF, ☐ 14' or 16' LF, ☒ Removal, ☐ Demolition, ☒ Full Containment with Negative Pressure, ☐ Hot-Enclosure, ☐ Glovebag Procedure, ☐ Non-Exempted ("") and Non-Frillable Procedure

| Location of Asbestos Containing Material (ACM) to be Abated in Facility (13) | Is Location Normally Used Solely by Maintenance Custodian Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, vermiculite, MAT, or other miscellaneous) | Amount (Specify SF or LF) | Is Material Encapsulated? | Is Material Enclosed? |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------|-----------------------------|
| Basement | <input checked="" type="checkbox"/> Yes | PIPE INSULATION | 45 LF | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Name of Registered Waste Hauler: **Newark Carting, Inc.**

Waste Hauler ID No.: **04509**

City, State: **Newark, NJ**

Name of Registered Landfill: **IESI PA Bethlehem Landfill Corp.**

City, State: **Bethlehem, PA**

Disposal Date: **6/16/16**

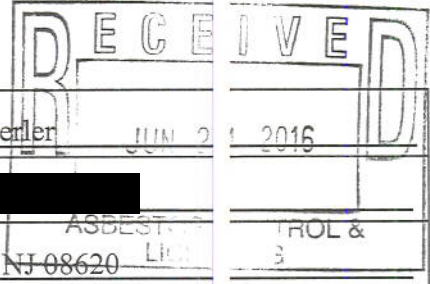
Completed by: **Joseph Vocaturo**

Title: **Vice President**

Signature: **J. Vocaturo**

Date: **6/16/16**

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



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| Date of Notification (1) <u>6/21/16</u> | | Name of Building Owner/Operator (2) <u>Doerler</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>[REDACTED]</u> City, State, Zip Code <u>Trenton, NJ 08620</u> | |
| Name of Contact <u>Todd Kearney - Herrs Plumbing</u> | | Telephone Number <u>[REDACTED]</u> | |
| 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 <u>[REDACTED]</u> | | Square Feet <u>2200</u> | |
| City (5) <u>Yardville, NJ 08620</u> | | # of Floors <u>2</u> | |
| County (6) <u>Burlington</u> | | County Code (7) (STATE USE ONLY) <u>[REDACTED]</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u> | | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Street Address <u>4 Berkeley Place</u> | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code <u>Freehold, NJ 07728</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm <u>Dave Bunocore</u> | | Telephone No. <u>(732) 740-8408</u> | |
| Start Date (10) <u>6/30/16</u> | | Scheduled Completion Date (11) <u>7/8/16</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> | | Name of OSHA Monitor <u>DB Environmental</u> | |
| Street Address <u>4 Berkeley Place</u> | | City, State, Zip Code <u>Freehold, NJ 07728</u> | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| <u>Basement</u> | <input checked="" type="checkbox"/> | | <u>Boiler Insulation</u> |
| | | | <u>30 sf</u> |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>1 CU</u> |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>7/15/16</u> | Name of Registered Landfill <u>GROWS LANDFILL</u> |
| Completed By <u>Mahlon E. Stevens</u> | | Title <u>Project Manager</u> | Signature <u>[Signature]</u> |
| | | Date <u>6/21/16</u> | |

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

CK# 25191

RECEIVED

JUN 24 2016

ASBESTOS CONTROL & LICENSING

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) <u>6/21/16</u> | | Name of Building Owner/Operator (2) <u>J& J Builders</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address <u>315 E. Mill Rd.</u> City, State, Zip Code <u>Maple Shade, NJ 08052</u> Name of Contact <u>Joe Angelo</u> |
| | | | Telephone Number _____ |
| | 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 <u>[REDACTED]</u> | | Square Feet <u>1800</u> | # of Floors <u>2</u> |
| City (5) <u>Maple Shade, NJ 0052</u> | | Bldg. Age <u>85+/-</u> | |
| County (6) <u>Burlington</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) _____ | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> |
| Street Address _____ | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> |
| Start Date (10) <u>7/5/16</u> | Scheduled Completion Date (11) <u>7/15/16</u> | Name of OSHA Monitor <u>DB Environmental</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address <u>4 Berkeley Place</u> City, State, Zip Code <u>Freehold, NJ 07728</u> | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN Facility</u> (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) |
| | | | |
| <u>Exterior</u> | <input checked="" type="checkbox"/> | <u>Transite Siding</u> | Amount (Specify SF or LF) <u>1700 sf</u> |
| | | | |
| | | | |
| | | | |
| 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> |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>7/15/16</u> | Name of Registered Landfill <u>GROWS LANDFILL</u> |
| Completed By <u>Mahlon E. Stevens</u> | | Title <u>Project Manager</u> | Signature <u>[Signature]</u> |
| Date <u>6/21/16</u> | | Date <u>6/21/16</u> | |

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

Check # 0258

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 06/22/16 | | Name of Building Owner/Operator (2) 175 Crooks Ave LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 175-177 Crooks Ave | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Paterson, NJ | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 2000 | # of Floors 2 | | | | | | |
| City (5) Paterson | | Bldg. Age 50+ | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. n/a | Name of Abatement Contractor (9) Harmony Contracting Inc | | | | | | |
| Street Address n/a | | Street Address 360 Palisade Ave | | | | | | | |
| City, State, Zip Code n/a | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm n/a | | Telephone No. n/a | Telephone No. 973-460-6026 | | | | | | |
| Start Date (10) 07/01/16 | | Scheduled Completion Date (11) 07/03/16 | Licenses No. 01251 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____ | | Name of OSHA Monitor Harmony Contracting Inc | | | | | | | |
| | | Street Address 360 Palisade Ave | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input 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-Flexible Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Front Porch | | | x | Roofing Material | 100 SF | x | | | |
| Rear Porch | | | x | Roofing Material | 100 SF | x | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Harmony Contracting | | NJDEP Waste Hauler ID No. 033137 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State Garfield, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Tina Caporino | | Title Secretary | Signature <i>Tina Caporino</i> | | | Date 06/22/16 | | | |