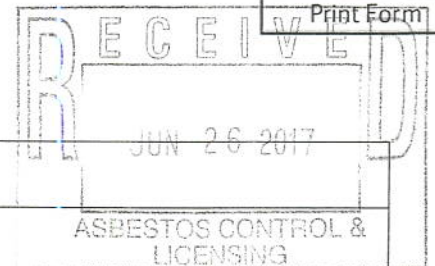


CK22314

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

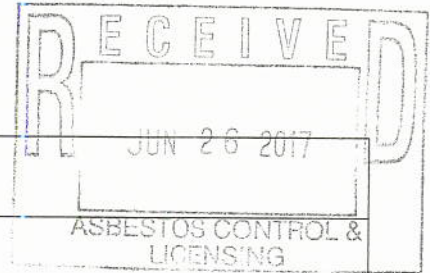
Print Form



Date of Notification (1) 6/15/2017		Name of Building Owner/Operator (2) DUMONT BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 25 DEPEW STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code DUMONT, NJ 07628							
		Name of Contact KEVIN DUNNE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DUMONT HIGH SCHOOL		Type of Facility (4)							
Street Address 101 NEW MILFORD AVENUE		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) DUMONT		Square Feet	# of Floors						
County (6) BERGEN		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) KARL & ASSOCIATES, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 20 LAUCK ROAD		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MOHNTON, PA 07628		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm MIKE KRISHER		Telephone No. 610-856-7700	License No. 00494						
Start Date (10) 6/26/2017	Scheduled Completion Date (11) 6/29/2017	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOM 5		X		PIPE INSULATION	50 LF				
				(WRAP & CUT ONLY)					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 6/29/2017	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/15/2017					

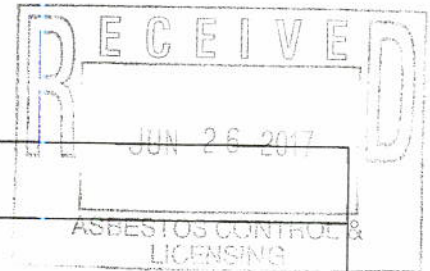
CK25854

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



Date of Notification (1) 06 / 22 / 17		Name of Building Owner/Operator (2) Westampton Lihtec, LLC		JUN 26 2017					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5 Powell Lane City, State, Zip Code Collingswood, NJ 08108 Name of Contact Ed Rolison 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 and commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 2,000						
City (5) Westampton			# of Floors 1		Bldg. Age 65 years				
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No. 29737	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm JP Von Doehren		Telephone No. (973) 729-5649	Telephone No. (973) 808-1616		License No. 00411				
Start Date (10) 6 / 29 / 17		Scheduled Completion Date (11) 7 / 07 / 17		Name of OSHA Monitor Superior Abatement Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006						
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-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	13 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	2 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen, Garage Stairway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside of Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Flue Pipe	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. PA-317	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date 7/07/17		City, State Waynesburg OH					
Completed By (Print or Type) Mary Petrovski		Title President	Signature 		Date 6/22/17				

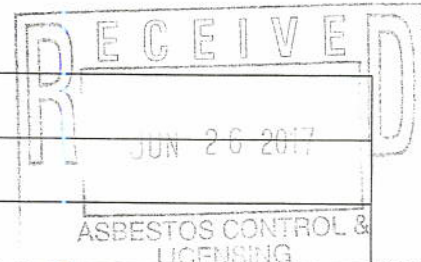
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 06 / 16 / 17		Name of Building Owner/Operator (2) Westampton Lihtec, LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 Powell Lane							
		City, State, Zip Code Collingswood, NJ 08108							
		Name of Contact Ed Rolison	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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000	# of Floors 1						
City (5) Westampton		Bldg. Age 65 years							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No. 29737	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm JP Von Doehren		Telephone No. (973) 729-5649	Telephone No. (973) 808-1616						
Start Date (10) 6 / 26 / 17		Scheduled Completion Date (11) 6 / 30 / 17	License No. 00411						
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 Superior Abatement Inc							
		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	13 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exerior Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	2 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen, Garage Stairway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside of Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Flue Pipe	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. PA-317	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date 6/30/17		City, State Waynesburg OH					
Completed By (Print or Type) Mary Petrovski		Title President		Signature 		Date 6/16/17			

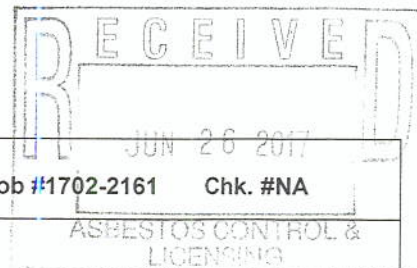
CK1003

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



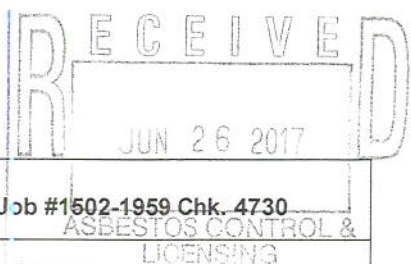
Date of Notification (1) 06-23-2017		Name of Building Owner/Operator (2) John Susani							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07502							
		Name of Contact John Susani	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson		Square Feet	# of Floors						
County (6) Passaic		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) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711						
Start Date (10) 07-05-2017		Scheduled Completion Date (11) 07-05-2017	License No. 01332						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Removal Safety LLC							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am-4:30pm		Street Address 8 Crosby Ave							
		City, State, Zip Code Paterson, NJ 07502							
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	40 LF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date 07-06-2017		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 06/23/2017			

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



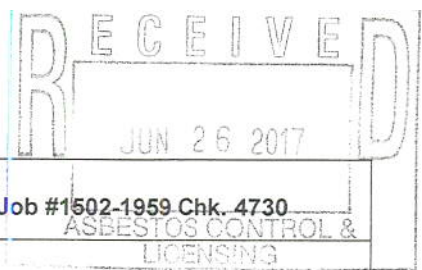
Date of Notification (1) 5 / 17 / 17		Name of Building Owner/Operator (2) New Providence Board of Education / Job #1702-2161 Chk. #NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <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		Square Feet 163,618	# of Floors 1						
City (5) New Providence		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	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 checked="" 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: Saturday 11-24 - day shift		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	Enclosure
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 8-22-17		

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



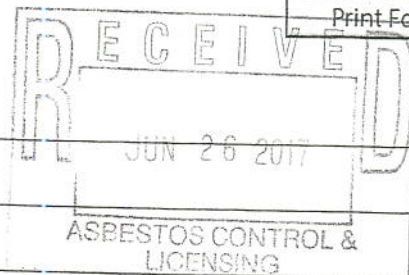
Date of Notification (1) <div style="text-align: center;">6 / 23 / 17</div>			Name of Building Owner/Operator (2) Wayne Senior Citizens Runnymede Corp / Job #1502-1959 Chk. 4730								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" 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 100 Runnymede Drive City, State, Zip Code Wayne, NJ 07470 Name of Contact Vincy Bruno							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Edward Sisco Sr. Citizens Village				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 100 Runnymede Drive				Square Feet 9000							
City (5) Wayne				# of Floors 1							
County (6) Passaic				Bldg. Age 40							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) R-2									
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Boulevard									
City, State, Zip Code Bensalem, PA		City, State, Zip Code Hainesport, NJ 08036									
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		License No. 00862							
Start Date (10) <div style="text-align: center;">7 / 7 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 7 / 17</div>		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ 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)											
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Units 623, 624, 625, 626, 723, 724		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Popcorn Ceiling (1" strip per unit)		approx. 5 SF per unit		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
725, 726		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAME UNITS AS ABOVE		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile & Mastic (14 SF per unit)		140 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5		Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 7/7/17		City, State Morrisville, PA 19067							
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 				Date 6-22-17			

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



Date of Notification (1) <div style="text-align: center;">6 / 23 / 17</div>			Name of Building Owner/Operator (2) Wayne Senior Citizens Runnymede Corp / Job #1502-1959 Chk. 4730						
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 100 Runnymede Drive City, State, Zip Code Wayne, NJ 07470 Name of Contact Vincy Bruno					
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edward Sisco Sr. Citizens Village				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 100 Runnymede Drive				Square Feet 9000					
City (5) Wayne				# of Floors 1					
County (6) Passaic				Bldg. Age 40					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) R-2					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.				
Street Address 3370 Progress Drive, Suite J			Street Address 3859 Sylon Boulevard						
City, State, Zip Code Bensalem, PA			City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Mike Panepresso			Telephone No. 215-244-1300		License No. 00862				
Start Date (10) <div style="text-align: center;">7 / 7 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 7 / 17</div>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ 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 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 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
Units 623, 624, 625, 626, 723, 724	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn Ceiling (1" strip per unit)	approx. 5 SF per unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
725, 726	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAME UNITS AS ABOVE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic (14 SF per unit)	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5		Name of Registered Landfill GROWS Landfill		
City, State Freehold, NJ			Disposal Date 7/7/17		City, State Morrisville, PA 19067				
Completed By (Print or Type) Kimberly A. Trumbetti			Title Office Coordinator		Signature 		Date 6-22-17		

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



Date of Notification (1) 06/16/2016		Name of Building Owner/Operator (2) Wesfield BOE							
Agencies Notified	Type Notification	Street Address 302 Elm Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ, 07090							
		Name of Contact MIKE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edison School		Type of Facility (4)							
Street Address 800 Rahway Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westfield		Square Feet N/A	# of Floors N/A						
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associate		ASCM No. 00012	Name of Abatement Contractor (9) EHW ABATEMET LLC						
Street Address 300 Grand Ave		Street Address 89 FRANKLIN STREET							
City, State, Zip Code Englewood, NJ, 07631		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-599-6708	Telephone No. 973-333-5144						
Start Date (10) 06/27/2017		Scheduled Completion Date (11) 07/26/2017	License No. 01274						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHW ABATEMENT LLC							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupie		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07514							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium Main Floor		X		VAT	3500 SF	X			
ISLES		X		VAT	250 SF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER/YIMI BROTHER		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES					
City, State 1199 RANDALL AVE BRONX, NY		Disposal Date TBD		City, State 900 MINERVA RD WAYNESBURG OH					
Completed by VICTOR ESPIRITU		Title PROJECT MANEGER		Signature <i>[Signature]</i>		Date 06/22/2017			

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

RECEIVED JUN 26 2017

Print Form

Date of Notification (1) 06/16/2017		Name of Building Owner/Operator (2) Westfield Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 800 Rahway Ave		City, State, Zip Code Westfield, NJ, 07042	
Name of Contact MIKE			
Name of Facility Where Abatement is Taking Place (3) Edison School			
Street Address 800 Rahway ave		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.)	
City (5) Westfield		Square Feet N/A	
County (6) UNION		# of Floors N/A	
County Code (7) (STATE USE ONLY)		Bldg. Age N/A	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		Current Use (Prior if being demolished) SCHOOL	
Street Address 300 Grand Ave		Name of Abatement Contractor (9) EHW ABATEMENT LLC	
City, State, Zip Code Englewood, NJ, 07631		Street Address 89 FRANKLIN STREET	
Project Manager for Monitoring Firm Stephen Jaraczewski		City, State, Zip Code PATERSON, NJ, 07524	
Start Date (10) 06/26/2017		Telephone No. 973-333-5144	
Scheduled Completion Date (11) 07/26/2017		License No. 01274	
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 EHW ABATEMENT LLC	
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 type="checkbox"/> Demolition		Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON, NJ, 07514	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type			
Removal		Repair	
Encapsulate		Enclosure	
ROOM 233	NO	VAT	750SF
ROOM 234	NO	VAT	750SF
ISLES		VAT	250SF
MAIN FLOOR		VAT	8500SF
Name of Registered Waste Hauler TRI STATE TRANSFER/YIMY & BROTHER		NJDEP Waste Hauler ID No. 19551	
City, State 1199 RANDALL AVE BRONX NY		Cubic Yards of Waste N/A	
Name of Registered Landfill MINERVA ENTERPRISE		Disposal Date	
City, State 900 MINERVA RD WAYNESBURG OH			
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER	
Signature		Date 06/16/2017	

GL17-007
Ph 7,8State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)Page 1 of 2
Check # 2852

Date of Notification (1) 6-21-2017		Name of Building Owner/Operator (2) Hasbrouck Heights BOE		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 26 2017 ASBESTOS CONTROL & </div>					
Agencies Notified		Street Address 379 Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code Hasbrouck Heights, NJ 07604 Name of Contact Mihalitsianos Gerry							
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hasbrouck Heights HS/MS				Type of Facility (4)					
Street Address 365 Boulevard				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hasbrouck Heights				Square Feet 40,000 +	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental			ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc					
Street Address 307 North Walnut Street			Street Address 140 Hamburg Tpke						
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545		Telephone No. (201)710-9725	License No. 01084				
Start Date (10) 6-23-17 at 3:30 pm		Scheduled Completion Date (11) 6/30/17 at 3:30 pm		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 140 Hamburg Tpke					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Bloomingdale, NJ 07403					
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	Enclosure
Cafe Soffit		X		Pipe & Fitting Insulation	120 lf	X			
Boys Locker Room		X		Pipe Fitting Insulation	24 lf	X			
Girls Locker Room		X		Pipe Fitting Insulation	23 lf	X			
Supply Room		X		pipe fitting insulation	4 lf	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva				
City, State Bloomingdale, NJ				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 6-21-2017			

CONTINUATION SHEET

[illegible]

Completed By: (Print or Type) Elena Solakov	Title President	Signature 	Date 6-21-2017
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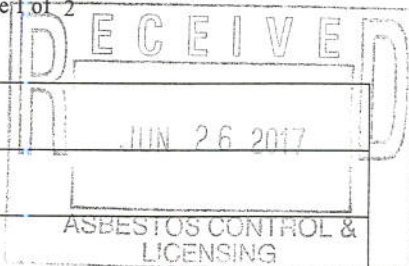
* correction of address (old school location damaged by fire)

Print Form

EDS17-079

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

Page 1 of 2



Date of Notification (1) 6-18-2017		Name of Building Owner/Operator (2) Jersey City Public Schools	
Agencies Notified	Type Notification	Street Address 346 Claremont 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07305	
		Name of Contact Kevin O'Reilly	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PS 20		Type of Facility (4)	
Street Address 160 Danforth Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City		Square Feet 50,000+	# of Floors 3
County (6) Hudson		Bldg. Age 40+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc
Street Address PO Box 385		Street Address 140 Hamburg Turnpike	
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403	
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	License No. 01084
Start Date (10) 6-22-2017	Scheduled Completion Date (11) 7-26-2017	Name of OSHA Monitor GL Group, Inc	
Occupancy Status During Abatement (Check Only One)		Street Address 140 Hamburg Turnpike	
<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: Facility Occupied		City, State, Zip Code Bloomingdale, NJ 07403	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			ACM Ceiling Blanket	970 SF	X			
Boiler Room	X			ACM Boiler exhaust link insulat	44 SF	X			
Boiler Room	X			Boiler door rope insulation	15 SF	X			
Classroom 110		X		ceiling & wall plaster	2,154 SF	X			

Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows	
City, State Bloomingdale, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Elena Solakov	Title President	Signature <i>Elena Solakov</i>	Date 6-18-2017		

2 of 2
ck #2833

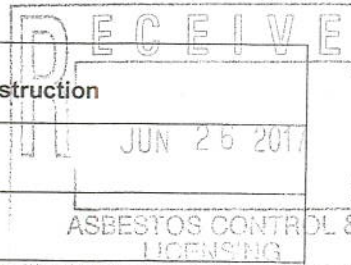
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JUN 26 2017
ASBESTOS CONTROL &
LICENSING

[illegible]

Date 6-7-2017

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

OK # 3225



Date of Notification (1) <u>6</u> / <u>23</u> / <u>17</u>		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Engineering Quadrangle		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 Olden St		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) Princeton		County Code (7)(STATE USE ONLY) _____ Current Use (Prior if being demolished) _____							
County (6) MERCER		Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC							
ASCN No. _____		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <u>7</u> / <u>5</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>7</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / _____ PM-_____ AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
D121	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	12 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste _____	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date _____		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 6/23/17			

ASB-41
MAY 11 **B517082**

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

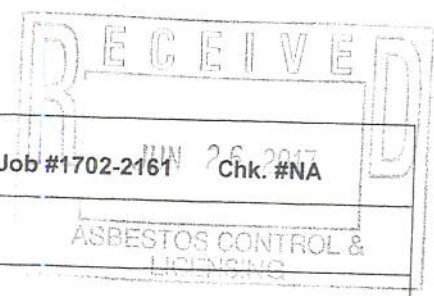
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Chk # 3227

Date of Notification (1) 6/23/17		Name of Building Owner / Operator (2) Hazlet Township Public Schools		<div style="border: 2px solid black; padding: 10px; 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: 5px;">JUN 26 2017</div>					
Agencies Notified	Type Notification	Street Address 421 Middle Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Hazlet, NJ 07730							
		Name of Contact Mr. Charles Hildner							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Raritan High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 419 Middle Road			Square Feet # of Floors Bldg. Age 130,000 2 50+						
City (5) Hazlet	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 North Warren Street		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509					
Scheduled Start Date (10) 7/5/17	Scheduled Completion Date (11) 7/8/17		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 7AM - 3:30 PM			Street Address 1123 Beaver Street						
			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Wrap & Cut	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 7cu yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 7/8/17	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gm</i>		Date 6/23/17				

GI17102

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 # 3 <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				Square Feet 163,618					
City (5) New Providence				# of Floors 1					
County (6) Union				Bldg. Age 59					
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					
Start Date (10) 6 / 14 / 17		Scheduled Completion Date (11) 8 / 15 / 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: back to day shift 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED 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 6-22-17			



PAGE 2 of 3

Initial Notification Date: 5/17/2017



Amendment #3 – 6/22/17

- DAY SHIFT WORK
- NO SCOPE CHANGE

Project:
New Providence Middle/High School
35 Pioneer Drive
New Providence, NJ

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

Room 316, Room 316A, Room 318, Room 320
32 elbows/fittings
54 LF of pipe insulation
**utilizing wrap and cut removal methods: non-subchapter 8*
150 SF of glue dots
**utilizing non-friable removal methods: non-subchapter 8*

Room 320
920 SF of tan floor tile and mastic
50 SF of glue dots
**utilizing non-friable removal methods: non-subchapter 8*

Room 322
150 LF of pipe insulation and associated joints in Rm 322 & Toilet
250 SF of ceramic wall tile glue & grout in Toilet in Room 322

Hallway
800 LF of pipe insulation and associated joints

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

Library & Office
500 LF of pipe insulation and associated joints
4,300 SF of tan floor tile, mastic and carpet glue

Work Area #3 – *to be performed as non-subchapter 8 work*

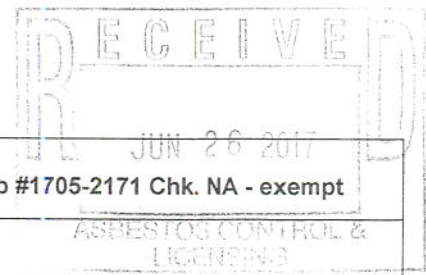
Roof
30 SF of roof flashing/mastic

Work Area #4 – *to be performed as non-subchapter 8 work*

Exterior by Library
300 SF of window caulk
20 LF of expansion joint caulk

Roof
70 SF of roof flashing/mastic

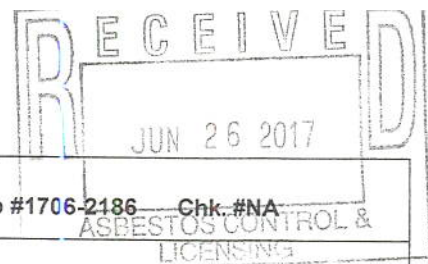
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">6 / 18 / 17</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">State of New Jersey</div>		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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <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					
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 63,280 # of Floors 3 Bldg. Age 40					
City (5) Trenton		County (6) Mercer		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) DOT Headquarters					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 120 North Wareent Street		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200		Telephone No. 609-702-0400 License No. 00862					
Start Date (10) 7 / 3 / 17		Scheduled Completion Date (11) 7 / 10 / 17		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 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 <i>wrap and cut</i> <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 6-20-17			

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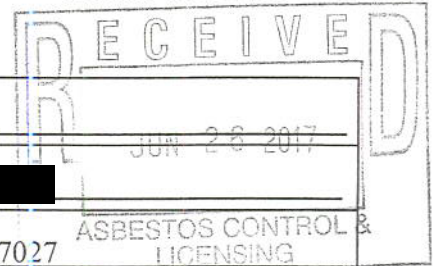
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>6</u> / <u>12</u> / <u>17</u>		Name of Building Owner/Operator (2) Hackettstown BOE / Job # 1706-2186 Chk. # NA							
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 315 Washington Street City, State, Zip Code Hackettstown, NJ Name of Contact Gail Woickowski, BA Telephone #							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hackettstown High School - Security Vestibules		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 599 Warrant Street		Square Feet 30000 # of Floors 1 Bldg. Age 1957							
City (5) Hackettstown		County (6) Warren County Code (7) (STATE USE ONLY)							
County (6) Warren		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No.							
Street Address 300 Kimbal Drive, 4th Floor		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Parsippany, NJ 07054		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Vijay Patel		City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 973-560-4900		Telephone No. 609-702-0400 License No. 00862							
Start Date (10) <u>6</u> / <u>23</u> / <u>17</u>		Scheduled Completion Date (11) <u>6</u> / <u>26</u> / <u>17</u>							
Name of OSHA Monitor EMSL Analytical, Inc.		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
<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 (It's containment) wrap & cut. <input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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
Security Vestibule	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18 Elbow/Fittings	8 LF	<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 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 6/26/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 6-20-17			

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

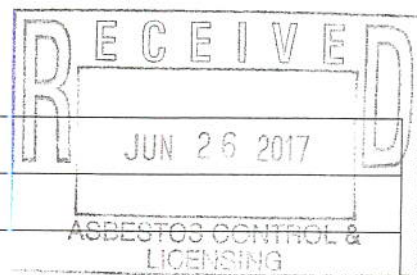
Check # 25533



Date of Notification (1) <u>6/23/17</u>		Name of Building Owner/Operator (2) <u>Hartung</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div>
	City, State, Zip Code <u>Garwood, NJ 07027</u>		Name of Contact <u>Marie Hartung</u>
	Telephone Number _____		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		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 <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div>		Square Feet <u>1500</u>	# of Floors <u>2</u>
City (5) <u>Garwood, NJ 07027</u>		Bldg. Age <u>80+/-</u>	
County (6) <u>Union</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>		ASCM No. _____	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>	Telephone No. <u>(609) 259-9688</u>
License No. <u>00493</u>			
Start Date (10) <u>7/5/17</u>	Scheduled Completion Date (11) <u>7/10/17</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>8 am - 4 pm</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 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Thermal Duct Insulation</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input 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>1 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/10/17</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/23/17</u>

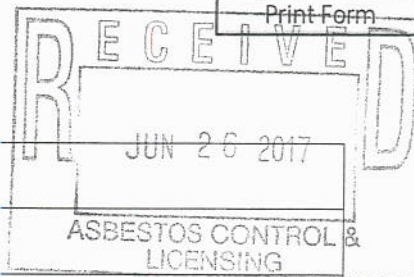
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



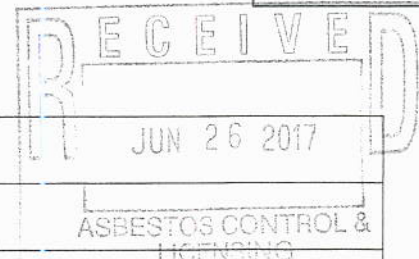
Date of Notification (1): 06/19/2017		Name of Building Owner/Operator (2) South Orange/ Maplewood School District							
Agencies Notified	Type Notification	Street Address: 525 Academy Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Maplewood, NJ 07040							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact: Andrea Del Guercio							
FACILITY INFORMATION									
Name of Facility: Tuscan Elementary School		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.)							
25 Harvard Avenue		Square Feet: # of Floors:							
City/ (5) Maplewood	County (6): Essex	County Code (7): 07040	Bldg. Age Current Use : School						
Name of Monitoring Firm Hired by Building Owner: AHERA CONSULTANTS, INC.		ASCM No.: 0057	Name of Abatement Contractor (9): Apex Development, Inc.						
Street Address: PO Box 385		Street Address: 658 Rutgers Place							
City, State, Zip Code: Oceanville, NJ 08231		City, State, Zip Code: Paramus, NJ 07652							
Project Manager for Monitoring Firm: Eric Clarkson		Telephone No.: 609-947-8015	Telephone No.: (973) 350-0101						
Start Date (10): 7/17/17		Scheduled Completion Date (11): 09/26/17	License No.: 01215						
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 type="checkbox"/> Other Describe:		Name of OSHA Monitor: Metro Analytical Laboratories							
		Street Address: 255 West 36th Street, Suite 203							
		City, State, Zip Code: New York, New York, 10018							
Scope of Work (Check all that apply):									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
EXTERIOR OF BUILDING ON PARKING LOT, FRONT AND PLAYGROUND SIDES OF THE FACILITY		X		GRAY WINDOW CAULKING	5,580 LF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688					
Completed By: Chinyelu Oraegbunam		Title: V. President		Signature: 		Date: 06/19/2017			

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



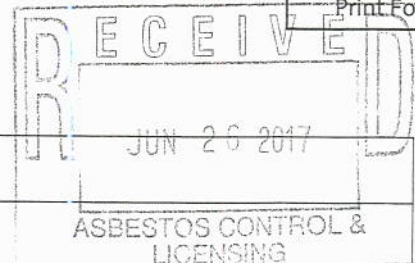
Date of Notification (1) 6/16/2017 Check # 3026		Name of Building Owner/Operator (2) St John the Baptist Church							
Agencies Notified	Type Notification	Street Address 69 Valley St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsdale, NJ 07642							
		Name of Contact Glen Ford	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St John the Baptist Church-Main Entrance		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 69 Valley Street		Square Feet 15,000	# of Floors 1						
City (5) Hilldale		Bldg. Age 60+							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 6/26/2017	Scheduled Completion Date (11) 06/27/2017	Name of OSHA Monitor Same as above							
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: Starting at noon		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Main Entrance		X		Pop corn ceiling	8 SF	z			
Name of Registered Waste Hauler TST-Tri-State Transfer Assoc., Inc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 		Date 06/16/17			

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



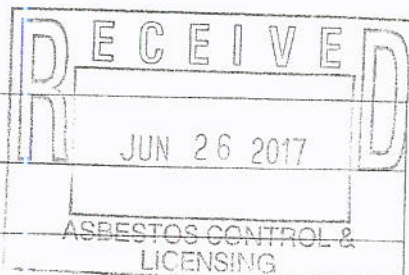
Date of Notification (1) 6/19/17		Name of Building Owner/Operator (2) Marcus Yamane	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Berkeley Heights, NJ 07922	
		Name of Contact Eric Plackis	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Berkeley Heights	Square Feet 2237	# of Floors 2	Bldg. Age 87
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.	
Street Address		Street Address P.O. Box 915	
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723	
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196
Start Date (10) 6/20/17	Scheduled Completion Date (11) 6/26/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input 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	
			Amount (Specify SF or LF)
			100 LF
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3
City, State Brick, New Jersey		Disposal Date 6/26/17	Name of Registered Landfill GROWS Inc.
Completed by Eric Plackis		Title President	Signature [Signature]
			Date 6/19/17

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



Date of Notification (1) 6/20/2017		Name of Building Owner/Operator (2) AGL Services Co.							
Agencies Notified	Type Notification	Street Address Ten Peachtree Place, Suite 1000							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlanta, GA 30309							
		Name of Contact Chad Quinn (agent for Owner)							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Gas Plant - Office Bldg and Exterior		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 300 3rd Avenue		Square Feet 9,900	# of Floors 1-2						
City (5) Elizabeth		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office and control							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 42 Ridge Road							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-933-4332						
License No. 00836									
Start Date (10) 6/13/2017	Scheduled Completion Date (11) 7/7/2017	Name of OSHA Monitor Neuber Env. Svcs., 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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office Bldg. roof area			X	transite roof	6200 sf	X			
ext. to Office Bldg (excavation area)			X	transite water pipe	320 lf	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 60	Name of Registered Landfill GROWS/Tulleytown Landfill					
City, State Fairless Hills, PA		Disposal Date 6-7/2017		City, State Morrisville, PA					
Completed by Jeff LaRiviere		Title Pres.	Signature			Date 6/20/2017			

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



Date of Notification (1) 06/20/2017		Name of Building Owner/Operator (2) Bloomfield Board of Education							
Agencies Notified	Type Notification	Street Address 155 Broad St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Joe Carretta	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Forest Glen School		Type of Facility (4)							
Street Address 280 Davey St		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bloomfield		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address 3 Crosswicks St		Street Address 205 Route 46 Suite 14							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609 298-5520	Telephone No. 973 832 4244						
Start Date (10) 07/06/17		Scheduled Completion Date (11) 08/29/17	License No. 01155						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Boiler Room	X			Pipe Insulation	200lf	X		X	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill					
City, State Totowa NJ		Disposal Date TBD		City, State Tullytown PA					
Completed by John Geleski		Title VP	Signature 		Date 06/20/17				

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

chk #3222

Date of Notification (1) <div style="text-align: center;">06 / 06 / 17</div>			Name of Building Owner/Operator (2) Verizon Communications			<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUN 26 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 10px;">ASBESTOS CONTROL & TESTING</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # Rev #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 7-13 Brainard Street									
City, State, Zip Code Mount Holly, NJ, 08060													
Name of Contact Alex Baylor													
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Mount Holly Central 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 7-13 Brainard Street						Square Feet 33,332		# of Floors 5		Bldg. Age +50			
City (5) Mt. Holly				County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc				ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1253 North Church Street				City, State, Zip Code Moorestown, NJ, 08057		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ, 08057				Telephone No. 908-812-6742		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Harold Baldwin				Telephone No. 908-812-6742		Telephone No. 215-788-6040		License No. 00509					
Start Date (10) <div style="text-align: center;">06 / 26 / 17</div>			Scheduled Completion Date (11) <div style="text-align: center;">07 / 07 / 17</div>			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 5:00PM-2:00AM						Street Address 1123 BEAVER STREET							
						City, State, Zip Code BRISTOL, PA 19007							
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-Fixable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
Basement Power Room			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			VAT/Mastic		1200 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Store Room			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			VAT/Mastic		250 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Building Storage			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			VAT/Mastic		360 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.				NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 4		Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE						Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro				Title Estimator		Signature <i>Dillan DeCaro/gu</i>			Date 6-19-17				

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

CR # 3213

Date of Notification (1) 06 / 06 / 17		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 26 2017 ASBESTOS CONTROL & </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA 1642 <input checked="" type="checkbox"/> DOLWD 1685 <input checked="" type="checkbox"/> DOH 1383 <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 7-13 Brainard Street			
		City, State, Zip Code Mount Holly, NJ, 08060				Name of Contact Alex Baylor			
						Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mount Holly Central 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 7-13 Brainard Street									
City (5) Mt. Holly		Square Feet 33,332		# of Floors 5	Bldg. Age +50				
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street				Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ, 08057				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Harold Baldwin		Telephone No. 908-812-6742		Telephone No. 215-788-6040					
				License No. 00509					
Start Date (10) 06 / 21 / 17		Scheduled Completion Date (11) 06 / 30 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00 PM - 2:00 AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Building Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 4	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/jl</i>		Date 6/6/17			

Att: Tom
CK 1112


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

Print Form

RECEIVED

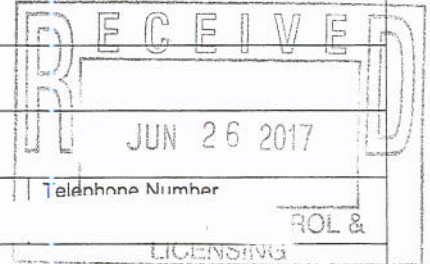
JUN 26 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 06-09-2017		Name of Building Owner/Operator (2) PNY Technologies, Inc.							
Agencies Notified	Type Notification	Street Address 100 Jefferson Rd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parsippany, NJ 07054							
		Name of Contact Rey Barraca	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PNY Technologies, Inc.		Type of Facility (4)							
Street Address 100 Jefferson Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Parsippany		Square Feet N/A	# of Floors N/A						
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Annex Building						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 12 Maple Ave #F2							
City, State, Zip Code		City, State, Zip Code Pine Brook, NJ 07058							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-276-0099						
Start Date (10) 06-19-2017		Scheduled Completion Date (11) 06-21-2017	License No. 01317						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor United Safety LLC							
<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>Pipe disconnected, abatement outside of buildings.</u>		Street Address 12 Maple Ave #F2							
		City, State, Zip Code Pine Brook, NJ 07058							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside by Construction Area		X		wrap & cut coal tar enamel on	35 LF	X			
				gas pipe					
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill Complex					
City, State Pine Brook, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 06-09-2017			

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

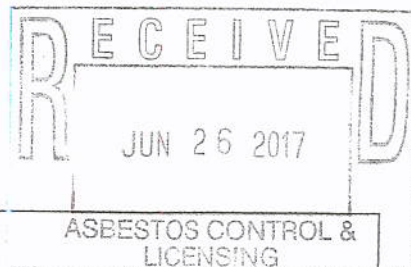
Ck # 0598



Date of Notification (1) 6/20/17		Name of Building Owner/Operator (2) PM Construction							
Agencies Notified	Type Notification	Street Address 1310 Central Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hillside, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kevin Matos							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Lions Den		Type of Facility (4) <input 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 Trumbull St		Square Feet 5000							
City (5) Elizabeth		# of Floors 1	Bldg. Age 50+						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Lions Den							
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	License No. 01255						
Start Date (10) 6/29/17	Scheduled Completion Date (11) 7/2/17	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor			x	VAT & Mastic	100 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 0035088	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 6/20/17			

- Waiting on Demo -
NOCK

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

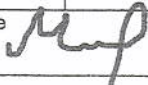


Date of Notification (1) 6/15/2017		Name of Building Owner / Operator (2) Tom Sahol		ASBESTOS CONTROL & LICENSING				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State & Zip Code Florence NJ Name of Contact Tom Sahol				
Telephone Number								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)					
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Florence	County (6) Burlington	County Code (7)	Square Feet 3000	# of Floors 2	Bldg. Age 80+			
Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental Services					
Street Address		Street Address PO Box 8297						
City, State & Zip Code		City, State & Zip Code Trenton, NJ						
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956	License Number 01222				
Scheduled Start Date (10) 6/12/2017	Scheduled Completion Date (11) 7/12/2017		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one)			Street Address 107 Haddon Ave.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Westmont, NJ 08108					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 1200sf	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ		Disposal Date various		City, State Morrisville, PA				
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>		Date 6/15/2017			

CL545

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

RECEIVED	
Print Form	
JUN 26 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 06-13-2017		Name of Building Owner/Operator (2) Union City Board of Education							
Agencies Notified	Type Notification	Street Address 3912 Bergen Turnpike							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union City, NJ 07087							
		Name of Contact Justin Mercado	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Theodore Roosevelt 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 4507 Hudson Avenue		Square Feet n/a	# of Floors N/A						
City (5) Union City		Bldg. Age N/A							
County (6) Hudson	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) Amax Contracting LLC						
Street Address 56 East Bridge Street		Street Address PO BOX 734							
City, State, Zip Code Morrisville PA 19067		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Richard Beach		Telephone No. 267-991-9212	License No. 01266						
Start Date (10) 06-27-2017	Scheduled Completion Date (11) 8/01/2017	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement-Boiler Room		x		Boiler Insulation	660SF	x			
Basement-Boiler Room		x		Boiler breeching	500SF	x			
Basement-Boiler Room		x		Boiler Rib Paste	500SF	x			
Basement-Boiler Room		x		Pipe Joint Compound	4LF	x			
Basement-Boiler Room		x		Internal and Base Materials	Not Quantified	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 40 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424			Disposal Date 8-20-2017	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 06-13-2017					

IN CONJUNCTION WITH ANNUAL
NOTIFICATION CHECK 1673

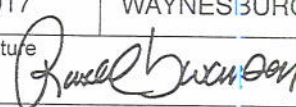
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 1700

Date of Notification (1) 06/19/2017		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 26 2017 CONTROL & </div>	
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLE SHADE NJ 08052 Name of Contact JIM			
		Telephone Number			

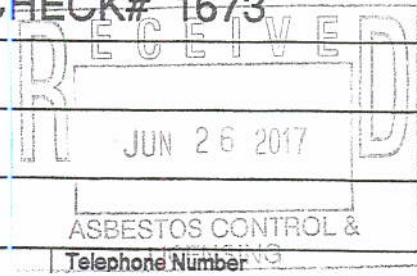
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES			Type of Facility (4)		
Street Address 2000 MAPLEWOOD DRIVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) MAPLE SHADE			Square Feet 800	# of Floors 1	Bldg. Age 50+
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENTIAL APARTMENTS		
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN			
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062			
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145	
Start Date (10) 06/20/2017		Scheduled Completion Date (11) 06/21/2017		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code CINNAMINSON NJ 08077		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
34 A MAPLEWOOD-CLOSET			X	JOINT COMPOUND	60 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 4	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 06/21/2017	City, State WAYNESBURG, OH		
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 06/19/2017	

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

CHECK# 1673



Date of Notification (1) 01/01/2017		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2000 MAPLEWOOD DRIVE						
			City, State, Zip Code MAPLE SHADE NJ 08052						
			Name of Contact MAUREEN WILLIAMS						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES			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 2000 MAPLEWOOD DRIVE			Square Feet 800						
City (5) MAPLE SHADE			# of Floors 1						
County (6) CAMDEN			Bldg. Age 50+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676						
License No. 01145									
Start Date (10) 01/10/2017	Scheduled Completion Date (11) 12/31/2017		Name of OSHA Monitor EMSL						
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: UNIT VACANT DURING ABATEMENT			Street Address 200 RT. 130 NORTH						
			City, State, Zip Code CINNAMINSON NJ 08077						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT ENTIRE COMPLEX			X	JOINT COMPOUND	3080 SF	X			
				FLOOR TILE	5000 SF	X			
				MASTIC	5000 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 80	Name of Registered Landfill MINEFIVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 12/31/2017	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 			Date 01/01/2017		

Ch# 3220 Pg 1

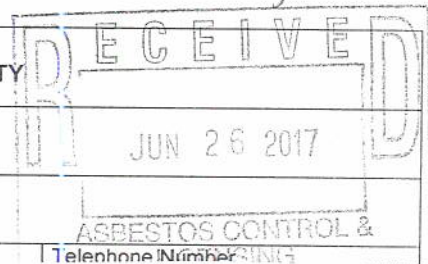
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-6/16/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000							
City (5) PRINCETON, NJ		# of Floors 8							
County (6) MERCER		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098							
Street Address 3 TERRI LANE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>							
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>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
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		City, State, Zip Code BRISTOL, PA 19007							
<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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>			Date <u>6/16/17</u>		

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

Ch# 3220

Pg 2



Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-6/16/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000							
City (5) PRINCETON, NJ		# of Floors 8							
County (6) MERCER		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098							
Street Address 3 TERRI LANE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		License No. 00509							
Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
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 Procedure		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date <u>6/16/17</u>			

13517024

Alt # 3220 Pg 3

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

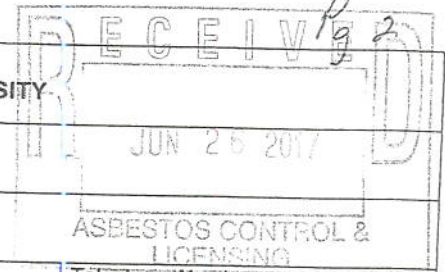
Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 26 2017 TELEPHONE CONTROL & LOG </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-6/16/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 200 ELM DRIVE			
		City, State, Zip Code PRINCETON, NJ 08544				Name of Contact ROBERT ORTEGO			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY				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 and commercial buildings, homes, etc.)					
Street Address 1 WASHINGTON ROAD									
City (5) PRINCETON, NJ				Square Feet 1,000,000	# of Floors 8				
				Bldg. Age 70					
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY					
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3 TERRI LANE			Street Address 1123 BEAVER STREET						
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>		Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>4:00AM-12:30PM</u> / <u> </u> PM - <u> </u> AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
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-Fixable 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
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State WAYNESBURG, OH				
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 6/16/17			

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

Pg 1

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 26 2017 ASBESTOS CONTROL & ABATEMENT </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-3/27/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 200 ELM DRIVE					
		City, State, Zip Code PRINCETON, NJ 08544				Name of Contact ROBERT ORTEGO					
						Telephone Number					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY				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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD				Square Feet 1,000,000							
City (5) PRINCETON, NJ				# of Floors 8							
County (6) MERCER				Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY									
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		Street Address 1123 BEAVER STREET									
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007									
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800		License No. 00509							
Start Date (10) 3 / 13 / 17		Scheduled Completion Date (11) 8 / 1 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4:00AM-12:30PM / PM - AM				Street Address 1123 BEAVER STREET							
				City, State, Zip Code BRISTOL, PA 19007							
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 Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
PHASE 5A - LEVELS C & B		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		PIPE INSULATION		1010 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		FLOOR TILE & MASTIC		43,057 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Packed fittings on fiberglass		285 EA		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Hanger pads on fiberglass		40 EA		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH							
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>				Date 3/27/17			

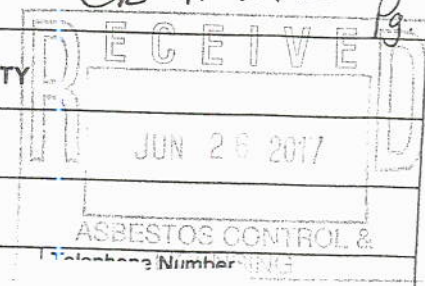
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-3/27/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 3 / 13 / 17	Scheduled Completion Date (11) 8 / 1 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 4:00AM-12:30PM PM- AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
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"/> 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
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 3/27/17			

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

Chk # 2/165 Pg. 1



Date of Notification (1) 2 / 27 / 17			Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY						
Agencies Notified <input checked="" type="checkbox"/> EPA 2298 <input checked="" type="checkbox"/> DOLWD 2250 <input checked="" type="checkbox"/> DOH 2267 <input checked="" type="checkbox"/> DCA 2274 (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 200 ELM DRIVE City, State, Zip Code PRINCETON, NJ 08544 Name of Contact ROBERT ORTEGO					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERISYT - FIRESTONE LIBRARY			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 and commercial buildings, homes, etc.)						
Street Address 1 WASHINGTON ROAD			Square Feet 1,000,000		# of Floors 8				
City (5) PRINCETON, NJ			Bldg. Age 70						
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY					
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800		Telephone No. 215-788-6040					
Start Date (10) 3 / 13 / 17		Scheduled Completion Date (11) 8 / 1 / 17		License No. 00509					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM- AM			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Street Address 1123 BEAVER STREET			City, State, Zip Code BRISTOL, PA 19007						
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 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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,017 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 2/27/17			

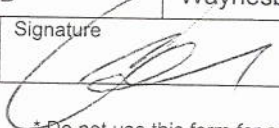
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113 **BS17024**

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

CR# 3165 Pg 2
RECEIVED
JUN 20 2017
ASBESTOS CONTROL & LICENSING

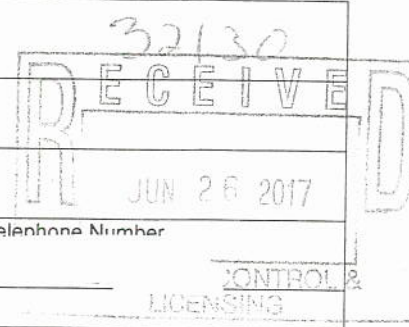
Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERISYT - FIRESTONE LIBRARY		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 and commercial buildings, homes, etc.)							
Street Address 1 WASHINGTON ROAD		Square Feet 1,000,000	# of Floors 8						
City (5) PRINCETON, NJ		Bldg. Age 70							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC	ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>1</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OH					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 2/27/17			

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

Date of Notification (1) 06/19/2017		Name of Building Owner/Operator (2) Mr and Mrs Walsh							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clayton NJ 08312							
		Name of Contact Owner	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 1650	# of Floors 2						
City (5) Clayton		Bldg. Age 116							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental						
Street Address 286 Sunset Road		Street Address 150 Glenwood Drive							
City, State, Zip Code Barrington, NJ		City, State, Zip Code Washington Crossing PA 18977							
Project Manager for Monitoring Firm Michael Menz		Telephone No. 856-628-6020	Telephone No. 215-313-7427						
License No. 01225									
Start Date (10) 06/30/2017	Scheduled Completion Date (11) 07/01/2017	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe/elbow insulation	180	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Andre Gosek		Title Project Manager		Signature 		Date 06/19/2017			

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

Date of Notification (1) 06 / 21 / 17		Name of Building Owner/Operator (2) CMV Contracting, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 222 Heron Road							
		City, State, Zip Code Lavallette, NJ 08735							
		Name of Contact Mike Viggiano							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Robbinsville		Square Feet 1000 sf	# of Floors 1						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Current Use (Prior if being demolished) Residence						
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 06 / 22 / 17	Scheduled Completion Date (11) 06 / 23 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos transite pipe	16 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 06/23/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]			Date 6/24/17		

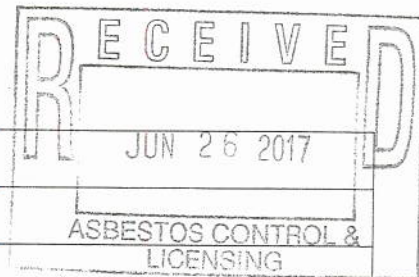


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 1271

Date of Notification (1) 6/20/2017		Name of Building Owner/Operator (2) Private property		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 26 2017 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL & ABATEMENT </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pinceton NJ Name of Contact Frank							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private property				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Princeton NJ				Square Feet 1200F	# of Floors 2				
County (6) Clerk				County Code (7) (STATE USE ONLY)	Bldg. Age +50				
Name of Monitoring Firm Hired by Building Owner (8) N/A				Name of Abatement Contractor (9) ACM Solutions Services LLC					
Street Address N/A				Street Address 1435 51st Street					
City, State, Zip Code N/A				City, State, Zip Code North Bergen NJ 07047					
Project Manager for Monitoring Firm N/A				Telephone No. N/A	License No. 01320				
Start Date (10) 6/30/2017		Scheduled Completion Date (11) 7/10/2017		Name of OSHA Monitor Iris Environmental Laboratories					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Union NJ 07803					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	roofing material	1200SF	x			
Name of Registered Waste Hauler Newark Carting Inc				NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill			
City, State Po Box 5670				Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA				
Completed by Marcos Regato			Title President	Signature <i>Marcos Regato</i>	Date 6/20/2017				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)




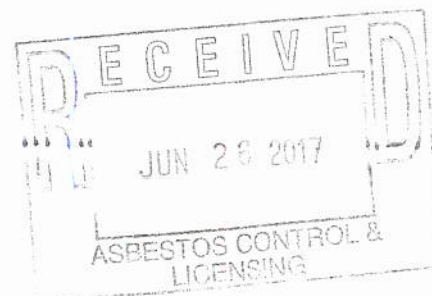
Date of Notification (1): 06/19/2017		Name of Building Owner/Operator (2) South Orange/ Maplewood School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 525 Academy Street	
		City, State, Zip Code: Maplewood, NJ 07040	
		Name of Contact: Andrea Del Guercio	
		Telephone Number:	

FACILITY INFORMATION

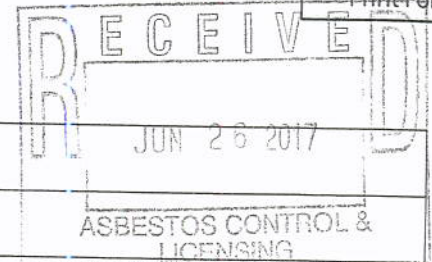
Name of Facility: Columbia High School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
17 Parker Avenue			Square Feet: # of Floors:	
City/ (5) Maplewood	County (6): Essex	County Code (7): 07040	Bldg. Age Current Use : School	
Name of Monitoring Firm Hired by Building Owner: AHERA CONSULTANTS, INC.		ASCM No.: 0057	Name of Abatement Contractor (9): Apex Development, Inc.	
Street Address: PO Box 385			Street Address: 658 Rutgers Place	
City, State, Zip Code: Oceanville, NJ 08231			City, State, Zip Code: Paramus, NJ 07652	
Project Manager for Monitoring Firm: Eric Clarkson		Telephone No.: 609-947-8015	Telephone No.: (973) 350-0101	License No.: 01215
Start Date (10): 7/03/17	Scheduled Completion Date (11): 09/26/17		Name of OSHA Monitor: Metro Analytical Laboratories	
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 type="checkbox"/> Other Describe:			Street Address: 255 West 36th Street, Suite 203	
			City, State, Zip Code: New York, New York, 10018	
Scope of Work (Check all that apply):				
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <div style="text-align: right;"> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div>				

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	Encapsulat	Enclosure
2 ND FLOOR ROOM A203		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A204		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A205		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A207		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A208		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A209		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A215		X		CEILING PLASTER	2 SF	*			*
2 ND FLOOR ROOM A215		X		VAT & MASTIC	6 SF	*			*
2 ND FLOOR ROOM A216		X		WALL PLASTER	10 SF	*			*

2 ND FLOOR ROOM A220		X		WALL PLASTER	10 SF	*			*
2 ND FLOOR ROOM A222		X		WALL PLASTER	10 SF	*			*
2 ND AUDITORIUM BALCONY		X		CEILING PLASTER	9 SF	*			*
2 ND FLOOR AUDITORIUM BALCONY		X		PIPE & INSULATION	6 LF	*			*
3 RD FLOOR ROOM A301		X		CEILING PLASTER	10 SF	*			*
3 RD FLOOR ROOM A303		X		CEILING PLASTER	10 SF	*			*
3 RD FLOOR ROOM A306		X		CEILING PLASTER	10 SF	*			*
3 RD FLOOR ROOM A312		X		CEILING PLASTER	10 SF	*			*
3 RD FLOOR ROOM A314		X		CEILING PLASTER	10 SF	*			*
3 RD FLOOR ROOM A316		X		CEILING PLASTER	10 SF	*			*
3 RD FLOOR ROOM A317		X		CEILING PLASTER	10 SF	*			*
3 RD FLOOR ROOM A318		X		CEILING PLASTER	10 SF	*			*
1 ST FLOOR GIRL'S LOCKER ROOM TOILET C116		X		CEILING PLASTER	150 SF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688					
Completed By: Chinyelu Oraegbunam		Title: V. President		Signature: 		Date: 06/19/2017			



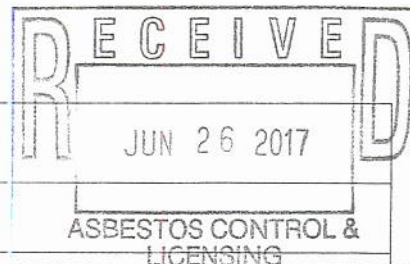
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6-16-2017		Name of Building Owner/Operator (2) Parkwood Developments, LLC							
Agencies Notified	Type Notification	Street Address 56 Kathleen Court							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Kyle Winschuh							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken, NJ 07030		Square Feet 9971	# of Floors 2						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Bldg. Age 80+							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855						
Start Date (10) 6-17-2017		Scheduled Completion Date (11) 6-17-2017	License No. 01174						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as above							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		Pipe insulation / Wrap and cut	20 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ			Disposal Date 6-17-2017	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 6-16-2017			

CK4073

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



Date of Notification (1) 6 / 20 / 17		Name of Building Owner/Operator (2) Diocese of Camden							
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 631 Market Street City, State, Zip Code Camden, NJ 08102 Name of Contact Pat Williams							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Holy Cross Cemetery		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 5061 Harding Highway and Route 40									
City (5) Mays Landing		Square Feet 5,000	# of Floors 2						
		Bldg. Age 100							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Pr or if being demolished) Maintenance Building							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 07 / 18 / 17	Scheduled Completion Date (11) 07 / 28 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Maintenance Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cement Wall Board	768 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cloth Vibration Collar	10 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 Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426	Cubic Yards of Waste 20	Name of Registered Landfill Atlantic County Utilities Authority					
City, State Maple Shade, NJ		Disposal Date 07/28/2017		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 6/20/17			

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

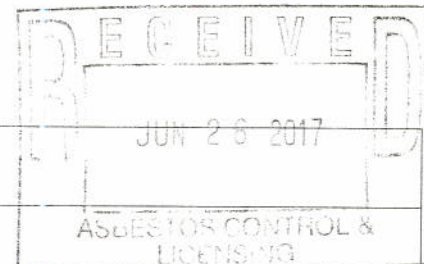
E-MAIL FAX

CH# 4047

Date of Notification (1) 6/21/17		Name of Building Owner/Operator (2) AGAPE CHRISTIAN MINISTRIES INC					
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & REMEDIATION				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	76 WARD ST					
		City, State, Zip Code	PATERSON, N.J. 07505				
		Name of Contact	REV JAMES A. KUYKEND				
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)					
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, hotels, etc.)					
76 WARD ST							
City (5)		Square Feet	# of Floors				
PATERSON N.J. 07505		3000	1				
County (6)		Bldg. Age					
		90					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
		Church					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
			NOVATECH INC				
Street Address		Street Address					
		P.O. Box 814					
City, State, Zip Code		City, State, Zip Code					
		010 Bridge N.J. 08857					
Project Manager for Monitoring Firm		Telephone No.	Telephone No.				
			732 238x7500				
Start Date (10)		Scheduled Completion Date (11)	License No.				
6/24/17		7/31/17	00806				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		NOVATECH INC					
		Street Address					
		P.O. Box 814					
		City, State, Zip Code					
		010 Bridge N.J. 08857					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
BASEMENT			X	PIPE INSULATION	250 LF	X	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
NOVATECH INC		18501	3	GROWS			
City, State		Disposal Date	City, State				
010 Bridge N.J. 08857		7/31/17	Hobbsville P.A.				
Completed by		Title	Signature	Date			
CARLOS ALMEIDA		PRESIDENT	[Signature]	6/21/17			

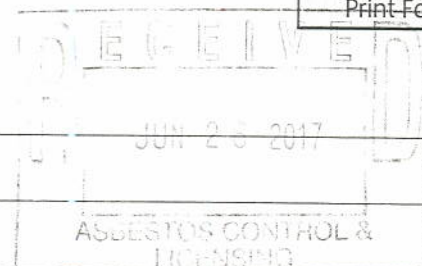
CK 4074

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



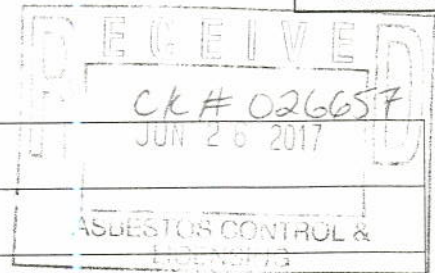
Date of Notification (1) 6 / 21 / 17		Name of Building Owner/Operator (2) Saint Josephine Bakhita							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 751 Kaighns Avenue							
		City, State, Zip Code Camden, NJ 08103							
		Name of Contact Pat Williams	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Joan of Arc Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter E (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 3100 Alabama Road		Square Feet 10,000	# of Floors 2						
City (5) Camden		Bldg. Age 80							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) 07 / 10 / 17	Scheduled Completion Date (11) 07 / 17 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> 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"/> 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
Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 07/17/2017	City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 			Date 6/21/17			

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



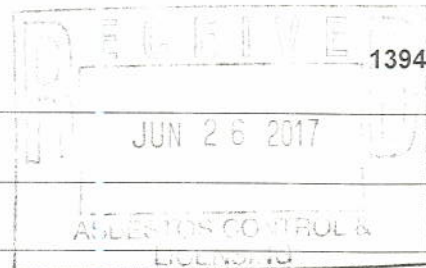
Date of Notification (1) 06/22/2017		Name of Building Owner/Operator (2) Pleasantville Board of Education							
Agencies Notified	Type Notification	Street Address 900 W Leeds Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pleasantville, NJ 08232							
		Name of Contact Facilities Dept							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Main Street 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 701 S Main Street		Square Feet 20,000	# of Floors 2						
City (5) Pleasantville		Bldg. Age 50+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance LLC		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental						
Street Address PO Box 167		Street Address 150 Glenwood Dr							
City, State, Zip Code Hammononton NJ 08037		City, State, Zip Code Washington Crossing PA 18977							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-685-9984	Telephone No. 215-313-7427						
Start Date (10) 07/06/2017		Scheduled Completion Date (11) 07/08/2017	License No. 01225						
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 same							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office			x	Floor tile/Mastic	300	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill					
City, State New Castle DE			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Andre Gosek		Title Project manager	Signature 			Date 06/22/2017			

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



Date of Notification (1) 06/20/17		Name of Building Owner/Operator (2) Uncommon Schools							
Agencies Notified	Type Notification	Street Address 108 9th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07107							
		Name of Contact Mr. Matthew Alban	Telephone # _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Star Fairmount Academy		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 108 9th Street		Square Feet 5,000 +	# of Floors 1						
City (5) Newark		Bldg. Age 50 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. _____	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 7 Pleasant Hill Road		Street Address 1141 Route 23							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Kevin Lovely		Telephone No. 732-390-5858	Telephone No. (973) 628-9200						
License No. 00408									
Start Date (10) 07/05/17	Scheduled Completion Date (11) 08/18/17	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied Building</u>		Street Address 20-21 Wagaraw Road, Bldg. #35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)		<input checked="" type="checkbox"/> <u>Wrap & Cut Procedure</u> <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							
<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							
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
Fan Room-UN14 / Fan Room UN13			X	Duct Sealant	17 SF	X			
Fan Room-UN14 / Fan Room UN13			X	Vibration Collars	7 Each	X			
Fan Room-UN14			X	Pipe Fittings	75 Each	X			
Exterior			X	Window Caulking	40 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date	City, State Perry, Pennsylvania						
Completed by Jerry Bijelonic		Title Project Manager	Signature 				Date 06/20/17		

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



CK 1394

Date of Notification (1) June 20, 2017			Name of Building Owner/Operator (2) Mercedes-Benz of Caldwell		
Agencies Notified		Type Notification	Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1230 Bloomfield Ave City, State, Zip Code Fairfield, NJ 07004		
			Name of Contact		Telephone Number
			Project Manager		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mercedes-Benz of Caldwell				Type of Facility (4)	
Street Address 1220 Bloomfield Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) West Caldwell, NJ 07006				Square Feet	# of Floors
County (6) Essex				Current Use (Prior if being demolished) Auto dealership	
Name of Monitoring Firm Hired by Building Owner (8) J & J Environmental Services		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC		
Street Address P.O. Box 67		Street Address 1500 Kings HWY N, STE 209			
City, State, Zip Code Little Falls, NJ 07424		City, State, Zip Code Cherry Hill, NJ 08034			
Project Manager for Monitoring Firm George Webber		Telephone No. 973-868-3343	Telephone No. (973) 759 - 5000	License No. 00781	
Start Date (10) 06/22/2017		Scheduled Completion Date (11) 07/31/2017		Name of OSHA Monitor The MACK Group, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Windows		<input checked="" type="checkbox"/>		Window caulk	30 LF
Inside Bldg		<input checked="" type="checkbox"/>		Floor Tile & Associated Mastic	780 SF
Warehouse area		<input checked="" type="checkbox"/>		ACM Roof	22000 SF
Name of Registered Waste Hauler Newark Carting and/or Spartan		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Newark, NJ / Donora, PA		Disposal Date 07/31/2017		City, State Newburg / Imperial / Morrisville, PA	
Completed by Michael Cooper		Title President	Signature 		Date 6/20/17

RECEIVED 1394
JUN 26 2017
ASBESTOS CONTROL &
LICENSING

ASB-41 (R-06-08)

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

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17 **NOCK**

Date of Notification (1) June 22, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification # 1 - incorrect material description <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SCHOOL OF DENTAL MEDICINE, BLDG# 7253		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 RBHS NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 06/23/17	Scheduled Completion Date (11) 06/26/17		Name of OSHA Monitor 1 ENVIROVISION, INC.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) D717	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 8 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Dispose Date 06/26 2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 22, 2017

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-17

Date of Notification (1) June 13, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SCHOOL OF DENTAL MEDICINE, BLDG# 7253		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.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
Street Address RBHS NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 06/23/17		Scheduled Completion Date (11) 06/26/17	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) D717	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) MASTIC	Amount (Specify SF or LF) 80 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 06/26/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 13, 2017

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

APPROVED: TOM VOORH...
JUN 28 2017
Ch# 3218

Date of Notification (1) 6/15/17		Name of Building Owner / Operator (2) Public Schools of Plainfield	
Agencies Notified	Type Notification	Street Address 920 Park Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Plainfield NJ	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Sean Sutton	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

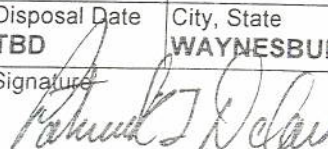
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cedarbrook Elem School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address 1049 Central Avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Plainfield			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Union	County Code (7)	Square Feet 20,000	# of Floors 1	Bldg. Age 50	
Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 00003	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 1253 N. Church Street		Street Address 1123 BEAVER STREET			
City, State & Zip Code Moorestown NJ 08057		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mike Stocku		Telephone Number 856-840-8800	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) June 20, 2017	Scheduled Completion Date (11) June 25, 2017		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1123 BEAVER STREET		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm			City, State & Zip Code BRISTOL, PA 19007		
Describe: 10pm -6am					
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	350LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

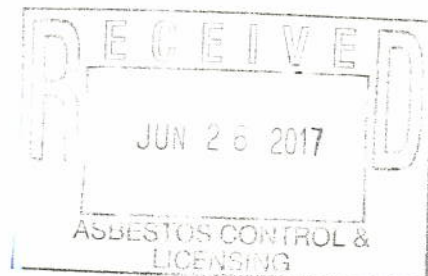
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature 		Date 6/15/17

'D17066



A Service Disabled Veteran
Owned Small Business

TTI Environmental Incorporated
1253 N Church Street
Moorestown, New Jersey 08057
Tel: 856-840-8800
Fax: 856-840-8815



June 14, 2017

Mr. Tom Voorhees
New Jersey Department Labor
Asbestos Control & Licensing
1 John Fitch Plaza, 3rd floor
Trenton, NJ 08625-0949

RE: Request for Waiver of 10-Day Notification
Emergency Asbestos Removal
Cedarbrook Elementary School- First Floor Custodial Hallway
1049 Central Avenue
Plainfield, New Jersey 07060

Dear Mr. Voorhees:

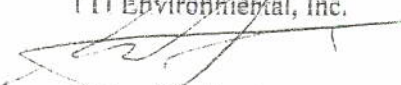
The above referenced project is considered an emergency due to the fact that existing pipe containing asbestos insulation continues to fail within the First Floor Custodial Hallway of the Cedarbrook Elementary School. Each time the pipe fails, it creates a situation that could negatively impact the health and operations within the building. To avoid this potential environmental hazard from reoccurring, Plainfield Public Schools has decided to replace the entire section of failing pipe. The school will be completely unoccupied from Tuesday, June 20 through Sunday June 25, 2017, and therefore, the District would like to address this situation during that timeframe. The below table includes the location, material and approximate quantity included within the proposed emergency scope of work.

Location	Asbestos-Containing Materials	Approximate Quantities
First Floor Custodial Hallway	Pipe Insulation/ Fittings	350 Linear Feet

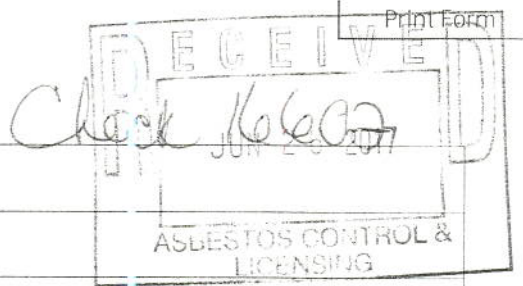
Accordingly, the existing situation requires that abatement activities be performed immediately within the First Floor Custodial Hallway. Delaying the abatement activities could negatively impact the health of the affected area and adjacent spaces. The emergency abatement activities are urgently required to provide safe working conditions as the plumbers occupy this space for the necessary repairs.

Thank you for your assistance with this matter. Please call me on my cell phone (609-304-3969) if you have any questions or require additional information.

Respectfully Submitted,
TTI Environmental, Inc.


Michael R. Stocku
Project Manager

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



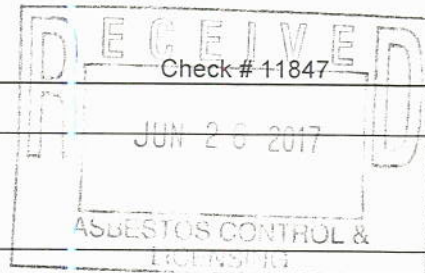
Date of Notification (1) 6/19/17		Name of Building Owner/Operator (2) Neary Excavating							
Agencies Notified	Type Notification	Street Address 330 Lincoln Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Middlesex, NJ 08846							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Phil							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 2200	# of Floors 2						
City (5) Roxbury		Bldg. Age 60							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) single family home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/28/17	Scheduled Completion Date (11) 8/6/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior - porch			x	roof tar	10 SF	x			
exterior - garage			x	roof tar	10 SF	x			
exterior - roof			x	roof top	1300 SF	x			
kitchen			x	floor tile	44 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 6/19/17			

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



Date of Notification (1) 6/19/17		Name of Building Owner/Operator (2) Neary Excavating							
Agencies Notified	Type Notification	Street Address 330 Lincoln Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846							
		Name of Contact Phil	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) gas station		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 84 Route 206		Square Feet 2200	# of Floors 2						
City (5) Roxbury		Bldg. Age 60							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant gas station							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/28/17	Scheduled Completion Date (11) 8/6/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior - roof			x	roofing core	1 400 SF	x			
exterior - roof			x	roofing tar pitch pocket	10 SF	x			
exterior - roof			x	roof tar patch	10 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 6/19/17			

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



Date of Notification (1) June 19, 2017		Name of Building Owner / Operator (2) Celgene Corporation	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	86 Morris Avenue City, State & Zip Code Summit, NJ 07901	
		Name of Contact Kelly Blackwell	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Celgene - Building D		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, home, etc.)	
Street Address 86 Morris Avenue		Square Feet 133,000	# of Floors :
City (5) Summit, NJ		Bldg. Age 50 Years	
County (6) Union		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCN No.	
Street Address 464 Valley Brook Avenue, #3A		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Lyndhurst, NJ 07071		Street Address 829 Radio Road	
Project Manager for Monitoring Firm John Chiavella		Telephone Number 201-438-4839	City, State & Zip Code Little Egg Harbor, NJ 08087
Telephone Number 201-438-4839		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) June 30, 2017	Scheduled Completion Date (11) August 19, 2017	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

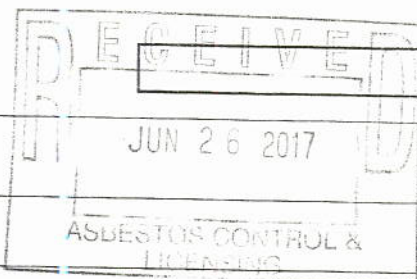
<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Building D -- Basement, 1 st & 2 nd Floors			X	Tile Mastic	35,000 SF	X			
Building D -- Basement, 1 st & 2 nd Floors			X	Floor Tile	15,000 SF	X			
Building D -- Basement, 1 st & 2 nd Floors			X	Carpet Mastic	20,000 SF	X			
Building D -- Boiler Room			X	Ceiling Tile	150SF	X			
Building D -- Lower Level			X	Duct Mastic	25 SF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills	
City, State Freehold, NJ 07728		Disposal Date August 20, 2017		City, State Morrisville, PA	
Completed By Ruthetta Roots	Title Project Assistant	Signature <i>Ruthetta Roots</i>		Date June 19, 2017	

MO#24499200431

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



Date of Notification (1) 06 / 19 / 17		Name of Building Owner/Operator (2) Chris Murphy	
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 [REDACTED]		City, State, Zip Code West Caldwell, NJ 07006	
Name of Contact Chris Murphy		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private 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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) West Caldwell, NJ 07006		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
		Telephone No. 973-638-1777		License No. 01127	

Start Date (10) 06 / 28 / 17		Scheduled Completion Date (11) 06 / 29 / 17		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 351		City, State, Zip Code Fair Lawn, NJ 07410	

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 type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

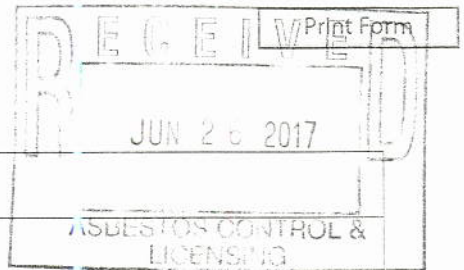
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT tiles	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 06/19/17	

ASB-41

MAY 11

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

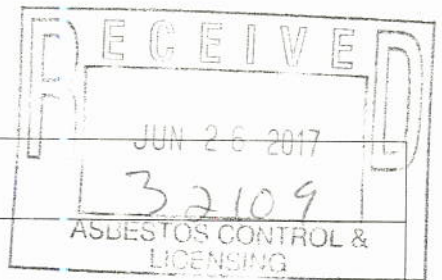


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 5091

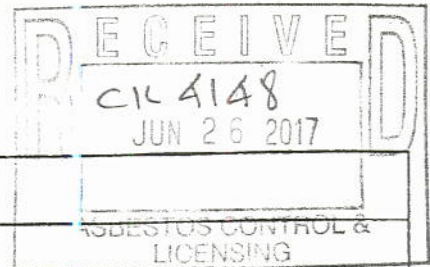
Date of Notification (1) 6/20/17		Name of Building Owner/Operator (2) Joanne							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Gibbstown, NJ 08027							
Name of Contact Joanne									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Gibbstown		Square Feet	# of Floors						
County (6) Gloucester		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No.		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 6/30/17	Scheduled Completion Date (11) 7/4/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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) 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 S ² or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Attic Insulation	500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 7/4/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

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



Date of Notification (1) 06 / 20 / 17		Name of Building Owner/Operator (2) Yosef Rothenberg	
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 <div style="background-color: black; width: 100px; height: 15px;"></div>	
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Yosef Rothenberg	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			
City (5) Lakewood		Square Feet 1700 sf	# of Floors 1
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 65
		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 07 / 03 / 17	Scheduled Completion Date (11) 07 / 05 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) 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	
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3
City, State Toms River, New Jersey		Disposal Date 07/05/17	Name of Registered Landfill T.R.R.F.
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature
			Date 6/20/17

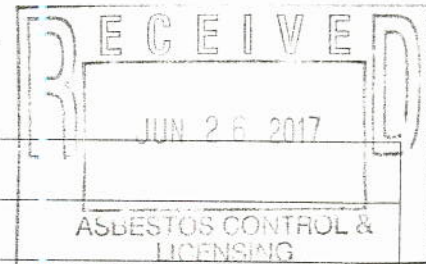
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/21/17		Name of Building Owner/Operator (2) MS. DONIS SHEA							
Agencies Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code PRINCETON, NJ 08540							
		Name of Contact MS. SHEA							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. DONIS SHEA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) PRINCETON	Square Feet 2500	of Floors 2	Bldg. Age 1935						
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 7/5/17	Scheduled Completion Date (11) 7/6/17	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 25LF	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 cys	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 7/6/17		City, State Waynesburg, OH 44683					
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>		Date 6/21/17			

NO CK

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



Date of Notification (1) 6/15/17		Name of Building Owner / Operator (2) Public Schools of Plainfield	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#2-6/20/17 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 920 Park Avenue City, State & Zip Code Plainfield NJ Name of Contact Sean Sutton Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cedarbrook Elem 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 1049 Central Avenue			Square Feet 20,000	# of Floors 1	Bldg. Age 50
City (5) Plainfield	County (6) Union	County Code (7)	Current Use (Prior if being demolished) School		

Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 00003	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 1253 N. Church Street		Street Address 1123 BEAVER STREET		
City, State & Zip Code Moorestown NJ 08057		City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mike Stocku	Telephone Number 856-840-8800	Telephone Number 215-788-6040	License Number 00509	

Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 10:00 PM - 6:00 AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007	

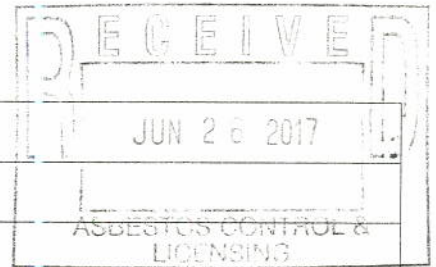
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	350LF	<input checked="" 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 6/15/17

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



Date of Notification (1) 6/15/17		Name of Building Owner / Operator (2) Public Schools of Plainfield	
Agencies Notified	Type Notification	Street Address 920 Park Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Plainfield NJ	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-6/19/17	Name of Contact Sean Sutton	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cedarbrook Elem School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address 1049 Central Avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Plainfield			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Union	County Code (7)		Square Feet 20,000	# of Floors 1	Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8) TTI			Current Use (Prior if being demolished) School		
Street Address 1253 N. Church Street			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code Moorestown NJ 08057			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm Mike Stocku			City, State & Zip Code BRISTOL, PA 19007		
Telephone Number 856-840-8800			Telephone Number 215-788-6040		
Scheduled Start Date (10) June 21, 2017			License Number 00509		
Scheduled Completion Date (11) June 26, 2017			Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1123 BEAVER STREET		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 10:00 PM – 6:00 AM			City, State & Zip Code BRISTOL, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	350LF	<input checked="" 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

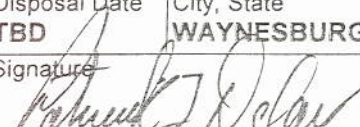
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 6/15/17

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

APPROVED: TOM VOORHEES

6/15/17

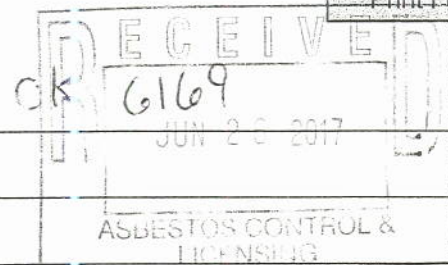
C# 3218

Date of Notification (1) 6/15/17		Name of Building Owner / Operator (2) Public Schools of Plainfield							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 920 Park Avenue City, State & Zip Code Plainfield NJ Name of Contact Sean Sutton							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cedarbrook Elem 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 1049 Central Avenue		Square Feet 20,000	# of Floors 1						
City (5) Plainfield	County (6) Union	Bldg. Age 50							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 00003	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 1253 N. Church Street		Street Address 1123 BEAVER STREET							
City, State & Zip Code Moorestown NJ 08057		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Stocku		Telephone Number 856-840-8800	License Number 00509						
Scheduled Start Date (10) June 20, 2017	Scheduled Completion Date (11) June 25, 2017		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 10pm -6am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Custodial Hallway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation/Fittings	350LF	<input checked="" 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature 				Date 6/15/17		

* Emergency *

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

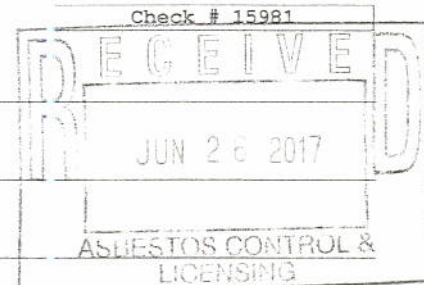
Print Form



Date of Notification (1) 6/19/17		Name of Building Owner/Operator (2) Somers Point Schools							
Agencies Notified	Type Notification	Street Address 121 West New York 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somers Point, NJ 08244							
		Name of Contact Suzanne Keller	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jordan Road School		Type of Facility (4) <input checked="" type="checkbox"/> School (K- 2) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 129 Jordan Rd.		Square Feet 10000+	# of Floors 1						
City (5) Somers Point NJ 08244		Bldg. Age 35+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Present or if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 117	Name of Abatement Contractor (9) Pernaco Inc						
Street Address PO Box 365		Street Address PO Box 329							
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm James J. Procter		Telephone No. 856-452-1311	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 6/22/17	Scheduled Completion Date (11) 6/30/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Boiler Insulation	110 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Atlantic County MUA.					
City, State Freehold NJ		Disposal Date 6/30/17		City, State Egg Harbor Twp NJ 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 6/19/17			

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

Date of Notification (1) 6/19/2017		Name of Building Owner/Operator (2) Brian Henry	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Nutley, NJ, 07110	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Brian Henry	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Brian Henry			Type of Facility (4)		
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Nutley	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6-20-17	Sched. Completion Date (11) 6-22-17	Name of OSHA Monitor N/A		
Month Day Year 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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

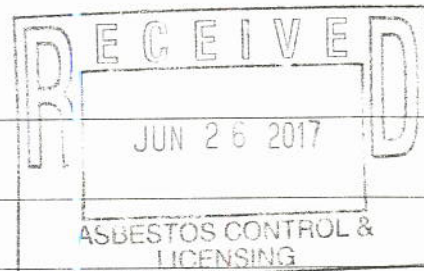
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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 E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Piping	110 LF	X			
Basement			X	Floor Tile	275 SF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 6-23-17	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 6/19/2017		

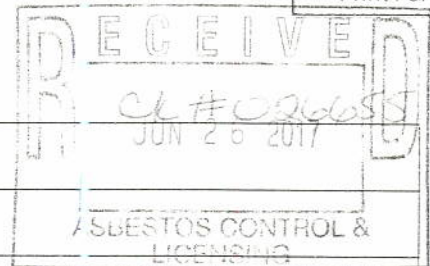
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Ch 4072

Date of Notification (1) 6 / 20 / 17		Name of Building Owner/Operator (2) Evelin Santos							
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 [REDACTED]							
		City, State, Zip Code Camden, NJ 08104							
		Name of Contact Evelin Santos							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Santos Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,350	# of Floors 3						
City (5) Camden		Bldg. Age 80							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 07 / 17 / 17	Scheduled Completion Date (11) 07 / 18 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Paper	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 07/18/2017	City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 				Date 6/20/17		

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



Date of Notification (1) 6/16/17		Name of Building Owner/Operator (2) North Star Academy of Newark, Inc.							
Agencies Notified	Type Notification	Street Address 43 Alexander Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>01</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07106							
		Name of Contact Mr. Matthew Fullam							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Alexander Street Elementary School		Type of Facility (4)							
Street Address 43 Alexander Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 10,000 +	# of Floors 2						
		Bldg. Age 50 +							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 7 Pleasant Hill Road		Street Address 1141 Route 23							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-628-9200						
		License No. 00408							
Start Date (10) 06/22/17	Scheduled Completion Date (11) 07/16/17	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg. #35E							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied Building</u>		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler Insulation, Gaskets and	500 SF	X			
				Fire Brick and Mortar					
	X			Breath Insulation	200 SF	X			
	X			Pipe Insulation, Elbows & Joints	300 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature 			Date 6/16/17			