

APPROVED BY:

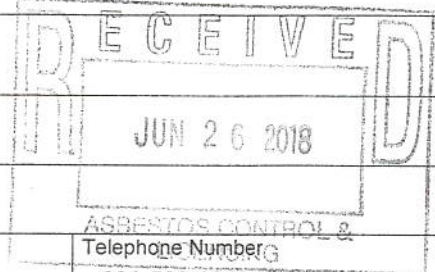
Franklin Meyer, DOL, 11am

PAID

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

CHK# 3393

Date of Notification (1) 6 / 22 / 18		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue	
		City, State, Zip Code Atlantic City, NJ 08401	
		Name of Contact Alex Baylor	Telephone Number 301-583-0048



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 1609 Pacific Avenue		Square Feet 88,066	
City (5) Atlantic City		# of Floors 7	Bldg. Age +75
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Avenue		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 6 / 23 / 18	Scheduled Completion Date (11) 6 / 23 / 18	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: 8:00AM-6:00PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

## Scope of Work (Check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor HSB Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	90 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 ACUA Haneman Environmental Park	
City, State Bristol, PA		Disposal Date TBD	City, State Egg Harbor Township, NJ		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 6-22-18		

ASB-41  
JAN 13 DD18053

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



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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

CK  
7766

Date of Notification (1) 6/13/18 Type Notification		Name of Building Owner / Operator (2) <b>Estate of Stella Gatarz</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED  JUN 26 2018  ASBESTOS CONTROL  LICENSING </div>	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Street Address [REDACTED]			
<input checked="" type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation		City, State & Zip Code <b>East Brunswick, NJ 08816</b>			
		Name of Contact <b>Teri Gatarz</b>			
Telephone Number					
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>2,200</b>		
City (5) <b>East Brunswick</b>			County (6) <b>Middlesex</b>		# of Floors <b>2</b>
			County Code (7)		Bldg. Age <b>50</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>			ASCM No.		
Street Address <b>64 Broad Street</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>			Street Address <b>443 Schoolhouse Road</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>			Telephone Number <b>732-290-2217</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>7/2/18</b>		Scheduled Completion Date (11) <b>7/3/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/> <input checked="" type="checkbox"/> Renovation Large Project <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM      Mini-Enclosure Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input checked="" type="checkbox"/> Glovebag Procedure Other: <b>Non-friable</b>					
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 Square Feet or Linear Feet)
<b>Basement</b>		<b>N/A</b>	<b>TSI Pipe</b>		<b>80LF</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>7/5/18</b>	City, State <b>Tullytown, Pa</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>6/22/18</b>




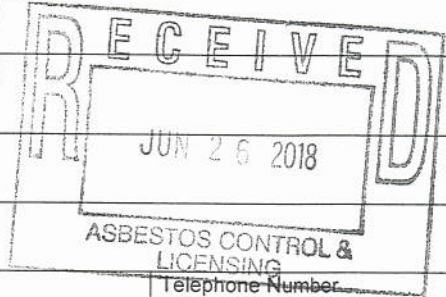
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 8:16)

Date of Notification (1) 06 / 22 / 18		Name of Building Owner/Operator (2) Lisa DeFeo							
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 [REDACTED]							
		City, State, Zip Code Island Heights, NJ 08732							
		Name of Contact Lisa DeFeo	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
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) Island Heights		Square Feet 2000 sf	# of Floors 2						
		Bldg. Age 60							
County (6) Ocean	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 07 / 05 / 18	Scheduled Completion Date (11) 07 / 09 / 18		Name of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	165 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 07/09/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 6/22/18			

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

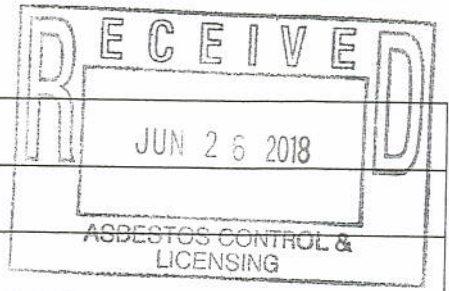
Date of Notification (1) <b>06 / 21 / 18</b>		Name of Building Owner/Operator (2) <b>Catelli Brothers</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>50 Ferry Avenue</b> City, State, Zip Code <b>Collingswood, NJ 08103</b> Name of Contact <b>Thomas Thompson</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Catelli Brothers</b>		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 <b>50 Ferry Avenue</b>		Square Feet <b>50,000</b>							
City (5) <b>Collingswood</b>		# of Floors <b>3</b>	Bldg. Age <b>60</b>						
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commercial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>400 Street Road</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone No. <b>215-244-1300</b>	License No. <b>00842</b>						
Start Date (10) <b>07 / 14 / 18</b>	Scheduled Completion Date (11) <b>07 / 30 / 18</b>	Name of OSHA Monitor <b>Criterion Laboratories, Inc.</b>							
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 <b>400 Street Road</b> City, State, Zip Code <b>Bensalem, PA 19020</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED</b> 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
Production Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>07/30/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>6/21/18</b>			





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

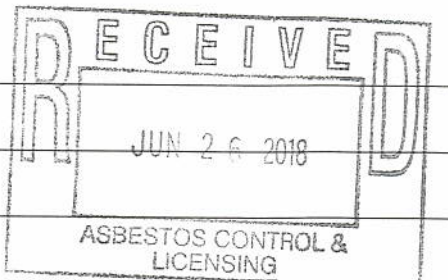


Date of Notification (1) 6-20-2018		Name of Building Owner/Operator (2) Transflo Terminal Services, Inc							
Agencies Notified	Type Notification	Street Address 454 York Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07201							
		Name of Contact Gerald Eglentowicz	Telephone Number 732-991-1173						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 454 York Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth, NJ 07201		Square Feet 48000	# of Floors 1						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80+						
Name of Monitoring Firm Hired by Building Owner (8) AECOM		ASCM No. _____	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address 30 Knightsbridge Road, Suite 520		Street Address 235 Virginia Avenue							
City, State, Zip Code Piscataway, NJ 08854		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm Mark T. Connors		Telephone No. 732-672-7519	Telephone No. 201-333-8855						
Start Date (10) 7-2-2018		Scheduled Completion Date (11) 8-18-2018	License No. 01174						
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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Roof		X		Black Corrugated Metal Coating	48000 SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 450	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Hillside, NJ		Disposal Date 8-18-2018		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 6-20-2018			

OK 23345

Print Form

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



Date of Notification (1) 6/22/2018		Name of Building Owner/Operator (2) HOMASOTE							
Agencies Notified	Type Notification	Street Address 932 LOWER FERRY ROAD							
<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 WEST TRENTON, NJ 08628							
		Name of Contact SUSAN EVERETT	Telephone Number 609-883-3300						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) HOMASOTE		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 932 LOWER FERRY ROAD		Square Feet	# of Floors						
City (5) WEST TRENTON		Bldg. Age							
County (6) MERCER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 7/5/2018	Scheduled Completion Date (11) 7/11/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
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: 4:00 PM - 12:00 AM		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) 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
SWITCHROOM		X		TRANSITE CEILING	120 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ			Disposal Date 7/11/2018	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/22/2018					



OK 1104

(Pursuant to NJAC 8:80 and 12:126)

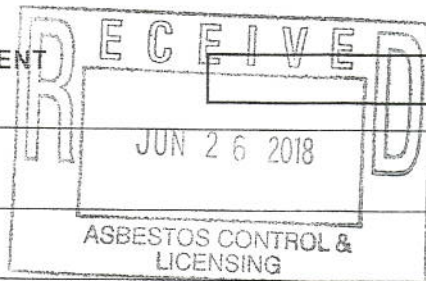
Date of Notification (1) <b>6/20/18</b>		Name of Building Owner/Operator (2) <b>MEUSSA E KENN MALOTTA</b>		DOL 10 077	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code <b>SOUTH ORANGE, N.J.</b> Name of Contact <b>MEUSSA MALOTTA</b>	
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School (Other than K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet [REDACTED] Bldg. Age [REDACTED]	
City (5) <b>SOUTH ORANGE</b>				County (6) <b>ESSEX</b>	
County Code (7) <b>ESSEX</b>				Current Use (Prior to being demolished) <b>ASBESTOS CONTROL &amp; LICENSING</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A.MAC Consulting Inc.</b>	
Street Address		Street Address <b>185 Midland Ave</b>		City, State, Zip Code <b>Midland Park, NJ 07432</b>	
City, State, Zip Code		Telephone No. <b>201-262-5811</b>		License No. <b>00156</b>	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Auditor <b>Omega Environmental Services Inc</b>	
Start Date (10) <b>6/20/18</b>		Scheduled Completion Date (11) <b>6/30/18</b>		Street Address <b>280 Huyler Street</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code <b>Hackensack, NJ 07606</b>			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf 100 sf or 250 lf <input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Enclosure with Negative Pressure Mini-enclosure Glove Bag Procedure Non-enclosed ("") and Non-Flexible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
3rd Floor		Yes		Plaster	
2nd Floor		No		Plaster	
		N/A			
Name of Registered Waste Hauler <b>Newark Carling Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>2</b>	
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>6/20/18 ON</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>		Signature <b>J. Vocaturo</b>	
				Date <b>6/20/18</b>	

ASR-41 (R-04-08)

\* Do not use this form for asbestos housekeeping activities

Check#3087

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



Date of Notification (1) 06 / 22 / 18		Name of Building Owner/Operator (2) Oliver Thompson							
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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Morris Plains, NJ 07950 Name of Contact Oliver Thompson Telephone Number							
<b>FACILITY INFORMATION</b>									
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-1 2) <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>		Square Feet    # of Floors    Bldg. Age							
City (5) Morris Plains, NJ 07950		County (6) Morris							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777							
Start Date (10) 07 / 03 / 18		Scheduled Completion Date (11) 07 / 04 / 18							
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 Envirovision Consultants, Inc							
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"/> 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st. floor-bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	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 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 06/22/18			



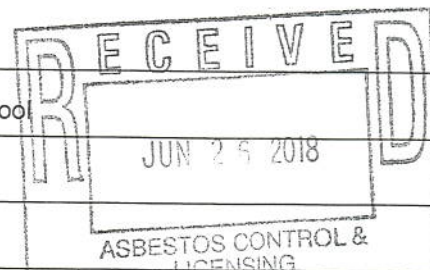
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60-7 and 12:120-7)**

CK  
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Date of Notification (1) 6/22/18 Type Notification		Name of Building Owner / Operator (2) <b>Congregation of the Sisters of St. Joseph of the Peace</b>		
Agencies Notified	<input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>399 Hudson Terrace</b>		
EPA		City, State & Zip Code <b>Englewood Cliffs, NJ 07632</b>		
DEP		Name of Contact <b>Antonio Rivera</b>		
<input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Telephone Number <b>201-871-1620</b>		
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>399 Hudson Terrace</b>			Square Feet <b>50,000</b>	# of Floors <b>3</b>
City (5) <b>Englewood Cliffs</b>	County (6) <b>Bergen</b>	County Code (7)	Bldg. Age <b>70</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>CDW Group</b>			ASCM No.	
Street Address <b>1350 Broadway, Suite 1904</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
City, State & Zip Code <b>NY, NY 10018</b>			Street Address <b>443 Schoolhouse Road</b>	
Project Manager for Monitoring Firm <b>Michael Garambone</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Telephone Number <b>212-631-9000</b>			Telephone Number <b>732-605-9062</b>	
Scheduled Start Date (10) <b>7/2/18</b>			License Number <b>00714</b>	
Scheduled Completion Date (11) <b>7/31/18</b>			Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>	
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> Other: <b>Non-friable</b> <input checked="" type="checkbox"/>				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Window openings</b>	<b>N/A</b>	<b>Tar mastic</b>	<b>490 SF</b>	<b>Removal</b>
<b>Pipe Chase</b>	<b>N/A</b>	<b>Pipe insulation</b>	<b>8 LF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>20</b>	Name of Registered Landfill <b>TRRF</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>7/31/18</b>	City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>6/22/18</b>

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



Date of Notification (1) 06/21/18		Check # 3204		Name of Building Owner/Operator (2) Hudson Arts & Science Charter School	
Agencies Notified		Type Notification		Street Address 2737 John F Kennedy Blvd	
<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 Jersey City, NJ. 07306	
				Name of Contact Mike	
				Telephone Number 973-859-2040	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Hudson Arts & Science Charter School				Type of Facility (4)	
Street Address 2737 John F Kennedy				<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 30,000+	# of Floors 2
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. N/A	Name of Abatement Contractor (9) EA Services
Street Address N/A				Street Address 426 69th st	
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ. 07093	
Project Manager for Monitoring Firm N/A				Telephone No. N/A	License No. 01074
Start Date (10) 07/02/2018		Scheduled Completion Date (11) 07/03/2018		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<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: 9am				City, State, Zip Code N/A	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
1st Floor Supply Closet		X		Linoleum floor (no mastic)	60 sf
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>	Date 06/21/18

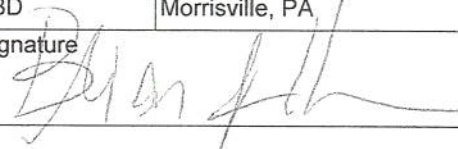


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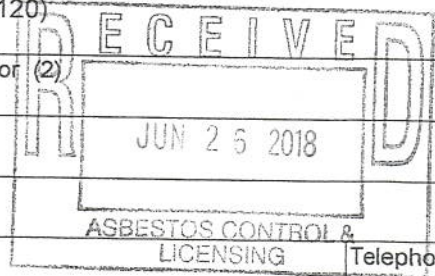
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Amended 6/21/18

Date of Notification (1) 6-21-2018		Name of Building Owner / Operator (2) Kennedy University Hospital		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  JUN 26 2018  ASBESTOS CONTROL &amp; LICENSING </div>			
Agencies Notified		Type Notification				Street Address 2201 Chapel Hill Campus	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended(Start Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				City, State & Zip Code Cherry Hill, NJ 08002	
						Name of Contact Michael McCloskey	
				Telephone Number 609-472-0640			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-CPD area			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 2201 Chapel Hill Campus			Square Feet 250,000				
City (5) Cherry Hill, NJ			County (6) Camden		Bldg. Age 52		
County Code (7)			Current Use (Prior if being demolished) Hospital				
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCM No.		Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J					Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Bensalem, PA, 19020					City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300		Telephone Number 609-914-4279	License Number 01185		
Scheduled Start Date (10) 7-12-2018		Scheduled Completion Date (11) 7-31-2018		Name of OSHA Monitor J&S Environmental Laboratories, 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  Describe: Project to be conducted 2 <sup>nd</sup> shift 6:00pm to 2:00am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West				
			City, State & Zip Code Union, NJ 07083				
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> 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)			
		Yes No N/A		Amount (Specify SF or LF)			
CPD renovation area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		610 SF			
CPD renovation area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		125 SF			
CPD renovation area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		15 each			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill		
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 	Date 6-21-2018		



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



Date of Notification (1) 6-1-2018		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address 2201 Chapel Hill Campus		
	City, State & Zip Code Cherry Hill, NJ 08002		
	Name of Contact Michael McCloskey		
		Telephone Number 609-472-0640	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-CPD area		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 2201 Chapel Hill Campus		Square Feet 250,000	
City (5) Cherry Hill, NJ		County (6) Camden	County Code (7) 
		# of Floors 2	
		Bldg. Age 52	
Current Use (Prior if being demolished) Hospital			
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No. 	
Street Address 3370 Progress Drive, Suite J		Name of Abatement Contractor (9) Resource Management Group, LLC	
City, State & Zip Code Bensalem, PA, 19020		Street Address 2115 Hamilton Ave, Suite 202	
		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185
Scheduled Start Date (10) 6-18-2018	Scheduled Completion Date (11) 6-28-2018	Name of OSHA Monitor J&S Environmental Laboratories, 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  Describe: Project to be conducted 2 <sup>nd</sup> shift 6:00pm to 2:00am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
CPD renovation area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	610 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD renovation area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textured plaster ceiling	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD renovation area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	15 each	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		Date 6-01-2018