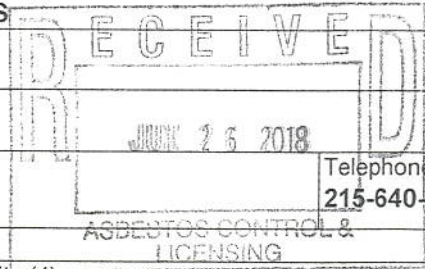


NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CR # 3391

Date of Notification (1) 6/21/18		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
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 71 Hough Street	
		City, State & Zip Code Pemberton, NJ 08068	
		Name of Contact Brian Tilton	
		Telephone Number 215-640-4563	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon Pemberton 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 & commercial buildings, homes, etc.)	
Street Address 71 Hough Street		Square Feet 4500	# of Floors 1
City (5) PEMBERTON	County (6) Burlington	County Code (7)	Bldg. Age 75
Current Use (Prior if being demolished) COMMUNICATIONS			

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 8436 ENTERPRISE AVE		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 Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 7/16/18	Scheduled Completion Date (11) 7/24/18		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 type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" 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 checked="" 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 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 Frame area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	730 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Cloth	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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 7	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 DeCaro</i>		Date 6/21/18

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



Date of Notification (1) 06/22/2018		Name of Building Owner/Operator (2) The Port Authority of New York & New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #04 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 70 Brewster Road City, State, Zip Code Newark, NJ 07114
	Name of Contact Michael DaCosta		Telephone Number 973-961-6390

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Newark Airport - Building 345		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 350 Scargo Earhart Drive		Square Feet 43,200	# of Floors 1
City (5) Newark		Bldg. Age 35+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Mail Sorting Facility	

Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company	
Street Address 26 Columbia Turnpike		Street Address 2217 Spillman Drive		
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Bethlehem, PA 18015		
Project Manager for Monitoring Firm		Telephone No. 973-240-1800	Telephone No. 610-691-1800	License No. 00721

Start Date (10) 06/04/2018	Scheduled Completion Date (11) 06/29/2018	Name of OSHA Monitor Brandenburg		
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 checked="" type="checkbox"/> Other - Describe: DEMO - 6/25/2018-7/31/2018		Street Address 2217 Spillman Drive		
		City, State, Zip Code Bethlehem PA 18015		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Room 1A			X	Floor Tile - 12x12	40 SF	X			
Roof			X	Flashing	1600 SF	X			
Throughout Building			X	Pipe Sealant on Sprinkler Heads	885 Units	X			

Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 30	Name of Registered Landfill IESI Bethlehem Landfill	
City, State Bethlehem, PA		Disposal Date 06/11/18-07/06/18		City, State Bethlehem, PA	
Completed by Stephen Carne		Title Environmental Manager	Signature 	Date 06/22/2018	

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/5/18		Name of Building Owner/Operator (2) Lincoln Equities Group	
Agencies Notified	Type Notification	Street Address One Meadowlands Plaza Suite 803	
<input checked="" 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 East Rutherford NJ 07073	
		Name of Contact Ray Hendry	

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JUN 27 2018
ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) 5 Ports America Bayonne Terminal		Type of Facility (4)	
Street Address 51 Port Terminal Blvd		<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.)	
City (5) Bayonne	Square Feet 180000+	# of Floors 1	50+
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EMCA	ASCM No.	Name of Abatement Contractor (9) SCE Environmental Group	
Street Address 17 Meredith Pl		Street Address 1380 Mt Cobb Rd	
City, State, Zip Code Piscataway NJ 08854		City, State, Zip Code Lake Ariel PA 18436	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 5703834151	License No. 610104

Start Date (10) 6/15/2018	Scheduled Completion Date (11) 09/30/2018	Name of OSHA Monitor SCE Environmental Group	
Occupancy Status During Abatement (Check Only One)		Street Address 1380 Mt Cobb Rd	
<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 Lake Ariel PA 18436	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input 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
Please see attached			X	to long to list see attached		X		

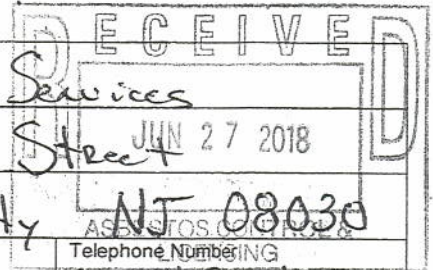
Name of Registered Waste Hauler Cardella Waste	NJDEP Waste Hauler ID No. 01191	Cubic Yards of Waste 100	Name of Registered Landfill Fairless Hills
City, State north bergen nj		Disposal Date 6/2018, 6/2018	City, State morrisville pa
Completed by mariah wheeler	Title PM	Signature 	Date 6/5/18

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

Check # 10415



Date of Notification (1) 6-25-18		Name of Building Owner/Operator (2) RJM Construction Services	
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 936 10th Street	
		City, State, Zip Code Gloucester City NJ 08030	
		Name of Contact Janic Mcgee	
		Telephone Number 856-456-1052	

Name of Facility Where Abatement is Taking Place (3) Erlton Methane Extraction Bldg.			Type of Facility (4)		
Street Address 950 McGill 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) Cherry Hill NJ 08002			Square Feet	# of Floors 1	Bldg. Age 60+
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Gas Pumpshed		
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc		
Street Address P.O. Box 337		Street Address P.O. Box 337			
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533			
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394	
Start Date (10) July 9, 2018		Scheduled Completion Date (11) July 13, 2018		Name of OSHA Monitor EPC Technologies Inc	
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: _____			P.O. Box 337		
			City, State, Zip Code New Egypt NJ 08533		

Scope of Work (Check All That Apply)

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

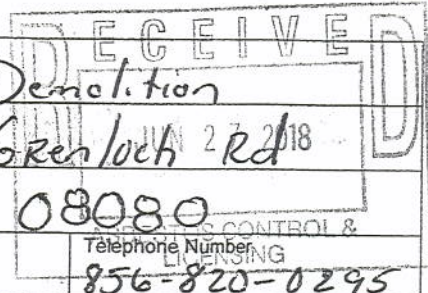
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Tar Roof Flashing	180 SF	X			

Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date by 7-13-18		City, State Morrisville PA	
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 6-25-18

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



Date of Notification (1) 6-25-18		Name of Building Owner/Operator (2) Mark Franchi Demolition								
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 348 Huffville Greenloch Rd							
	City, State, Zip Code Sewell NJ 08080		Name of Contact Mark Franchi							
			Telephone Number 856-820-0295							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Single family house (Vacant)		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 2	# of Floors 2							
City (5) Glassboro NJ 08028		Bldg. Age 80+-								
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Single Family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337								
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533								
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394							
Start Date (10) July 9, 2018		Scheduled Completion Date (11) July 13, 2018								
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 EPC Technologies Inc								
		Street Address P.O. Box 337								
		City, State, Zip Code New Egypt NJ 08533								
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 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 walls			x	Siding Shingles	1800 SF	x				
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management of PA						
City, State New Egypt NJ		Disposal Date 7-13-18		City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 6-25-18					

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6-19-18		Name of Building Owner/Operator (2) Harrison Twp B.O.A.	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 130 N. MAIN ST	
		City, State, Zip Code MULLICA HILL, N.J.	
		Name of Contact David D'Andrea	Telephone Number 609-890-7110

Name of Facility Where Abatement is Taking Place (3) Harrison Twp 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 130 N. MAIN ST		Square Feet	# of Floors
City (5) MULLICA HILL, N.J.		Bldg. Age	
County (6) Gloster.	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) The Vertex Co.	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENV.	
Street Address 700 TURNER WAY		Street Address 15 BLACK FOREST RD.	
City, State, Zip Code ASTON, Pa 19014		City, State, Zip Code HAMILTON, N.J.	
Project Manager for Monitoring Firm Don Heim	Telephone No. 6-09-18	Telephone No. 609-890-7110	License No.

Start Date (10) 6-19-18	Scheduled Completion Date (11) 610-558-8907	Name of OSHA Monitor Meds	
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>outside, ROOF TOP.</u>		Street Address 1204 HAMILTON AVE	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code TRENTON, N.J. 33004	

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
Roof Top.			✓	PARAPET, FLASHING	900 S.F.	X			

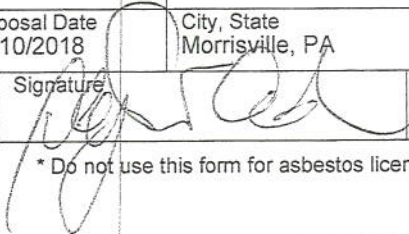
Name of Registered Waste Hauler Champion Disposal	NJDEP Waste Hauler ID No. 478766	Cubic Yards of Waste 5	Name of Registered Landfill GROWS.
City, State 5900 Sylon Blvd.		Disposal Date 7-2-18	City, State MORRISVILLE, Pa
Completed by Dave D'Andrea	Title Pres.	Signature D. D'Andrea	Date 6-19-18

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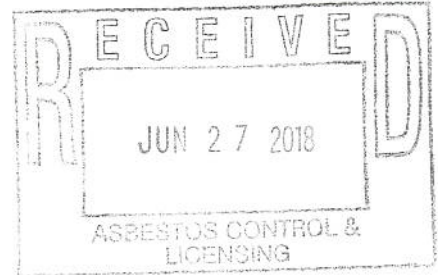
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/22/2018		Name of Building Owner/Operator (2) Glen Ridge Board of Education		Check No. 1148					
Agencies Notified <input 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"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 12 High Street		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <p>2018</p>				
			City, State, Zip Code Glen Ridge, New Jersey 07028						
			Name of Contact Peter Caprio						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ridgewood Avenue 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 235 Ridgewood Ave			ASBESTOS CONTROL & LICENSING						
City (5) Glen Ridge, New Jersey 07028		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) Educational Facility						
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 40 Monmouth Park Highway, Suite 2			Street Address 606 McBride Ave						
City, State, Zip Code West Long Branch, New Jersey 07764			City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-4000	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 07/05/2018		Scheduled Completion Date (11) 07/19/2018		Name of OSHA Monitor Iris Environmental Laboratories, 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 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07083						
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"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement; Girl's Toilet Room		X		Gray corrugated aircell pipe insulation/pipe fitting insulation	52-75 LF	X			
Basement; Boy's Toilet Room		X		Gray corrugated aircell pipe insulation/pipe fitting insulation	18-40 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
Lilich Corporation		18724		3	Fairless Landfill				
City, State				Disposal Date	City, State				
Woodland Park, New Jersey				07/19/2018	Morrisville, PA				
Completed by		Title		Signature		Date			
Adriana Olejarova		President				06/22/2018			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey		Disposal Date 07/10/2018	City, State Morrisville, PA
Completed by Adriana Olejarova	Title President	Signature 	Date 06/22/2018

ASB-41 (R-06-08)

* 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 and 12:120)**



Date of Notification (1) 06/19/2018		Name of Building Owner/Operator (2) South Brunswick 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 checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 Executive Drive
	City, State, Zip Code South Brunswick, New Jersey 08852		Name of Contact David Pawlowski
	Telephone Number 732-297-7800		PROL & NG

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dayton 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 310 Georges Road		Square Feet 50,000	# of Floors 2
City (5) Monmouth Junction, New Jersey 08852		Bldg. Age 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 3 Crosswicks Street		Street Address 606 McBride Ave	
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Michael Hoodak		Telephone No 609-298-5520	Telephone No 973-225-8400
Start Date (10) 06/26/2018		Scheduled Completion Date (11) 07/10/2018	License No. 01104
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>7am-3:30pm Unoccupied</u>		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
		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 or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent
		<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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler Insulation (Full Containment)	260 SF	X			
Boiler Room	X			Steam Header Insulation (Full Containment)	20 SF	X			
Boiler Room	X			Pipe Insulation (Full Containment)	120 LF	X			
Storage Room	X			Pipe Insulation (Glovebag Procedure)	20 LF	X			
Pump Room	X			Pipe Insulation (Glovebag Procedure)	40 LF	X			
Basement Hallway			X	Pipe Insulation (Glovebag Procedure)	120 LF	X			
Kitchen		X		Pipe Insulation (Glovebag Procedure)	40 LF	X			
Speech Room		X		Pipe Insulation (Glovebag Procedure)	30 LF	X			
Media Center		X		Pipe Insulation (Glovebag Procedure)	50 LF	X			
Room 11		X		Pipe Insulation (Glovebag Procedure)	40 LF	X			

work

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



Date of Notification (1) 06/19/2018		Name of Building Owner/Operator (2) South Brunswick 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 checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 Executive Drive
	City, State, Zip Code South Brunswick, New Jersey 08852		Name of Contact David Pawlowski
	Telephone Number 732-297-7800		Telephone Number 732-297-7800

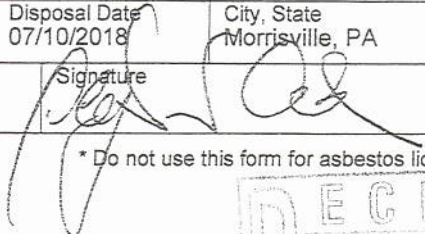
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dayton 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 310 Georges Road		Square Feet 50,000	# of Floors 2	Bldg. Age 50+
City (5) Monmouth Junction, New Jersey 08852		Current Use (Prior if being demolished) School		
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Lilich Corporation		
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Street Address 606 McBride Ave	
Street Address 3 Crosswicks Street		City, State, Zip Code Woodland Park, New Jersey		
City, State, Zip Code Bordentown, New Jersey 08505		Telephone No. 609-298-5520	Telephone No. 973-225-8400	License No. 01104
Project Manager for Monitoring Firm Michael Hoodak	Telephone No. 609-298-5520	Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Start Date (10) 06/26/2018	Scheduled Completion Date (11) 07/10/2018	Street Address 2333 Route 22 West		
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>7am-3:30pm Unoccupied</u>		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

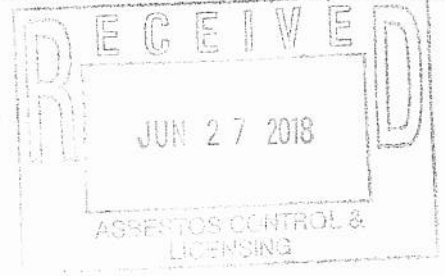
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent
		<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 of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Boiler Insulation (Full Containment)	260 SF	X			
Boiler Room	X			Steam Header Insulation (Full Containment)	20 SF	X			
Boiler Room	X			Pipe Insulation (Full Containment)	120 LF	X			
Storage Room	X			Pipe Insulation (Glovebag Procedure)	20 LF	X			
Pump Room	X			Pipe Insulation (Glovebag Procedure)	40 LF	X			
Basement Hallway			X	Pipe Insulation (Glovebag Procedure)	120 LF	X			
Kitchen		X		Pipe Insulation (Glovebag Procedure)	40 LF	X			
Speech Room		X		Pipe Insulation (Glovebag Procedure)	30 LF	X			
Media Center		X		Pipe Insulation (Glovebag Procedure)	50 LF	X			
Room 11		X		Pipe Insulation (Glovebag Procedure)	40 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey		Disposal Date 07/10/2018	City, State Morrisville, PA
Completed by Adriana Olejarova	Title President	Signature 	Date 06/19/2018

ASB-41 (R-06-08)

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

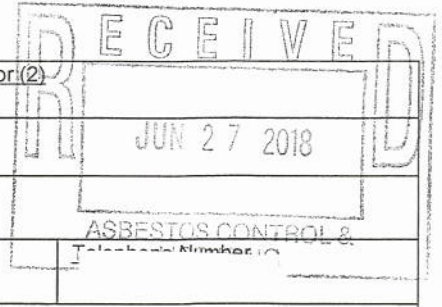


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State of New Jersey - Notification of Asbestos Abatement

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(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

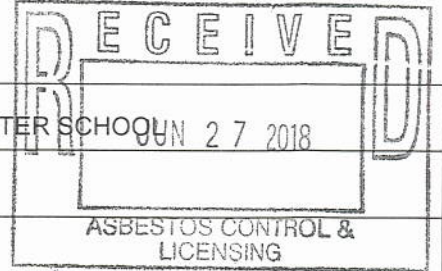


Date of Notification (1) June 21, 2018		Name of Building Owner/Operator (2) Private	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address [REDACTED]
			City, State, Zip Code Pompton Plains, NJ
		Name of Contact Keith Devlin	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: years	
City (5) Pompton Plains	County (6) Morris	County Code (7) (State Use Only)	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 20-21 Wagaraw Road, Bldg # 35E		Street Address 511 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) August 7, 2018	Scheduled Completion Date (11) August 9, 2018	Name of OSHA Monitor EMSL 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 type="checkbox"/> Other - Describe:		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI Mechanical	Amount (Specify SF or LF) 3lf 50 sf
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date August 9, 2018	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title Sr. PROJECT MANAGER	Signature <i>Marin Graure</i>	Date June 21, 2018

GAC # 2018-646

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



Date of Notification (1) 6-26-18		Name of Building Owner/Operator (2) FOUNDATIONS ACADEMY CHARTER SCHOOL	
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 checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 363 WEST STATE STREET City, State, Zip Code TRENTON, NJ 08618
	Name of Contact STEVE SCH		Telephone Number 610-584-8500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RECTORY 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 & commercial buildings, homes, etc.)	
Street Address 201 ADELIN STREET		Square Feet 4000	# of Floors 3
City (5) TRENTON		Bldg. Age +/-50	
County (6) TRENTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RECTORY	
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. _____	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.
Street Address 28 N. PENNELL ROAD		Street Address 2251 FRALEY STREET	
City, State, Zip Code MEDIA, PA 19053		City, State, Zip Code PHILADELPHIA, PA 19137	
Project Manager for Monitoring Firm ANTHONY KEIR		Telephone No. 610-891-0114	Telephone No. 215-533-5155
Start Date (10) 6-20-18		Scheduled Completion Date (11) 7-15-18	License No. 01166
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 AET	
		Street Address 28 N. PENNELL ROAD	
		City, State, Zip Code MEDIA, PA 19053	

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 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
3RD FLOOR			X	DRYWALL/JOINT COMPOUND	8,300SF	X			
3RD FLOOR			X	TRANSITE CEILING	362 SF	X			
3RD FLOOR			X	ACPI	350 LF	X			

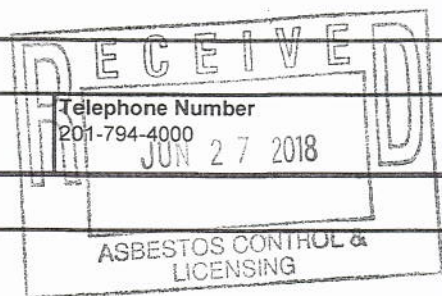
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE			Disposal Date _____	City, State LIBSON, OH	
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 		Date 6-26-18

PAID

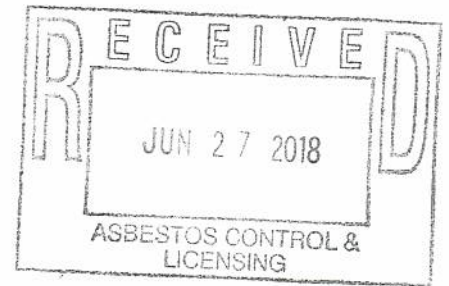
STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 3144

Date of Notification (1) 06 / 07 / 18		Name of Building Owner / Operator (2) Mondelez International	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact PETER VILLANO		Telephone Number 201-794-4000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mondelez International		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 2211 Route 208		Square Feet 1,000,000	
City (5) Fairlawn		County (6) Bergen	County Code (7)
Building Age 40 +		Current Use (Prior if being demolished) Bakery	
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	
Scheduled Start Date (10) 06 / 25 / 18	Sched. Completion Date (11) 06 / 24 / 19	Telephone Number 973-884-8682	License Number 00860
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>MON-FRI</u> <input checked="" type="checkbox"/> Other - Describe: <u>7:00AM - 3:30PM</u>		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> >3sf or >3lf		<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
			Amount (Specify SF or LF)
			Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
2ND FLOOR OVEN#7		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROLLER GASKETS
2ND FLOOR OVEN#7		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE
2ND FLOOR OVEN#7		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	GASKET
2ND FLOOR BAKE SHOP		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste
Name of Registered Landfill GROWS		City, State NEWARK, NJ	Disposal Date
City, State EAST HANOVER, NJ		City, State MORRISVILLE, PA 19067	
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>
			Date 06/26/18



Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR BAKERY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	5 SF	<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"/>



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

PAID

RECEIVED
JUN 27 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>06</u> / <u>26</u> / <u>18</u>		Name of Building Owner/Operator (2) General Growth Properties	
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 # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 585 From Road	
	City, State, Zip Code Paramus, NJ 07652		Name of Contact Kelly Webb
	Telephone Number 312-960-5000		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sears Departement Store		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 585 Form Road		Square Feet 10,000	# of Floors 2
City (5) Paramus, NJ 07652		Bldg. Age 45	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting	ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 1600 Route 22 East		Street Address 47 Foster Road	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Tammy Lomax	Telephone No. 908-577-6171	Telephone No. 718-605-6256	License No. 00774

Start Date (10) <u>06</u> / <u>29</u> / <u>18</u>	Scheduled Completion Date (11) <u>10</u> / <u>31</u> / <u>18</u>	Name of OSHA Monitor Testor Tech	
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: <u>AM</u> - <u>PM</u> 7:00PM-7:00 <u>AM</u>		Street Address 10 59 Jackson Avenue	
		City, State, Zip Code LIC NY 11101	

Scope of Work (Check all that apply)

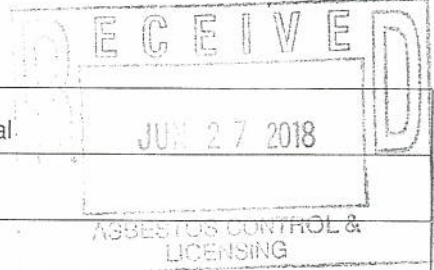
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		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

Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	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
First & Second Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	16,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Styrofoam Glue	7,000 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 100	Name of Registered Landfill IESI
City, State Newark, NJ		Disposal Date 05/31 /18	City, State Bethlehem, PA
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 6/26

rock

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



Date of Notification (1) 06/22/18		Name of Building Owner/Operator (2) Phillips 66 Domestic Trades Terminal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Route 1 North
			City, State, Zip Code Linden, NJ 07036
		Name of Contact Joe Garza	Telephone Number 1-832-740-2596

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Phillips 66 Domestic Trades Terminal		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 Route 1 North		Square Feet 200	# of Floors 0
City (5) Linden		Bldg. Age 0	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Transfer Pipes	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors	
Street Address		Street Address 2400 Main Street Extension Suite 10	
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872	

Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-525-0100	License No. 00750
Start Date (10) 07/10/18	Scheduled Completion Date (11) 07/19/18	Name of OSHA Monitor Tiger 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: Encapsulation of acm in pipe rack	Street Address 234 20th Ave
	City, State, Zip Code Brick, NJ 08724

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 or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Transfer Pipe	x			Pipe Insulation	200 LF			X	

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 60	Name of Registered Landfill Fairless Landfill
City, State Freehold NJ		Disposal Date 07/19/18	City, State Morrisville, PA
Completed by Dan Baptista	Title Safety Agent	Signature 	Date 06/22/18

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