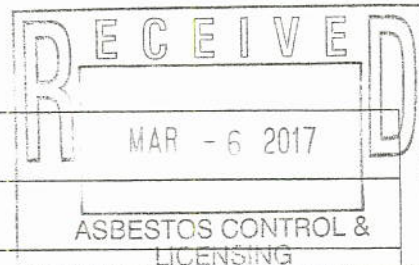


CK-2168

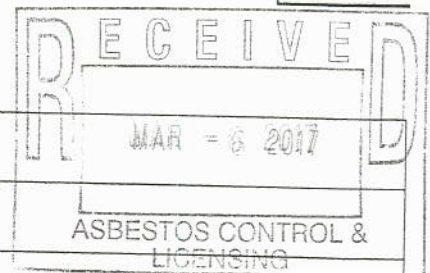
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) 3-1-2017 | | Name of Building Owner/Operator (2) 715 Adams Street, LLC | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address P.O. Box 1013 | | | | | | | |
| <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 Township of Washington, NJ 07676 | | | | | | | |
| | | Name of Contact Tom Jones | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential | | 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 | | Square Feet 1150 | # of Floors 2 | | | | | | |
| City (5) Hoboken, NJ 07030 | | Bldg. Age 116+ | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Green Environmental Services, LLC | | | | | | |
| Street Address | | Street Address 235 Virginia Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Jersey City, NJ 07304 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-333-8855 | License No. 01174 | | | | | | |
| Start Date (10) 3-10-2017 | Scheduled Completion Date (11) 3-10-2017 | Name of OSHA Monitor Same as above | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 |
| Roof | | x | | Flashing | 580 SF | x | | | |
| Roof | | x | | Roofing material | 1200 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Green Environmental Services, LLC | | NJDEP Waste Hauler ID No. 0034889 | Cubic Yards of Waste 4 | Name of Registered Landfill G.R.O.W.S. North Landfill | | | | | |
| City, State Jersey City, NJ | | Disposal Date 3-10-2017 | | City, State Morrisville, PA | | | | | |
| Completed by Liliana Serrano | | Title Office Manager | | Signature <i>Liliana Serrano</i> | | | Date 3-1-2017 | | |

CK# 21160

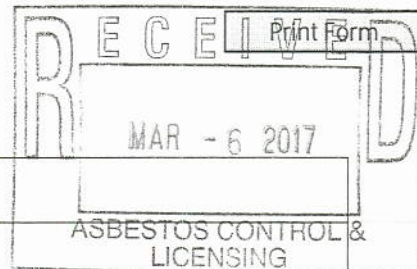
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|---|--|---|---|--|---------------------------|----------------|-------------------|-------------|-----------|
| Date of Notification (1) 2-23-2017 | | Name of Building Owner/Operator (2) Mooney General Paper Co | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1451 Chestnut Avenue | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Hillside, NJ 07205 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Chris Kaltreider | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Comercial | | 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 1451 Chestnut Avenue | | Square Feet 64000 | # of Floors 1 | | | | | | |
| City (5) Hillside, NJ 07205 | | Bldg. Age 90+ | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Green Environmental Services, LLC | | | | | | |
| Street Address | | Street Address 235 Virginia Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Jersey City, NJ 07304 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201-333-8855 | | | | | | |
| Start Date (10) 2-24-2017 | | Scheduled Completion Date (11) 2-24-2017 | License No. 01174 | | | | | | |
| 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 type="checkbox"/> Other - Describe: _____ | | Name of OSHA Monitor Same as above | | | | | | | |
| | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 |
| W Bathroom - Main Floor | | X | | ACM Joints | 7 Joints | X | | | |
| M Bathroom - Main Floor | | X | | ACM Joints | 7 Joints | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Green Environmental Services, LLC | | NJDEP Waste Hauler ID No. 0034889 | Cubic Yards of Waste 1 | Name of Registered Landfill G.r.o.w.s. North Landfill | | | | | |
| City, State Jersey City, NJ | | Disposal Date 2-24-2017 | | City, State Morrisville, PA | | | | | |
| Completed by Liliana Serrano | | Title Office Manager | | Signature | | | Date 2-23-2017 | | |

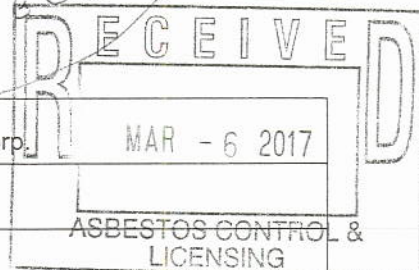
CK 11601

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



| | | | | | | | | | |
|--|---|--|---|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 02/24/17 | | Name of Building Owner/Operator (2) Archdiocese of Newark | | | | | | | |
| Agencies Notified | Type Notification | Street Address: 171 Clifton Ave. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newark, NJ 07104 | | | | | | | |
| | | Name of Contact Rev. Joseph Bejgrowicz | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) St. Theresa's Church | | 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 541 Washington Ave. | | Square Feet 10,000 | # of Floors 1 | | | | | | |
| City (5) Kenilworth | | Bldg. Age 68 Yrs. | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Church | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Lesco Services Inc. | | | | | | |
| Street Address | | Street Address 156 Maple Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wallington, NJ 07057 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 862-221-9092 | License No. 01107 | | | | | | |
| Start Date (10) 03/06/17 | Scheduled Completion Date (11) 03/10/17 | Name of OSHA Monitor Leslaw Nalodka | | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address 156 Maple Ave. | | | | | | | |
| | | City, State, Zip Code Wallington, NJ 07057 | | | | | | | |
| 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 |
| boiler room | * | | | joints & elbows | 46lf. | * | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 05409 | Cubic Yards of Waste 2 | Name of Registered Landfill GCSL | | | | | |
| City, State Newark, NJ | | | Disposal Date 03/10/17 | City, State Pen Argyl, PA | | | | | |
| Completed by Leslaw Nalodka | | Title President | Signature | | | Date 02/24/17 | | | |

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



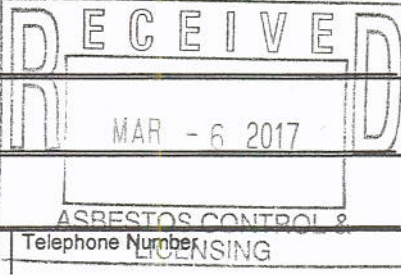
| | | | | | | | | | |
|--|--|--|---|--|---------------------------|----------------|--------|------------------|-----------|
| Date of Notification (1) 02/22/17 | | Name of Building Owner/Operator (2) Foster Wheeler Real Estate Development Corp. | | | | | | | |
| Agencies Notified | Type Notification | Street Address 53 Frontage Rd. | | | | | | | |
| <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 Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hampton, NJ 08827 | | | | | | | |
| | | Name of Contact William Lee | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Warehouse | | Type of Facility (4) | | | | | | | |
| Street Address 2 Mark Rd. | | <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) Kenilworth | | Square Feet 18,000 | # of Floors 1 | | | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) | Bldg. Age 50+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Lesco Services Inc. | | | | | | |
| Street Address | | Street Address 156 Maple Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wallington, NJ 07057 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 862-221-9092 | | | | | | |
| Start Date (10) 02/23/17 | | Scheduled Completion Date (11) 03/23/17 | License No. 01107 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Leslaw Nalodka | | | | | | | |
| <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 156 Maple Ave. | | | | | | | |
| | | City, State, Zip Code Wallington, NJ 07057 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| Roof | | | * | roof field | 17,000sf. | * | | | |
| windows | | | * | window caulk | 2,200lf. | * | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 05409 | Cubic Yards of Waste 150 | Name of Registered Landfill GROWS | | | | | |
| City, State Newark, NJ | | Disposal Date 03/23/17 | | City, State Morrisville, PA | | | | | |
| Completed by Leslaw Nalodka | | Title President | | Signature | | | | Date 02/22/17 | |

B & G proj. #: 2017-24

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

EMERGENCY

Check # 8271

| | | | | |
|--|---|--|--|---|
| Date of Notification (1) 10/13/1011/117 | | Name of Building Owner/Operator (2) Union County College-Elizabeth Campus | |  |
| Agencies Notified | Type Notification | Street Address 12 West Jersey Street | | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Elizabeth, NJ 07201 | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact Robert Hogan, Director of Facilities | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | Telephone Number | | |
| <input checked="" type="checkbox"/> DOH | | | | |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|--|
| Name of facility where abatement is taking place (3) Union County College Lessner Building (NON-Sub 8) | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 12 West Jersey Street | | | Square Feet | | |
| City (5) Elizabeth | | | County (6) Union | | Bldg. Age |
| | | | County Code (7) (State use only) | | Current Use (Prior if being demolished) Non-Sub 8 |
| Name of Monitoring Firm Hired by Bldg. Owner (8) The Whitman Companies | | | ASCM No. 110 | | |
| Street Address 7 Pleasant Hill Road | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| City, State, Zip Code Cranbury, NJ 08512 | | | Street Address 105 Ryerson Road | | |
| Project Manager for Monitoring Firm Kevin Lovely | | | Telephone Number (973)696-6869 | | License Number 00378 |
| Sched. Start Date (10) 03/02/2017 | | | Sched. Completion Date (11) 03/03/2017 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: start shift 7:00 am | | | Name of OSHA Monitor B & G Restoration, Inc. | | |
| | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

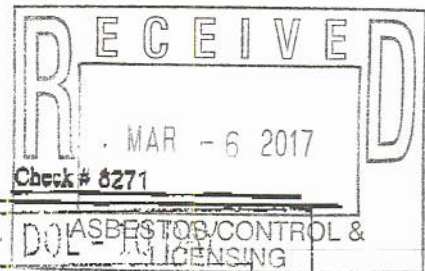
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| mezzanine below roof line | | | <input checked="" type="checkbox"/> | transite boards | 25 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| under the overhang | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 03/06/2017 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 03/01/2017 |

B & G Proj. #: 2017-24

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:90-7 and 12:120-7)
EMERGENCY



| | | | |
|--|--|--|---|
| Date of Notification (1) <u>03/17/2017</u> | | Name of Building Owner/Operator (2) Union County College-Elizabeth Campus | |
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTROL & LICENSING [Signature] Telephone Number |
| <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"/> Amendment <input type="checkbox"/> Cancellation | 12 West Jersey Street | |
| | | City, State, Zip Code Elizabeth, NJ 07201 | |
| | | Name of Contact Robert Hogan, Director of Facilities | |

FACILITY INFORMATION

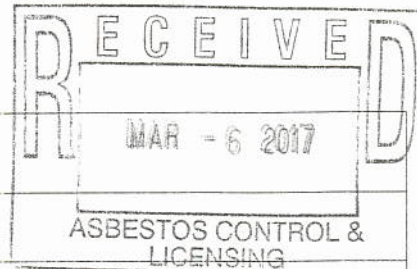
| | | | | |
|--|---------------------|---|--|-------------------------|
| Name of facility where abatement is taking place (3) Union County College Lessner Building (NON-Sub 8) | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | |
| Street Address 12 West Jersey Street | | | Square Feet | # of Floors |
| City (5) Elizabeth | County (6) Union | County Code (7) (State use only) | Bldg. Age | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) The Whitman Companies | | ASCM No. 110 | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address 7 Pleasant Hill Road | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code Cranbury, NJ 08512 | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Phone Number 732-390-5555 | Telephone Number (973)688-8869 | License Number 00378 |
| Scheduled Start Date (10) 03/02/2017 | | Sched. Completion Date (11) 03/03/2017 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: start shift 7:00 am | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | | |
| Street Address 105 Ryerson Road | | | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | | | |
| Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> >2 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥250 lf <input type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-friable procedure | | | | |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R | R | E | E |
|--|--|----|-----|---|---------------------------|---|---|---|---|
| | Yes | No | N/A | | | | | | |
| mezzanine below roof line | | | X | transite boards | 25 s | X | | | |
| under the overhang | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19583 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 03/06/2017 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 03/01/2017 |

CK 3710

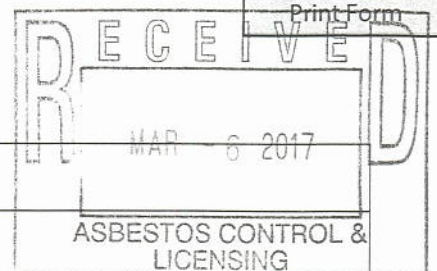
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| | | | | | | | | | |
|--|---|--|--------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 3 / 1 / 17 | | Name of Building Owner/Operator (2) Colleen Mackuse | | | | | | | |
| 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 City, State, Zip Code Moorestown, NJ 08057 | | | | | | | |
| | | Name of Contact Colleen Mackuse | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address | | | | | | | | | |
| City (5) Moorestown | | Square Feet 2,600 | # of Floors 3 | | | | | | |
| | | Bldg. Age 80 | | | | | | | |
| County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services | | ASCM No. | | | | | | | |
| Street Address PO Box 341 | | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | Street Address 623 Cutler Avenue | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | Telephone No. 609-298-4070 | Telephone No. 856-755-0099 | | | | | | |
| Start Date (10) 03 / 13 / 17 | | Scheduled Completion Date (11) 03 / 14 / 17 | License No. 00842 | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Street Address 200 Route 130 North | | | | | | | | | |
| City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| 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) 100 LF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation Debris | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 1 | Name of Registered Landfill Cumberland County Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date 3/14/2017 | | City, State Newburg, PA | | | | | |
| Completed By (Print or Type) Christina Lynch | | Title Vice President of Operations | | Signature | | | Date 3/1/17 | | |

CK 3112

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



| | | | | | | | | | |
|---|--|--|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02/24/2017 | | Name of Building Owner/Operator (2) NJ Dept. Of Military and Veterans Affairs | | | | | | | |
| Agencies Notified | Type Notification | Street Address 101 Eggert Crossing Rd | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Lawrence, NJ 08648 | | | | | | | |
| | | Name of Contact Ted | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) National Guard Armory | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 2001 Park Blvd | | Square Feet | # of Floors | | | | | | |
| City (5) Cherry Hill, NJ | | Bldg. Age | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI | | ASCM No. | Name of Abatement Contractor (9) Nick Restoration LLC | | | | | | |
| Street Address 1253 North Church St | | Street Address 72 Brookside Rd | | | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Randolph, NJ 07869 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. 01133 | | | | | | |
| Start Date (10) 03/15/2017 | Scheduled Completion Date (11) 03/30/2017 | Name of OSHA Monitor IRIS | | | | | | | |
| 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: occupied | | Street Address 2333 RT 22 | | | | | | | |
| | | 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 or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler Room | | x | | pipe insulation | 45 LF | x | | | |
| Boiler Room | | x | | boiler insulation | 320SF | x | | | |
| Restroom Shower | | x | | TSI | 205 LF | x | | | |
| Name of Registered Waste Hauler Nick Restoration LLC | | NJDEP Waste Hauler ID No. 33782 | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W.S | | | | | |
| City, State Randolph, NJ 07869 | | Disposal Date | | City, State Tullytown, PA | | | | | |
| Completed by Elvira Mrda | | Title President | Signature <i>Elvira Mrda</i> | | | Date 02/24/2017 | | | |

CH5353

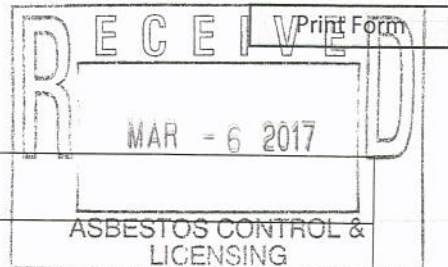
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | |
|---|--|------------|
| RECEIVED | | Print Form |
| MAR - 6 2017 | | |
| ASBESTOS CONTROL & LICENSING | | |

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 2/27/17 | | Name of Building Owner/Operator (2) Top Design Interiors | | | | | | | |
| Agencies Notified | Type Notification | Street Address 7029 Park Drive East | | | | | | | |
| <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 Flushing, NY 11367 | | | | | | | |
| | | Name of Contact Yona | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 888 Newark Ave Jersey City NJ | | 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 888 Newark Ave | | Square Feet | # of Floors | | | | | | |
| City (5) Jersey City | | Bldg. Age | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 3/6/17 | Scheduled Completion Date (11) 3/7/17 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| INTERIOR | | | | Pipe Insulation | 200LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 5 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 3/2/17 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | | Date | | |

CK 2846

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



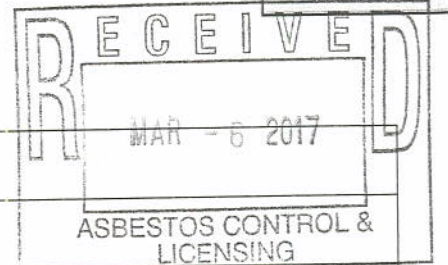
| Date of Notification (1) 2/28/2017 | | Name of Building Owner/Operator (2) Residence | | | | | | | |
|--|--|---|--|--|---------------------------|-------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Woodland Park, N.J. 07424 Name of Contact Elizabeth Amadiz | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Woodland Park | | Square Feet 1742 | # of Floors 2 | | | | | | |
| County (6) Passaic | | County Code (7) (STATE USE ONLY) | Bldg. Age 68 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions | | ASCM No. | Name of Abatement Contractor (9) Brinks Tank Services | | | | | | |
| Street Address PO Box 354 | | Street Address 1256 Liberty Ave | | | | | | | |
| City, State, Zip Code South Orange, N.J. 07079 | | City, State, Zip Code Hillside, N.J. 07205 | | | | | | | |
| Project Manager for Monitoring Firm Sarah Calandra | | Telephone No. 201-349-2666 | License No. 01316 | | | | | | |
| Start Date (10) 3/6/2017 | Scheduled Completion Date (11) 3/10/2017 | Name of OSHA Monitor A. Seine Lighthouse Solutions | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address PO Box 354 | | | | | | | |
| <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 South Orange, N.J. 07079 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | x | | pipe/elbows | 150lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill Waste Management Landfill | | | | | |
| City, State East Orange | | Disposal Date 3/15/2017 | | City, State Penn Argyle, PA | | | | | |
| Completed by Ron Brink | | Title President | Signature | | | Date 2/28/2017 | | | |

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

GAC Project # 060-17

| | | | |
|--|--|---|---|
| Date of Notification (1) March 1, 2017 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) MEDICAL SCIENCE, BLDG# 7257 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address RBHS NEWARK CAMPUS | | Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years | |
| City (5) NEWARK | County (6) ESSEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC | | ASCM No. 0093 | |
| Street Address 3 TERRI LANE | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | Street Address 268 MAIN STREET | |
| Project Manager for Monitoring Firm BRIAN KEARNY | | Telephone Number 609-386-8800 | License Number 00840 |
| Scheduled Start Date (10) 03/10/17 | | Scheduled Completion Date (11) 03/13/17 | |
| Name of OSHA Monitor 1 ENVIROVISION, INC. | | Street Address 20-21 WARGARAW ROAD | |
| 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: <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div> | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) C Level Corridor | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 1300 SF |
| Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 15 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509 | | Disposal Date 03/13/2017 | Name of Registered Landfill G.R.O.W.S. North Landfill 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Completed by (Print or Type) RAYMOND C. PEDALINO | | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> |
| | | Date March 1, 2017 | |

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

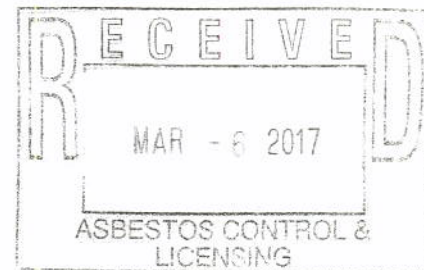


CK# 1074

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

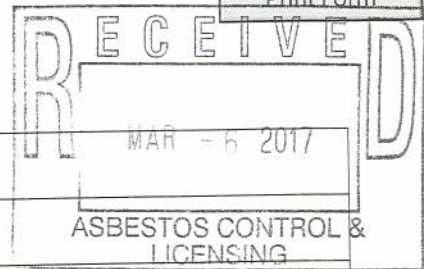
| | | | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------|--------------------|-----------|
| Date of Notification (1) 03-01-2017 | | Name of Building Owner/Operator (2) Lukoil North America | | | | | | | |
| Agencies Notified | Type Notification | Street Address 302 Harper Drive, Suite 303 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Moorestown, NJ 08057 | | | | | | | |
| | | Name of Contact Lukoil | Telephone Number N/A | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Lukoil | | 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 68 Central Ave | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) Orange | | Bldg. Age N/A | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Gas Station/Car Wash | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution | | ASCM No. | Name of Abatement Contractor (9) United Safety LLC | | | | | | |
| Street Address 1130 W Chestnut St | | Street Address 12 Maple Ave #F2 | | | | | | | |
| City, State, Zip Code Union, NJ 07083 | | City, State, Zip Code Pine Brook, NJ 07058 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | Telephone No. 973-276-0099 | | | | | | |
| License No. 01317 | | | | | | | | | |
| Start Date (10) 03-11-2017 | Scheduled Completion Date (11) 03-14-2017 | Name of OSHA Monitor United Safety 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 12 Maple Ave #F2 | | | | | | | |
| | | City, State, Zip Code Pine Brook, NJ 07058 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| See attached | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Safety LLC | | NJDEP Waste Hauler ID No. 0036820 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Pine Brook, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | | |
| Completed by Vanco Petkov | | Title Project Manager | | Signature | | | | Date 03-01-2017 | |

| Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility | Is Location Normally Used Solely By Maintenance/Custodial Staff? | | Description of Asbestos Containing Material (ACM) | Amount (Specify SF or LF) | Removal |
|--|---|----|--|------------------------------|---------|
| | Yes | No | | | |
| Car Wash | | x | Black Roofing | 700 SF | X |
| Car Wash 2 nd Layer | | x | Brown Roofing | | X |
| Car Wash 1 st Layer | | x | Black Roofing | | X |
| Car Wash Roof Perimeter | | x | Black Roofing | 110 SF | X |
| Bottom Layer – Small Building behind Car Wash | | x | Brown Roofing | 10 SF | X |



MO# 69626582333

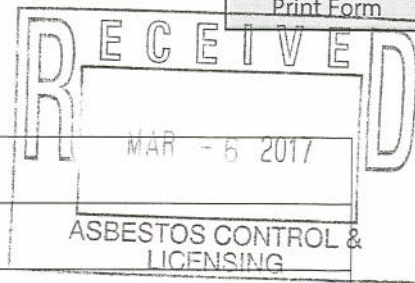
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|---|---|--|-----|---|---|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02/28/2016 | | Name of Building Owner/Operator (2) Catherine Ponerros | | Street Address | | | | | |
| Agencies Notified | | Type Notification | | City, State, Zip Code | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | South Orange, NJ 07079 | | | | | |
| | | Name of Contact Catherine Ponerros | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | | | Type of Facility (4) | | | | | |
| Street Address | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) South Orange | | Square Feet N/A | | # of Floors N/A | Bldg. Age N/A | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) House | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 973-345-8685 | License No. 01311 | | | | |
| Start Date (10) 03/09/2017 | | Scheduled Completion Date (11) 03/10/2017 | | Name of OSHA Monitor D&S Abatement, Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 11 Rosengren Avenue | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied | | | | City, State, Zip Code Totowa, NJ 07512 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pipe Insulation | 120 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | |
| City, State Totowa, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Ned Joksimovic | | Title Project Manager | | Signature | | Date 02/28/2017 | | | |

CK# 9854208094

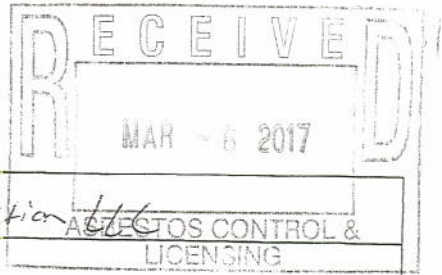
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|---|--|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 02/28/2016 | | Name of Building Owner/Operator (2) Chris Conroy | | | | | | | |
| Agencies Notified | Type Notification | | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | | |
| City, State, Zip Code Montclair, NJ 07042 | | Name of Contact Chris Conroy | | | | | | | |
| Telephone Number | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Montclair | Square Feet N/A | # of Floors N/A | Bldg. Age N/A | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | |
| Street Address | | Street Address 11 Rosengren Avenue | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-345-8685 | License No. 01311 | | | | | | |
| Start Date (10) 03/10/2017 | Scheduled Completion Date (11) 03/11/2017 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 11 Rosengren Avenue | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | x | | Pipe Insulation | 220 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | NJDEP Waste Hauler ID No. 20996 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State Totowa, NJ | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Ned Joksimovic | | Title Project Manager | Signature | Date 02/28/2017 | | | | | |

CK#4515

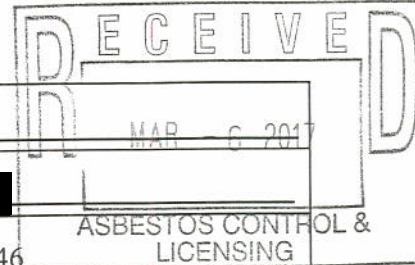
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) 3/1/17 | | Name of Building Owner/Operator (2) Pineland Construction LLC | | | | | | | |
|--|---|--|--|--|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 300 77th Street | | | | | | | |
| | | City, State, Zip Code Sea Isle City, NJ | | | | | | | |
| | | Name of Contact Frank | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Resident | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street | | Square Feet | # of Floors | | | | | | |
| City (5) Sea Isle City | | Bldg. Age | | | | | | | |
| County (6) Cape May | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC | | | | | | |
| Street Address | | Street Address 1212 Burlington Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Delanco NJ 08015 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 609-346-0914 | License No. 01070 | | | | | | |
| Start Date (10) 3/1/17 | Scheduled Completion Date (11) 3/25/17 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Out Side | | | | Giding | 400 SF | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ami Joe LLC | | NJDEP Waste Hauler ID No. 20547 | Cubic Yards of Waste | Name of Registered Landfill WM of PA | | | | | |
| City, State Delanco NJ | | Disposal Date TBD | City, State Pittsford PA | | | | | | |
| Completed by Joseph T Hall | | Title V. President | Signature [Signature] | | Date 3/1/17 | | | | |

CK # 25435

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



| | | | |
|--|--|--|--|
| Date of Notification (1) <u>3/2/17</u> | | Name of Building Owner/Operator (2) <u>Jim Kelly</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code <u>Middlesex, NJ 08846</u> | |
| | | Name of Contact <u>Pete Motola</u> | Telephone Number _____ |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Residential</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address _____ | | Square Feet <u>2000</u> | # of Floors <u>2</u> |
| City (5) <u>New Brunswick, NJ 08901</u> | | Bldg. Age <u>75+/-</u> | |
| County (6) <u>Hudson</u> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) _____ | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code <u>Crosswick, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | | Telephone No. <u>(609) 298-4070</u> | License No. <u>00493</u> |
| Start Date (10) <u>3/13/17</u> | Scheduled Completion Date (11) <u>3/17/17</u> | Name of OSHA Monitor <u>MECS</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address <u>PO Box 341</u> | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | |
| Scope of Work (Check all that apply) | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) |
| | Yes | No | |
| <u>Basement</u> | <input checked="" type="checkbox"/> | | <u>Thermal Pipe Insulation</u> |
| <u>Kitchen</u> | | <input checked="" type="checkbox"/> | <u>Thermal Pipe Insulation</u> |
| <u>Bedroom</u> | | <input checked="" type="checkbox"/> | <u>Thermal Pipe Insulation</u> |
| | | | |
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>2 CU</u> |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>3/17/17</u> | Name of Registered Landfill <u>Fairless Landfill</u> |
| | | City, State <u>Morrisville, PA</u> | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | Date <u>3/2/17</u> |

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-26

Check # 8274

| | | | | |
|--|--|--|--|---|
| Date of Notification (1) <u>03/13/2017</u> | | Name of Building Owner/Operator (2) <u>Sathanandan Palanisamy</u> | | <div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 16px; font-weight: bold; margin: 5px auto; width: 100px;">MAR - 6 2017</div> <div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold; margin: 5px auto; width: 100px;">ASBESTOS CONTROL & REMEDIATION</div> |
| Agencies Notified | Type Notification | Street Address | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code <u>Newark, NJ 07105</u> | | |
| | | Name of Contact <u>Sathanandan Palanisamy</u> | | |

FACILITY INFORMATION

| | | | | | |
|--|----------------------------|--|--|--|--------------------------------|
| Name of facility where abatement is taking place (3) <u>Sathanandan Palanisamy</u> | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address | | | Square Feet # of Floors Bldg. Age _____ | | |
| City (5) <u>Newark, NJ 07105</u> | County (6) <u>Essex</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>residential</u> | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. <u>n/a</u> | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address | | Street Address <u>105 Ryerson Road</u> | | | |
| City, State, Zip Code | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number <u>(973)696-6869</u> | | License Number <u>00378</u> |
| Scheduled Start Date (10) <u>03/13/2017</u> | | Sched. Completion Date (11) <u>03/14/2017</u> | | | |
| Occupancy Status During Abatement (Check only one) | | | | | |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | | | |

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| boiler room & closet | | | <input checked="" type="checkbox"/> | pipe insulation | 170 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|-------------------------------------|-------------------------------------|--|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>2</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> |
| City, State <u>Lincoln Park, NJ</u> | Disposal Date <u>03/14/2017</u> | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Secretary/Treasurer</u> | Signature <u>Gordana Luna</u> | Date <u>03/03/2017</u> |