


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

CK #124

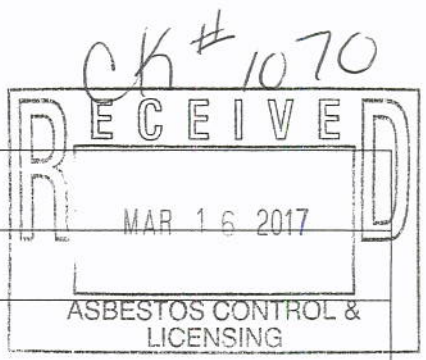
Date of Notification (1) 03/08/2017		Name of Building Owner/Operator (2) Michael Farley		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 16 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 1417 Hillside Dr							
<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 Cherry Hill, NJ 08003 Name of Contact Michael							
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) Little Egg Harbor			Square Feet 1100	# of Floors 1	Bldg. Age 48				
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Safeway Abatement LLC						
Street Address			Street Address 128 Bartlett Ave						
City, State, Zip Code			City, State, Zip Code West Creek, NJ 08092						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-618-5955	License No. 01319					
Start Date (10) 3/20/2017	Scheduled Completion Date (11) 3/31/2017		Name of OSHA Monitor N/A						
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		x		Siding	1100 SF	x			
Name of Registered Waste Hauler Timster Trucking Inc		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State West Creek, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Amanda Mears		Title Owner, Safeway	Signature 	Date 3/8/17					

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

Courtesy Notice

Date of Notification (1) <u>3/10/17</u>		Name of Building Owner/Operator (2) <u>USEPA</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2890 Woodbridge Ave.</u> City, State, Zip Code <u>Edison, NJ 08837</u>	
		Name of Contact <u>Gary Kinery</u>	Telephone Number <u>ASBESTOS CONTROL & LICENSING</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Building 209</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2890 Woodbridge Ave.</u>		Square Feet <u>15000</u>	# of Floors <u>1</u>
City (5) <u>Edison, NJ 08837</u>		Bldg. Age <u>75+/-</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>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>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>3/20/17</u>	Scheduled Completion Date (11) <u>4/21/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" 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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Lab Area</u>	<input checked="" type="checkbox"/>		<u>VAT/ Mastic</u>
			<u>1000 sf</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/21/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
		Date <u>3/10/17</u>	

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



Date of Notification (1) <div style="text-align: center;">12 / 30 / 16</div>		Name of Building Owner/Operator (2) New Jersey Transit Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street	
		City, State, Zip Code Woodbridge, NJ 07095-5042	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Newark Bay Bridge - Structure N2.01W		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 Newark Bay Bridge (Spanning River) in sidewalk			
City (5) Bayonne & Newark		Square Feet 9500 LF	# of Floors N/A
		Bldg. Age >20 Trs	
County (6) Essex & Hudson Counties		County Code (7)(STATE USE ONLY)	
		Current Use (Prior if being demolished) Bridge Sidewalk	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No. 127	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.
Street Address 307 N. Walnut Street		Street Address 14 Read Drive	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Sicklerville, NJ 08081	
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545	Telephone No. 856-318-1341
		License No. 01158	
Start Date (10) <div style="text-align: center;">01 / 12 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">05 / 30 / 17</div>	Name of OSHA Monitor Graham-Tech Environmental Services, 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 - Describe Time of Abatement: 7AM-11:30PM / ____PM-____AM		Street Address 14 Read Drive	
		City, State, Zip Code Sicklerville, NJ 08081	

Scope of Work (Check all that apply)

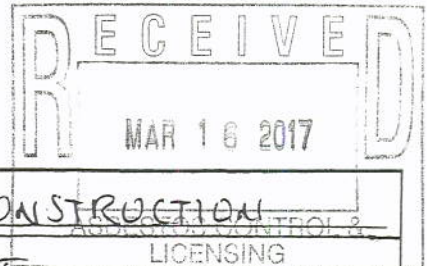
<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Encased in Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4" Diam ACM Transite (Phase #1)	2,200LF	<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 Waste Management, Inc.		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 150CY	Name of Registered Landfill Waste Management of PA, Inc.	
City, State Keyport, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Vernice Graham	Title President	Signature 		Date 3-3-17	

CK # 4193

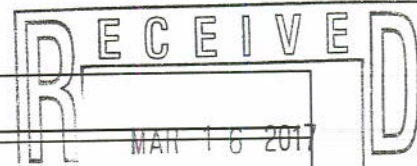
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>3-11-17</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</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 <u>300 77TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
		Name of Contact <u>KRANIC</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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 _____			
City (5) <u>SEA ISLE CITY</u>	Square Feet <u>1500</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>3-21-17</u>	Scheduled Completion Date (11) <u>3-28-17</u>	Name of OSHA Monitor <u>N/A</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 _____	
		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING & ROOFING</u>			<u>TRANSITE</u>
			<u>3500 SF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____
City, State <u>MAPLE SHADE N.J 08052</u>		Disposal Date _____	Name of Registered Landfill <u>C.M.C.M.U.-A.</u>
City, State <u>WOODBINE N.J</u>			
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>3-11-17</u>

CKR 25442

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




Date of Notification (1) <u>3/10/17</u>		Name of Building Owner/Operator (2) <u>Capitol Gateway</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address _____ City, State, Zip Code <u>Trenton, NJ 08609</u>
			Name of Contact <u>Paul Shore</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 _____ City (5) <u>Trenton, NJ 08609</u>		Square Feet <u>3500</u>	# of Floors <u>3</u>
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <u>125+/-</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>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>3/22/17</u>	Scheduled Completion Date (11) <u>3/31/17</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 type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
1st Floor	<input checked="" type="checkbox"/>		Thermal Duct Insulation
2nd Floor	<input checked="" type="checkbox"/>		Thermal Duct Insulation
Basement	<input checked="" type="checkbox"/>		Thermal Duct Insulation
			(Wrap and Cut)
Amount (Specify SF or LF) <u>20 lf</u>		Abatement Type Removal Repair Encapsulate Enclosure	
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>
Name of Registered Landfill <u>Fairless Landfill</u>		Disposal Date <u>3/24/17</u>	
City, State <u>Allentown, NJ</u>		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/13/17</u>

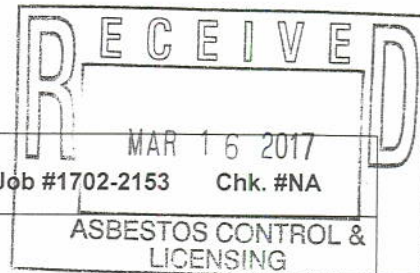
CK 6034

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

RECEIVED	Print Form
	MAR 16 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 03/13/2017		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane							
<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 Old Bridge, NJ 08857							
		Name of Contact Eric Prieto							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		Type of Facility (4)							
Street Address 29-33 Red Oak Ln		<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) Old Bridge		Square Feet 2,000	# of Floors 2						
County (6) Middlesex		Bldg. Age 65+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 03/24/2017	Scheduled Completion Date (11) 04/08/2017	Name of OSHA Monitor DIA General Construction, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave, PMB Suite 218							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
29 A-D Red Oak Ln -Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
31 A-D Red Oak Ln -Crawl Space	x			Pipe/Elbow Insulation	155 LF	x			
33 A-D Red Oak Ln-Crawl Space	x			Pipe/ Elbow Insulation	160 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 12 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle		Disposal Date 04/08/2017		City, State Waynes Burg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 			Date 03/13/2017			

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



Date of Notification (1) <u>2</u> / <u>8</u> / <u>17</u>		Name of Building Owner/Operator (2) Jersey Central Power & Light Company / Job #1702-2153		Chk. #NA
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 Madison Avenue PO Box 1911		ASBESTOS CONTROL & LICENSING
		City, State, Zip Code Morristown, NJ 07692		
		Name of Contact Anna Sullivan	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sea Isle City Former Manufactured Gas Plant Site		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 39th Street & Central Avenue			
City (5) Sea Isle City, NJ		Square Feet NA	# of Floors NA
County (6) Cape May Count		Bldg. Age approx. 75	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) NA	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Boulevard		
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm David Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862	

Start Date (10) <u>2</u> / <u>23</u> / <u>17</u>	Scheduled Completion Date (11) <u>3</u> / <u>17</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical, Inc.
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 200 U.S. Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

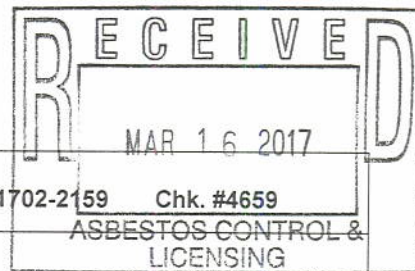
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	320 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 3/17/2017		City, State Penn Argyle, PA	
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 		Date 3-7-17	

CK4659

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

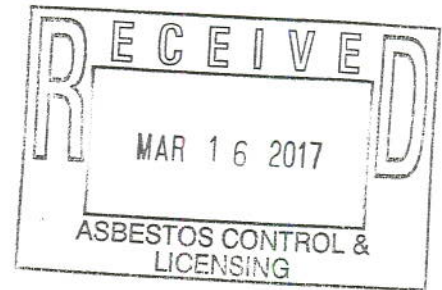


Date of Notification (1) 3 / 13 / 17		Name of Building Owner/Operator (2) Millburn Board of Education / Job # 1702-2159 Chk. # 4659							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 434 Millburn Avenue City, State, Zip Code Millburn, NJ 07041 Name of Contact Cheryl Schneider, Business Admin. Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Washington School		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 70 Spring Street		Square Feet 43,134	# of Floors 2						
City (5) Millburn		Bldg. Age 55							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental, Inc.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 500 Horizon Drive, Suite 540		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mr. Rafael Torres		Telephone No. 609-254-8884	License No. 00862						
Start Date (10) 3 / 27 / 17	Scheduled Completion Date (11) 4 / 7 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
SEE ATTACHED DESCRIPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 4/7/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 3-13-17		

Page 2 of 2

CHECK # 4659

Project: Washington School
Millburn, NJ

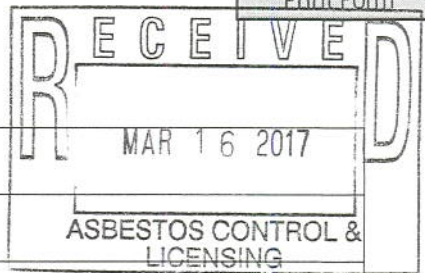


Date of Initial Notification: 3-13-17

B. This non-friable asbestos abatement project will involve the removal of the following materials:

Location(s)	Material Description	Estimated Quantity*
Room 101-Main Office Area 101C & Hallway Adjacent to Meeting Room	12" Floor Tile and Associated Mastic	900 SF
Room 103/105 - Kitchenette & Multipurpose Room	12" Floor Tile and Associated Mastic	1000 SF
Room 104 - Classroom	12" & 9" Floor Tiles and Associated Mastic	1,000 SF
Room 110 - Classroom	12" Floor Tiles and Associated Mastic	60 SF
Room 111&111A	12" Floor Tile and Associated Mastic	1,000 SF
	Wall Putty/Joint Filler	2 SF
Room 112 - Intervention Room	12" Floor Tile and Associated Mastic	550 SF
	Sink Undercoating	1 Sink
Room 113 - Intervention Room	12" Floor Tile and Associated Mastic	550 SF
	Sink Undercoating	1 Sink
Room 207 & 209	9" Floor Tile and Associated Mastic	2,000 SF
Room 218 Office Suite	12" Floor Tile and Mastic	1,100 SF
Room 221 Classroom	12" Floor Tile and Associated Mastic	1,000 SF

X [Signature] 3-13-17



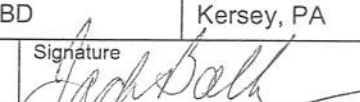
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/13/2017		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane							
<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 Old Bridge, NJ 08857							
		Name of Contact Eric Prieto	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		Type of Facility (4)							
Street Address 5-7 Aspen Mall		<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) Old Bridge		Square Feet 2,000	# of Floors 2						
		Bldg. Age 65+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-389-0089	00693						
Start Date (10) 03/24/2017	Scheduled Completion Date (11) 04/08/2017	Name of OSHA Monitor DIA General Construction, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave, PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
5 A-D Aspen Mall-Crawl Space	x			Pipe/Elbow Insulation	180 LF	x			
7A-D Aspen Mall-Crawl Space	x			Pipe/Elbow Insulation	150 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle			Disposal Date 04/08/2017	City, State Waynes Burg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 03/13/2017					

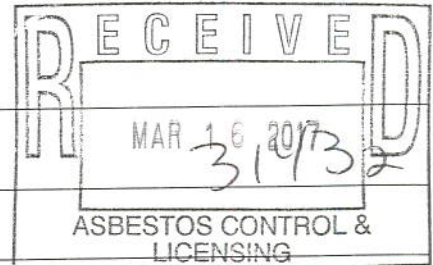
CH5211

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

RECEIVED
MAR 16 2017
ASBESTOS CONTROL & LICENSING

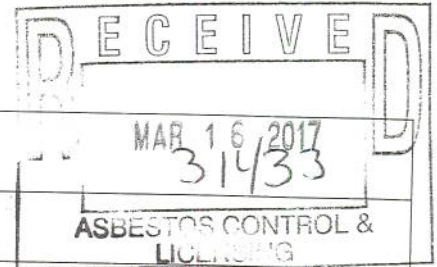
Date of Notification (1) 3/13/17		Name of Building Owner/Operator (2) Colgate Palmolive							
Agencies Notified	Type Notification	Street Address 909 River Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ							
		Name of Contact Bruce Russell							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colgate Palmolive R&D		Type of Facility (4)							
Street Address 909 River Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Piscataway		Square Feet 500,000	# of Floors 3						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 50						
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technology		Current Use (Prior if being demolished) Commercial							
Street Address 28 Pennell Road		Name of Abatement Contractor (9) ecoservices, LLC							
City, State, Zip Code Media, PA		Street Address 407 West Lincoln Highway, Suite 500							
Project Manager for Monitoring Firm Eric Houseknecht		City, State, Zip Code Exton, PA 19341							
Telephone No. 610-891-0114		Telephone No. 484-872-8884	License No. 01161						
Start Date (10) 3/23/17	Scheduled Completion Date (11) 3/24/17	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130							
<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: Work in a segregated area		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<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 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
EGO3			X	Floor tile and mastic	144 SF	X			
EGO2			X	Floor tile and mastic	244 SF	X			
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. NJD054126164	Cubic Yards of Waste 4	Name of Registered Landfill Veolia ES Greentree Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Kersey, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature 		Date 3/13/17			

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



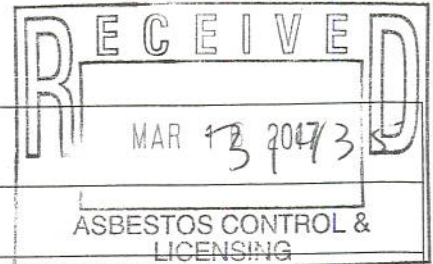
Date of Notification (1) 03 / 13 / 17		Name of Building Owner/Operator (2) EJP Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 409 Vath Street							
		City, State, Zip Code Jackson, NJ 08527							
		Name of Contact Joe	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lakewood	Square Feet 2000 sf	# of Floors 2	Bldg. Age 65						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 03 / 23 / 17	Scheduled Completion Date (11) 03 / 27 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	100 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"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 8	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 03/28/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 3/13/17			

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



Date of Notification (1) 03 / 13 / 17		Name of Building Owner/Operator (2) Lertch Wrecking & Disposal							
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 5115 Belmar Blvd. City, State, Zip Code Wall, NJ 07727 Name of Contact Doug Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800							
City (5) Lakewood		# of Floors 1	Bldg. Age 65						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 03 / 23 / 17	Scheduled Completion Date (11) 03 / 27 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply) <input 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1850 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 7	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 03/28/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 3/13/17		

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



Date of Notification (1) 03 / 13 / 17		Name of Building Owner/Operator (2) JS Custom Construction							
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 21 Dugan Lane							
		City, State, Zip Code Toms River, NJ 08753							
		Name of Contact Lenny	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Mantoloking	Square Feet 1800 sf	# of Floors 1	Bldg. Age 65						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 03 / 24 / 17	Scheduled Completion Date (11) 03 / 27 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1800 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 03/28/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 3/13/17			

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

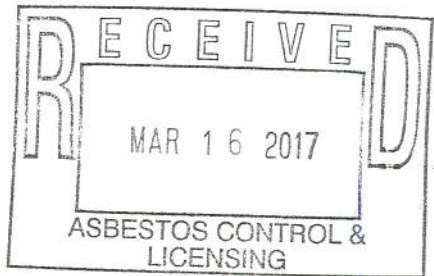


Date of Notification (1) 03-08-17		Name of Building Owner/Operator (2) New Jersey Natural Gas							
Agencies Notified	Type Notification	Street Address 581 Highland Parkway							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> 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 Toms River, NJ 08753							
		Name of Contact Tom Merenda	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 581 Highland Parkway		<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) Toms River		Square Feet 5080	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) Arcturus Environmental Services, LLC.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 9 Prince William Road		Street Address 200 Broad Street							
City, State, Zip Code Morganville, NJ 07751		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Frank Tamargo		Telephone No. (732) 617-9279	License No. 00756						
Start Date (10) 03-20-17	Scheduled Completion Date (11) 04-30-17	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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 Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input 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
Ground Floor: Lounge Closet				Joint Compound	80SF	x			
Ground Floor: Training Closet				Joint Compound	77SF	x			
Ground Floor: Training Closet				VAT/Mastic	65SF	x			
Ground Floor: A/C Room				VAT/Mastic	38SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJ-113	Cubic Yards of Waste TBD	Name of Registered Landfill Grows North Landfill					
City, State Freehold, NJ 07728			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Richard Doran		Title Project Manager	Signature 	Date 03-08-17					

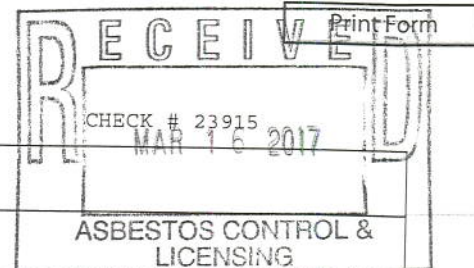
Additional Materials / Floors

Pg. 2

Ground Floor: Heater Room	N/A	VAT/Mastic	96SF	Removal
Ground Floor: Lounge Closet	N/A	VAT/Mastic	745SF	Removal
Ground Floor: Offices	N/A	VAT/Mastic	328SF	Removal



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

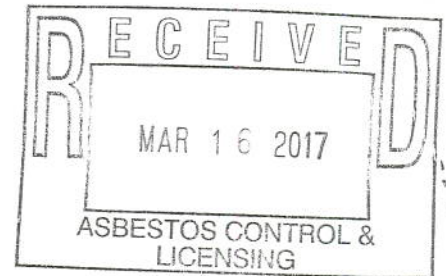


Date of Notification (1) 03-08-17			Name of Building Owner/Operator (2) Unilever						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 700 Sylvan Avenue City, State, Zip Code Englewood Cliffs, NJ Name of Contact Mohnish Joshi					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 700 Sylvan Avenue			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.)						
City (5) Englewood Cliffs			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-939-6565	License No. 00756					
Start Date (10) 03-18-17		Scheduled Completion Date (11) 07-31-17		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Building D: 2nd Floor			x	Fireproofing	11,000SF	x			
Building D: 1st Floor			x	VAT	125SF	x			
Building D: 1st Floor			x	Pipe Insulation	16LF	x			
Building D: 3rd Floor			x	Fireproofing	11,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager		Signature 		Date 03-08-17			

Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ
Additional Materials / Floors

Pg. 2

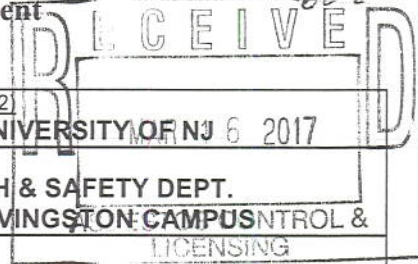
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Building D: 2nd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building D: 3rd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building B: Basement	N/A	Fireproofing	144SF	Removal
Building B: 2nd Floor	N/A	Mastic	1,200SF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	6LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	11LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	10LF	Removal
Building A: Ground Floor	N/A	Debris	100SF	Removal
Building A: 1st Floor	N/A	Pipe Insulation	6LF	Removal



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

GAC Project # 060-16

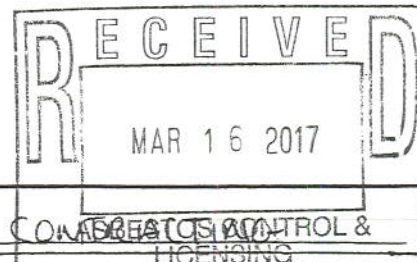
Check # 12607



Date of Notification (1) March 8, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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) PHARMACY, BLDG# 3750		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 BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 5 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 03/31/17		Scheduled Completion Date (11) 04/03/17	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SubChapter 8 Occupied: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
5 th Floor Corridor	<input checked="" type="checkbox"/>	VAT	100 SF
5 th Floor Corridor	<input checked="" type="checkbox"/>	ACM CEILING TILE	100 SF
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 NJ DEP # 4509		Name of Registered Landfill G.R.O.W.S. North Landfill	
Disposal Date 4/3/2017		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date March 8, 2017

CK # 4194

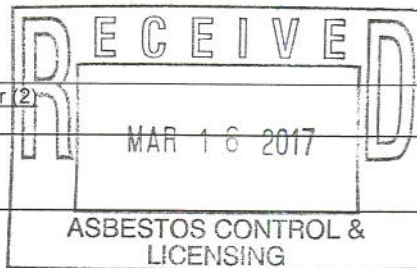
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>3-12-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH COMMERCIAL CONTROL & LICENSING</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 <u>155 RT 50</u>	
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>	
		Name of Contact <u>BRUCE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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 [REDACTED]			
City (5) <u>OCEAN CITY</u>	Square Feet <u>2000</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address _____		Street Address <u>369 S SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>3-22-17</u>	Scheduled Completion Date (11) <u>3-29-17</u>	Name of OSHA Monitor <u>N/A</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 _____	
		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) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
	X		
			Amount (Specify SF or LF) <u>2000 SF</u>
			Abatement Type Removal Repair Encapsulate Enclosure X
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	Name of Registered Landfill <u>C.M.C.M.U.A</u>
Completed By <u>MICHAEL KLOMA</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>
			Date <u>3-12-17</u>

CK 4101148

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) 3/9/17		Name of Building Owner/Operator (2) Paulsboro Refining Company	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		Street Address 800 Billingsport Rd
			City, State, Zip Code Paulsboro, NJ 08066
		Name of Contact Ravi Jarecha	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		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 800 Billingsport Rd		Sq. Feet N/A # of Floors N/A	
City (5) Paulsboro	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Mansfield Industrial, Inc.
Street Address		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 3/23/17	Scheduled Completion Date (11) 3/31/17	Name of OSHA Monitor Mansfield Industrial, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe - Removal of ACM within restricted work area in outside area		Street Address 800 Billingsport Rd	
		City, State, Zip Code Paulsboro NJ 08066	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure - PDA <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) _ YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Pipe in Rack along old powerhosue shop of Utilities Unit	X	TSI	Approx 80 LF
Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 1 CY	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ		Disp. Date Various	City, State South Harrison, NJ
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - Mansfield Industrial, Inc	Signature Site Operations Supervisor	Date 3-9-17

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00