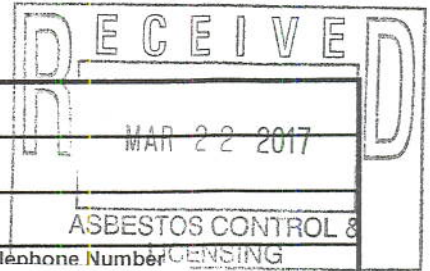


STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)



Date of Notification (1) 03 / 13 / 17		Name of Building Owner / Operator (2) HOPES CAP, INC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment _1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 301 GARDEN STREET		City, State, Zip Code HOBOKEN, NJ 07030	
Name of Contact ANA MEJIA		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address 900 HAMILTON STREET			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) SOMERSET	County (6) SOMERSET	County Code (7)	Square Feet 3,000	# Of Floors 2	Building Age 47+
Current Use (Prior if being demolished) DAYCARE					
Name of Monitoring Firm Hired by Bldg. Owner (8) GZA GEOENVIRONMENTAL, INC		ASCM NO 00126	Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 55 LANE ROAD, SUITE 407		Street Address			
City, State, Zip Code FAIRFIELD, NJ 07004		32 Williams Parkway City, State, Zip Code			
Project Mngr. For Monitoring Firm BEN SALLEMI		Telephone Number 973-774-3300	East Hanover, NJ 07036		
Scheduled Start Date (10) 03 / 25 / 17	Sched. Completion Date (11) 06 / 30 / 17	Telephone Number 973-884-8682	License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: WEEKENDS <input type="checkbox"/> Other - Describe: 7:00AM-7:00AM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036		

Scope of Work (Check All That Apply)

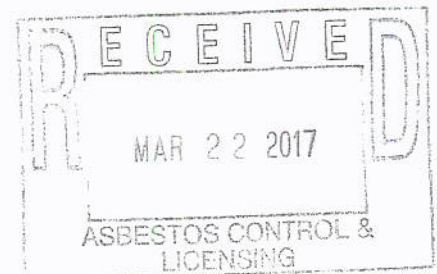
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input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

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
1ST FL MAINTENANCE SHOP	<input checked="" type="checkbox"/>	FLOOR TILE	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FL UNDER STAIRWELL	<input checked="" type="checkbox"/>	FLOOR TILE	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FL KITCHEN	<input type="checkbox"/>	FLOOR TILE	576 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FL SLOP SINK CLOSET	<input type="checkbox"/>	FLOOR TILE	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill WASTE MGMT (GRAND CENTRAL)
City, State NEWARK, NJ	Disposal Date	City, State PEN ARGYLE, PA 18072	

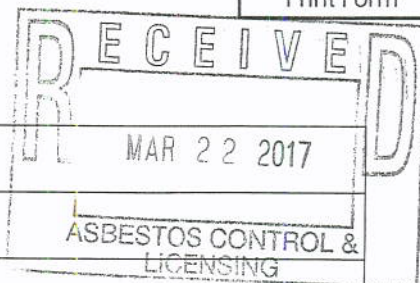
Completed by (Print or Type) PAUL MAST	Title VICE PRESIDENT	Signature <i>Paul Mast</i>	Date 03/21/17
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Location of Asbestos Containing  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Amount (Specify SF or LF)	Abatement Type			
					R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES	NO	N/A					
2ND FL PHONE CLOSET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FL REC ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLASTER CEILING	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FL OFFICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLASTER CEILING	630 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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

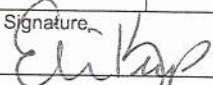


Date of Notification (1) 3-21-17		Name of Building Owner/Operator (2) Steven Rubin							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Huntingdon Valley, PA 19006							
		Name of Contact Steven Rubin	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hammonton Shopping Center (sections b and c)		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 40 N Whitehorse Pike		Square Feet 15000	# of Floors 1						
City (5) Hammonton		Bldg. Age +/-100							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Vertex Companies, LLC		ASCM No. _____	Name of Abatement Contractor (9) Pepper Environmental Services						
Street Address 700 Turner Way		Street Address 2251 Fraley Street							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Philadelphia, PA 19137							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610-787-0402	Telephone No. 215-533-5155						
License No. 01166									
Start Date (10) 4-5-17	Scheduled Completion Date (11) 4-30-17	Name of OSHA Monitor Vertex Companies, 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 700 Turner Way							
		City, State, Zip Code Aston, PA 19014							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout in sections b and c				mastic	8000sf	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill Minerva Landfill					
City, State Newark DE		Disposal Date _____		City, State Libson, OH					
Completed by Jennifer Niven		Title Dir. of Operations	Signature 			Date 3-21-17			

CH4629

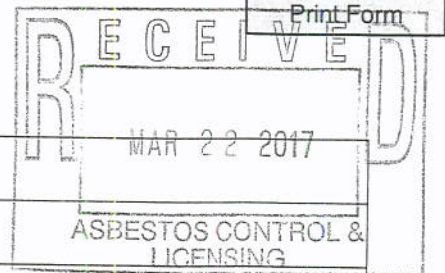
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
	MAR 22 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/15/2017		Name of Building Owner/Operator (2) [REDACTED]							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union City, NJ 07087							
		Name of Contact Agib Gerges	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Union City		Square Feet	# of Floors Bldg. Age 25+						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250 License No. 01172						
Start Date (10) 03/16/2017	Scheduled Completion Date (11) 03/22/2017	Name of OSHA Monitor Health & Safety Services, 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: Vacant		Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Burned Down Building		X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 6626 Delilah Road Egg Harbor Township, NJ			Disposal Date 03/22/2017	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature 			Date 03/15/2017			



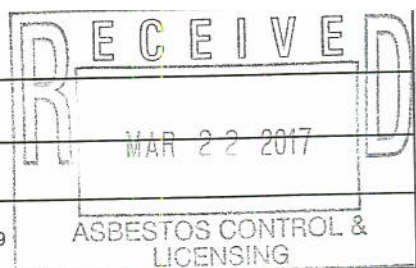
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03/15/2017		Name of Building Owner/Operator (2) Grant Gerow							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Berkely Heights, NJ 07092							
		Name of Contact Grant Gerow	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Union City		Square Feet	# of Floors Bldg. Age 25+						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250 License No. 01172						
Start Date (10) 03/16/2017	Scheduled Completion Date (11) 03/22/2017	Name of OSHA Monitor Health & Safety Services, 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: Vacant		Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Burned Down Building		X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 6626 Delilah Road Egg Harbor Township, NJ			Disposal Date 03/22/2017	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 03/15/2017			



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



Date of Notification (1)

3 / 13 /17

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

#7

Name of Building Owner/Operator (2)  
SETON HALL UNIVERSITY

Street Address  
400 SOUTH ORANGE AVENUE

City, State, Zip Code  
SOUTH ORANGE, NEW JERSEY 07079

Name of Contact  
VICTORIA PIVOVARNICK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Street Address  
400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

City (5)  
SOUTH ORANGE

County (6)  
ESSEX

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☒ Subchapter 8 (Other than K-12)  
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet  
60,000

# of Floors  
3

Bldg. Age  
40+

Current Use (Prior if being demolished)  
UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)  
TTI ENVIRONMENTAL INC.

ASCM No.  
3

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
1253 NORTH CHURCH STREET  
City, State, Zip Code  
MOORESTOWN, NEW JERSEY 08057

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm  
JEFF SEAMAN

Telephone Number  
856-889-5182

Telephone Number  
845-369-7500

License Number  
1101

Expected State Date (10)

3 / 3 /17  
Month Day Year

Sched. Completion Date (11)

11 / 30 /17  
Month Day Year

Name of OSHA Monitor  
QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM

Street Address  
1376 ROUTE 9

City, State, Zip Code  
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

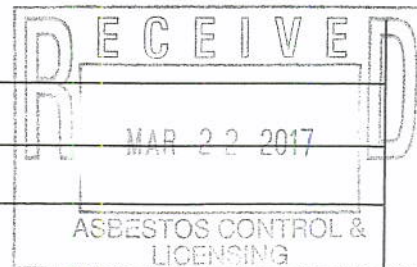
☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini-Enclo.  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Disposal Date 12/23-11/30/2017	City, State PLAINFIELD TOWNSHIP, PA				
				Signature 	Date 3/13/17				



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



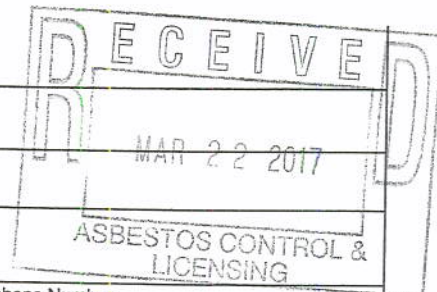
Date of Notification (1) 2 / 27 /17		Name of Building Owner/Operator (2) SETON HALL UNIVERSITY	
Agencies Notified		Street Address 400 SOUTH ORANGE AVENUE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact VICTORIA PIVOVARNIK	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		Square Feet 60,000	# of Floors 3
City (5) SOUTH ORANGE		County (6) ESSEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.		ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1253 NORTH CHURCH STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JEFF SEAMAN		Telephone Number 856-889-5182	License Number 1101
Expected State Date (10) 3 / 3 /17		Sched. Completion Date (11) 11 / 30 /17	
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: MON-FRI 7AM-12:00AM SATURDAY 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 2/27/17			



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



Date of Notification (1)

2 / 27 /17

Agencies Notified

Type Notification

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA

☐ Initial Notification  
☒ Amended Notification  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

# 5

Name of Building Owner/Operator (2)  
SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE

City, State, Zip Code

SOUTH ORANGE, NEW JERSEY 07079

Name of Contact

VICTORIA PIVOVARNIK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Type of Facility (4)

☐ School (K-12)  
☒ Subchapter 8 (Other than K-12)  
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

Square Feet

60,000

# of Floors

3

Bldg. Age

40+

City (5)

SOUTH ORANGE

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)

TTI ENVIRONMENTAL INC.

ASCM No.

3

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1253 NORTH CHURCH STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JEFF SEAMAN

Telephone Number

856-889-5182

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

3 / 3 /16  
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17  
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MON-FRI 7AM-3:30PM SATURDAY 7AM-3:30 PM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini-Enclo.  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler				Cubic Yards of Waste		Name of Registered Landfill			
NEWARK CARTING INC.				200		GRAND CENTRAL SANITARY LANDFILL			
369 RAYMON BLVD.				NJDEP Waste Hauler ID No. 913					
City, State				Disposal Date		City, State			
NEWARK, NEW JERSEY 07105				12/23-11/30/2017		PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				3/3/17			



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



<b>Date of Notification (1)</b> 2 / 27 /17		<b>Name of Building Owner/Operator (2)</b> SETON HALL UNIVERSITY	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<b>Street Address</b> 400 SOUTH ORANGE AVENUE	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> SOUTH ORANGE, NEW JERSEY 07079	
		<b>Name of Contact</b> VICTORIA PIVOVARNICK	<b>Telephone Number</b>

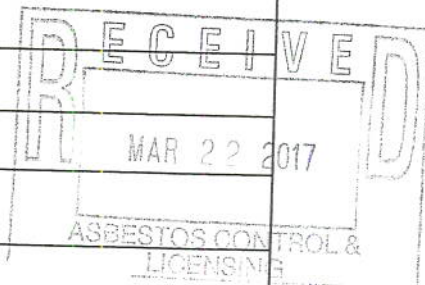
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> SETON HALL UNIVERSITY		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER		<b>Square Feet</b> 60,000	<b># of Floors</b> 3
<b>City (5)</b> SOUTH ORANGE		<b>Bldg. Age</b> 40+	
<b>County (6)</b> ESSEX	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> UNIVERSITY	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> TTI ENVIRONMENTAL INC.		<b>ASCM No.</b> 3	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 1253 NORTH CHURCH STREET		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> MOORESTOWN, NEW JERSEY 08057		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> JEFF SEAMAN		<b>Telephone Number</b> 856-889-5182	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 3 / 3 /16 Month Day Year		<b>Sched. Completion Date (11)</b> 11 / 30 / 17 Month Day Year	
		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	

<b>Occupancy Status During Abatement (Check only one)</b> <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: MON-FRI : SATURDY 7AM-3:30 PM		<b>Street Address</b> 1376 ROUTE 9
		<b>City, State, Zip Code</b> WAPPINGERS FALLS, NY 12590

<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
---	--	--	---

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
<b>Name of Registered Waste Hauler</b> NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 200	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL				
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Disposal Date</b> 12/23-11/30/2017	<b>Signature</b> 	<b>Date</b> 2/27/17			

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



Date of Notification (1)

2 / 21 /17

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #3  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE

City, State, Zip Code

SOUTH ORANGE, NEW JERSEY 07079

Name of Contact

VICTORIA PIVOVARNICK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

City (5)

SOUTH ORANGE

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

TTI ENVIRONMENTAL INC.

ASCM No.

3

Street Address

1253 NORTH CHURCH STREET

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

Project Manager for Monitoring Firm

JEFF SEAMAN

Telephone Number

856-889-5182

Expected State Date (10)

12 / 23 /16  
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17  
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY- SATURDY 7AM-3:30 PM

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini-Enclo.  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Disposal Date 12/23-11/30/2017	City, State PLAINFIELD TOWNSHIP, PA			
					Date 2/20/17				



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

Date of Notification (1)

1 / 10 /17

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #2  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE

City, State, Zip Code

SOUTH ORANGE, NEW JERSEY 07079

Name of Contact

VICTORIA PIVOVARNIK

Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Type of Facility (4)

☐ School (K-12)  
☒ Subchapter 8 (Other than K-12)  
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

Square Feet

60,000

# of Floors

3

Bldg. Age

40+

City (5)

SOUTH ORANGE

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)

TTI ENVIRONMENTAL INC.

ASCM No.

3

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1253 NORTH CHURCH STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JEFF SEAMAN

Telephone Number

856-889-5182

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 23 /16  
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17  
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY- SATURDY 7AM-3:30 PM

Street Address

1376 ROUTE 9

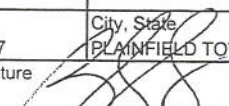
City, State, Zip Code

WAPPINGERS FALLS, NY 12590

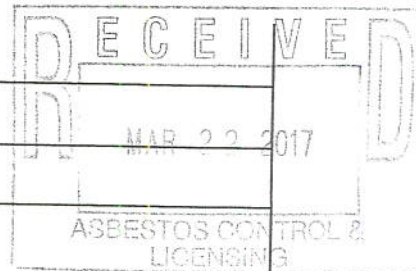
Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini-Encl.  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
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BOARD DINING			X	PIPE FITTINGS	25 LF	X			
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SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
NEWARK CARTING INC.		913		200		GRAND CENTRAL SANITARY LANDFILL			
City, State		Disposal Date		City, State					
NEWARK, NEW JERSEY 07105		12/23-11/30/2017		PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				1-10-17			

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



Date of Notification (1)

12 / 19 /16

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☒ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #1  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
SETON HALL UNIVERSITY

Street Address

400 SOUTH ORANGE AVENUE

City, State, Zip Code

SOUTH ORANGE, NEW JERSEY 07079

Name of Contact

VICTORIA PIVOVARNIK

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

SETON HALL UNIVERSITY

Type of Facility (4)

☐ School (K-12)  
☒ Subchapter 8 (Other than K-12)  
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER

Square Feet  
60,000

# of Floors  
3

Bldg. Age  
40+

City (5)

SOUTH ORANGE

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)  
UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)

TTI ENVIRONMENTAL INC.

ASCM No.

3

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1253 NORTH CHURCH STREET

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313 SPOOK ROCK ROAD

City, State, Zip Code

MOORESTOWN, NEW JERSEY 08057

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JEFF SEAMAN

Telephone Number

856-889-5182

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 23 /16  
Month Day Year

Sched. Completion Date (11)

11 / 30 / 17  
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL SOLUTIONS & TECH.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY- SATURDY 7AM-3:30 PM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

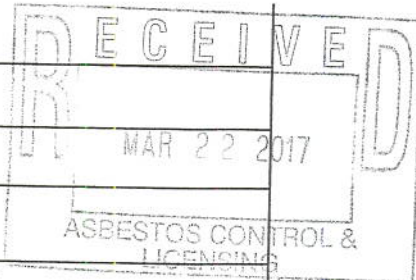
☐ Demolition  
☒ Renovation  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF

☒ Full Containment with Negative Pressure  
☒ Mini-Enclo.  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
KITCHEN			X	FIRE WALL	40 SF	X			
Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 12/19/16				



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



Date of Notification (1) 12 / 9 /16			Name of Building Owner/Operator (2) SETON HALL UNIVERSITY		
Agencies Notified			Street Address 400 SOUTH ORANGE AVENUE		
Type Notification			City, State, Zip Code SOUTH ORANGE, NEW JERSEY 07079		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA			<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
			Name of Contact VICTORIA PIVOVARNIK		Telephone Number

Name of Facility Where Abatement is Taking Place (3) SETON HALL UNIVERSITY					
Street Address 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.)	
City (5) SOUTH ORANGE		County (6) ESSEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL INC.				ASCM No. 3	
Street Address 1253 NORTH CHURCH STREET				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MOORESTOWN, NEW JERSEY 08057				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JEFF SEAMAN				Telephone Number 856-889-5182	
Expected State Date (10) 12 / 23 /16 Month Day Year				Sched. Completion Date (11) 11 / 30 /17 Month Day Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM				Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

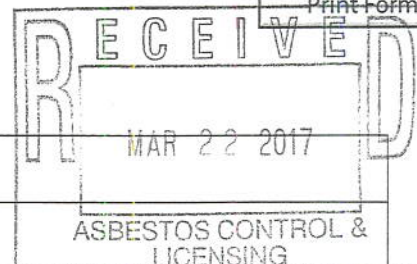
  

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
KITCHEN			X	PIPE FITTINGS	15 LF	X			
BACK HALL			X	PIPE FITTINGS	35 LF	X			
BACK HALL			X	SPRAY ON INSULATION	500 SF	X			
DISHWASHING AREA & ASSOCIATED						X			
HALL			X	PIPE FITTINGS	85 LF	X			
RECEIVING AREA			X	PIPE FITTINGS	15 LF	X			
RECEIVING AREA			X	SPRAY ON INSULATION	1,530 SF	X			
BOARD DINING			X	PIPE FITTINGS	25 LF	X			
SEVERY BAY 1			X	PIPE FITTINGS	15 LF	X			
SEVERY BAY 1			X	SPRAY ON INSULATION	760 SF	X			
SEVERY BAY 2			X	PIPE FITTINGS	15 LF	X			
HALLWAY BETWEEN SEVERY BAYS			X	PIPE FITTINGS	15 LF	X			

Name of Registered Waste Hauler NEWARK CARTING INC. 369 RAYMON BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 12/23-11/30/2017		City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 12/9/16	

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

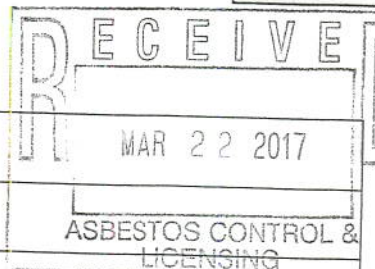


Date of Notification (1) 3/13/2017		Name of Building Owner/Operator (2) Vince Lanci							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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 Hillside, NJ 07205							
		Name of Contact Christian Barber							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
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) Hillside, NJ 07205		Square Feet 975	# of Floors 2						
		Bldg. Age 65							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
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 Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 3/28/2017	Scheduled Completion Date (11) 4/4/2017	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, NJ 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe wrap	80 lf	X			
basement		X		floor tile	300 sq.ft	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, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 3/13/2017					



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

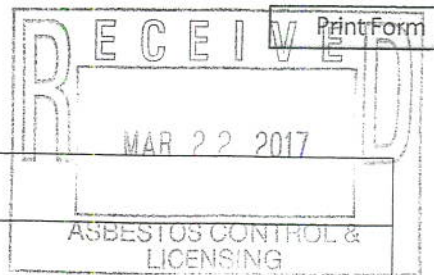
PAL JOB# 17-1119



Date of Notification (1) 03/15/2017		Name of Building Owner/Operator (2) Seritage SRC Finance LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAR 22 2017  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>							
Agencies Notified		Type Notification				Street Address 489 Fifth Avenue 18th Floor					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code New York, NY 10017					
				Name of Contact Colin Stirrat		Telephone Number					
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Sears Store Unit#1434				Type of Facility (4)							
Street Address 50 Route 46				<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) Wayne				Square Feet 80,000		# of Floors 2					
County (6) Passaic				County Code (7) (STATE USE ONLY)		Bldg. Age 50+					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services				ASCM No. 00120		Current Use (Prior if being demolished) Commercial					
Street Address 280 Huyler Street				Name of Abatement Contractor (9) PAL Environmental Services							
City, State, Zip Code South Hackensack, NJ 07606				Street Address 11-02 Queens Plaza South							
Project Manager for Monitoring Firm Veronica Kero				Telephone No. 201-489-8700		City, State, Zip Code Long Island City, NY 11101					
Start Date (10) Postponed		Scheduled Completion Date (11) 12/16/2017		Telephone No. 718-349-0900		License No. 28675					
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Martin McRea							
<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 714 Kennedy Blvd.							
				City, State, Zip Code Bayonne, NJ 07002							
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					
						Removal	Repair	Encapsulate	Enclosure		
1st Floor		Yes	No	N/A	Floor Tile, Fittings & Fireproofing	58,000 SF	x				
2nd Floor			X								
			X		Floor Tile, Fittings & Fireproofing	47,600 SF	x				
							x				
Name of Registered Waste Hauler ATC				NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 50 Yards		Name of Registered Landfill Minerva Enterprises			
City, State Shirley, NY 11967				Disposal Date 03/22/2017		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali				Title Compliance Admin		Signature		Date 03/15/2017			

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

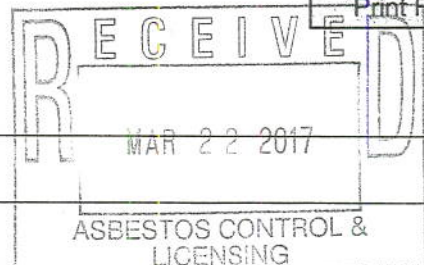
PAL JOB# 17-1119



Date of Notification (1) 03/06/2017		Name of Building Owner/Operator (2) Seritage SRC Finance LLC							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 489 Fifth Avenue 18th Floor							
		City, State, Zip Code New York, NY 10017							
		Name of Contact Colin Stirrat	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sears Store Unit#1434		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 50 Route 46		Square Feet 80,000	# of Floors 2						
City (5) Wayne		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 280 Huyler Street		Street Address 11-02 Queens Plaza South							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Veronica Kero		Telephone No. 201-489-8700	Telephone No. 718-349-0900						
			License No. 28675						
Start Date (10) 03/16/2017	Scheduled Completion Date (11) 12/16/2017	Name of OSHA Monitor Martin McRea							
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 714 Kennedy Blvd.							
		City, State, Zip Code Bayonne, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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
1st Floor		X		Floor Tile, Fittings & Fireproofing	58,000 SF	X			
2nd Floor		X		Floor Tile, Fittings & Fireproofing	47,600 SF	X			
						X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 50 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 03/22/2017		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin	Signature 			Date 03/06/2017			



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



Date of Notification (1) 3/16/17		Name of Building Owner/Operator (2) Ken Gertzen Private Home							
Agencies Notified	Type Notification	Street Address							
<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 Long Beach Twp NJ 08008							
		Name of Contact Ken	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ken Gertzen Private Home		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) Long Beach Twp NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 35+							
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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 3/27/17	Scheduled Completion Date (11) 3/31/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	1800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 3/31/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/16/17		

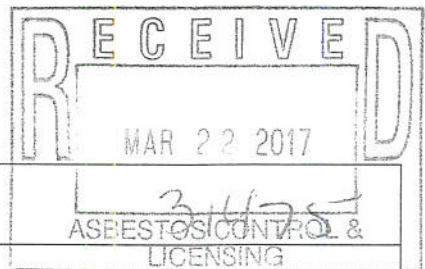
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MAR 22 2017  
ASBESTOS CONTROL &  
LICENSING

ASB-41  
JAN 13

<sup>a</sup> Do not use this form for asbestos licensure exempted activities.



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



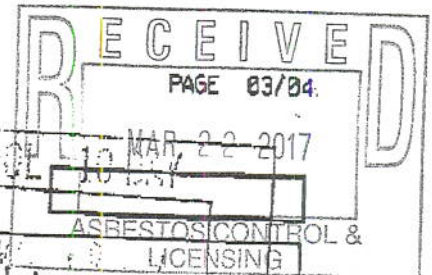
Date of Notification (1) <b>03 / 16 / 17</b>			Name of Building Owner/Operator (2) <b>IGC Service Group</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1100 Maxim-Southard Road</b>					
				City, State, Zip Code <b>Howell, NJ 07731</b>					
			Name of Contact <b>Jen</b>		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address									
City (5) <b>Sicklerville</b>				Square Feet <b>900 sf</b>	# of Floors <b>1</b>				
				Bldg. Age <b>65</b>					
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>					
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>				
Start Date (10) <b>03 / 17 / 17</b>		Scheduled Completion Date (11) <b>03 / 20 / 17</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address <b>1056 Stelton</b>					
				City, State, Zip Code <b>Piscataway, New Jersey 08854</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos siding</b>	<b>900 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>				Disposal Date <b>3/21/17</b>	City, State <b>Tullytown, Pennsylvania</b>				
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>3/16/17</b>			



03/15/2017 09:22AM 9736381778

MO#24219192036

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:50 and 8:16)



Date of Notification (1) 03 / 16 / 17		Name of Building Owner/Operator (2) Carolyn Gittelson	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address Short Hills, NJ 07078		City, State, Zip Code Short Hills, NJ 07078	
Name of Contact Carolyn Gittelson		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Short Hills, NJ 07078		Squares Feet # of Floors Bldg. Age	
County (8) Essex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 03 / 17 / 17		Scheduled Completion Date (11) 03 / 18 / 17	
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		Current Use (Prior if being demolished)	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >180 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Grovobag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Pipe Insulation		15 LF	
Boiler Insulation		36 SF	
Abatement Type			
Removal			
Repair			
Encapsulate			
Enclosure			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Name of Registered Landfill T.R.R.F. Inc		City, State Tullytown, PA	
Completed By (Print or Type) N. Javtic		Signature N. Javtic	
Title Owner		Date 03/16/17	

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

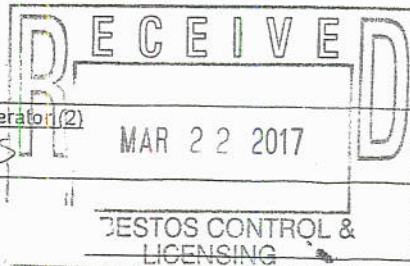


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Ck# 0562

Date of Notification (1) 3/16/17		Name of Building Owner/Operator (2) c/o Esposito Construction		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAR 22 2017  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified	Type Notification	Street Address 253 Main St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Matawan, NJ							
		Name of Contact Matt Esposito							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Warehouse			Type of Facility (4)						
Street Address 200-208 Angelo Cifelli Dr			<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) Harrison, NJ			Square Feet 5,000	# of Floors 1	Bldg. Age 50+				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASC No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a				Street Address 360 Palisade Ave					
City, State, Zip Code n/a				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973460.6026	License No. 01255				
Start Date (10) 3/27/17		Scheduled Completion Date (11) 4/15/17		Name of OSHA Monitor Harmony Contracting Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave					
<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 Garfield, NJ 07026					
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	Roofing Materail	4,000 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Riverdale, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Kristina Caporino		Title Secretary		Signature <i>Kristina Caporino</i>			Date 3/16/17		

NO CH

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

Date of Notification (1) <u>3-8-17</u>		Name of Building Owner/Operator (2) <u>Paul Nunes</u>	
Agencies Notified	Notification Type	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	City, State, Zip Code <u>Old Bridge NJ 08857</u>	
		Name of Contact <u>Paul Nunes</u>	

Name of Facility Where Abatement is Taking Place (3) <u>Personal Residence</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address			Sq. Feet <u>1700</u> # of Floors <u>2</u>	
City (5) <u>Old Bridge</u>	County (6) <u>Middlesex</u>	County Code (7) (State Use Only)	Bldg. Age <u>60</u>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>			Current Use (prior if being demolished)	
Street Address			Name of Contractor (9)	

City, State, Zip Code <u>Old Bridge NJ 08857</u>		City, State, Zip Code	
Project Manager for Monitoring Firm <u>Paul Nunes</u>	Telephone Number <u>973-277-0335</u>	Telephone Number	License Number
Scheduled Start Date (10) <u>3-15-17</u>	Scheduled Completion Date (11) <u>3-22-17</u>	Name of OSHA Monitor	
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 <u>N/A Private Home</u>		Street Address	
Other - Describe		City, State, Zip Code	

Source of Work (Check all that apply)

- ☐ Demolition ☒ Renovation  
☐ Large Proj. (>160 SF or >260 LF ACM) ☐ SM Proj. (>25<160 SF or >10<260 LF ACM) ☒ Minor Proj. (<25 SF or <10 LF ACM)  
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type
<u>Exterior Siding</u>	YES NO <input checked="" type="checkbox"/> NA		<u>± 30 cu yd</u>	Rem. Rep. Encap. Enc.

Name of Reg. Waste Hauler <u>Calixtus Inc.</u>	NJDEP Waste Hauler ID # <u>09330</u>	Cubic Yards of Waste <u>± 30 cu yd</u>	Name of Reg. Landfill <u>Greens Central Sanitary</u>
City, State <u>Kegons NJ</u>		Disp. Date <u>2</u>	City, State <u>Pen Arg, PA</u>
Completed by (Print or type) <u>Paul Nunes</u>	Title <u>Owner of Property</u>	Signature <u>Paul Nunes</u>	Date <u>3/8/2017</u>

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

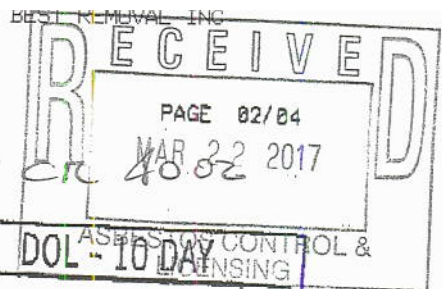
Telephone 609-984-6620

C:\WORD\MYDQCS\ASBESTOS  
9/13/00



03/16/2017 01:26PM 2013297440

BEST REMOVAL INC



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:40 and 12:120)

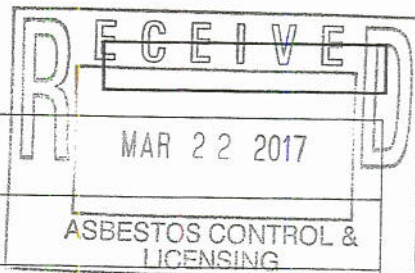
Date of Notification (1) <b>3/16/17</b>		Name of Building Owner/Operator (2) <b>MS. CONSTANCE BARTON</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>MS. CONSTANCE BARTON</b>		City, State, Zip Code <b>MONTCLAIR, NJ</b>	
Name of Contact <b>MS. BARTON</b>		Telephone Number <b>201-329-7444</b>	
Name of Facility Where Abatement is Taking Place (3) <b>MS. CONSTANCE BARTON</b>			
Street Address <b>MS. CONSTANCE BARTON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>MONTCLAIR</b>		Square Feet <b>2000</b>	
County (6) <b>ESSEX</b>		# of Floors <b>2</b>	
County Code (7) (STATE USE ONLY)		Bldg. Age <b>1940</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Street Address <b>MS. CONSTANCE BARTON</b>		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
City, State, Zip Code <b>MONTCLAIR, NJ</b>		Street Address <b>450 South River Street</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, NJ 07601</b>	
Telephone No.		Telephone No. <b>201-329-7444</b>	
Start Date (10) <b>3/20/17</b>		License No. <b>00388</b>	
Scheduled Completion Date (11) <b>3/21/17</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
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: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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"/> Chubbag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>BASEMENT</b>		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) <b>THERMAL SYSTEM INSULATION</b>		Amount (Specify SF or LF) <b>65LF</b>	
Abatement Type Enclosure Repair Encapsulate Enclose			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	
City, State <b>Hackensack, NJ 07601</b>		Cubic Yards of Waste <b>2 CFS</b>	
Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		City, State <b>Waynesburg, OH 44688</b>	
Completed by <b>J. Maiorano</b>		Signature <b>J. Maiorano</b>	
Title <b>Estimator</b>		Date <b>3/16/17</b>	

ASB-41 (R-06-05)

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

Check#2739

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



Date of Notification (1) 03 / 17 / 17		Name of Building Owner/Operator (2) Louise Teeple							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address		City, State, Zip Code Nutley, NJ 07110							
Name of Contact Louise Teeple		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address		Square Feet	# of Floors						
City (5) Nutley, NJ 07110		Bldg. Age							
County (6) Essex	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) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 03 / 27 / 17	Scheduled Completion Date (11) 03 / 29 / 17	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 03/17/17			

ASB-41  
MAY 11

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



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

CK 508

Date of Notification 3/13/17		Name of Building Owner / Operator (2) <b>Lorhetta Nichol</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  MAR 22 2017  ASBESTOS LICENSING </div>	
Agencies Notified	Type of Notification	Street Address			
EPA DEP <b>X</b> DOL <b>X</b> DOH DCA	<b>X</b> Emergency Notification Initial Notification Amended Notification Cancellation	City, State & Zip Code <b>Plainfield, NJ 07060</b>			
		Name of Contact <b>Lorhetta Nichol</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <b>X</b> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
City (5) <b>Plainfield</b>			<b>2,000</b>	<b>2</b>	<b>80+</b>
County (6) <b>Union</b>	County Code (7)		Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Matawan, NJ 07716</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>3/13/17</b>	Scheduled Completion Date (11) <b>3/13/17</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <b>X</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure Large Project <input type="checkbox"/> Mini-Enclosure <b>X</b> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Glovebag Procedure Quantity is $\geq 160$ SF or $\geq 260$ LF ACM Other: <b>Non-friable</b>					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>Basement</b>	<b>N/A</b>	<b>Pipe insulation</b>	<b>10 LF</b>	<b>Removal</b>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>1</b>	Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>3/18/17</b>	City, State <b>Newburg, PA</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>3/13/17</b>	



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

3/11/17: Approved by  
Tom Voorhees

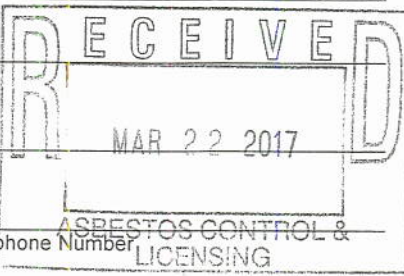
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Date of Notification (1) <b>3 / 17 / 17</b>		Name of Building Owner/Operator (2) <b>Ewing Township Board of Education</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>MAR 22 2017</b>   <b>ASBESTOS CONTROL &amp; ABATEMENT</b> </div>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>220 Ewingville Road</b>					
		City, State, Zip Code <b>Ewing, NJ 08638</b>				Name of Contact <b>Mr Milton Shaw</b>					
						Telephone Number <b>609-392-4200</b>					
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>Fisher Middle School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1325 Lower Ferry Road</b>				Square Feet <b>30,000</b>							
City (5) <b>Ewing</b>				# of Floors <b>4</b>							
County (6) <b>Mercer</b>				Bldg. Age <b>60+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Academic</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>120 N Warren St</b>		Street Address <b>1123 BEAVER STREET</b>									
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>									
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone No. <b>609-392-4200</b>		License No. <b>00509</b>							
Start Date (10) <b>3 / 18 / 17</b>		Scheduled Completion Date (11) <b>3 / 18 / 17</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>8:00AM-4:00PM/</b> _____ PM- _____ AM				Street Address <b>1123 BEAVER STREET</b>							
				City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) <b>50 SF</b>		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Rm C-123		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor tile and Mastic				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste <b>1 CYDS</b>		Name of Registered Landfill <b>GROWS LANDFILL</b>					
City, State <b>Bristol, PA</b>		Disposal Date <b>3/20/17</b>		City, State <b>Morrisville, PA 19067</b>							
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>3/17/17</b>					



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

Check # 8476

Date of Notification (1) <b>3/17/17</b>		Name of Building Owner/Operator (2) <b>NJIT</b>		
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>120 Summit St.</b>		
		City, State, Zip Code <b>Newark, NJ 07103</b>		
		Name of Contact	Telephone Number	

## FACILITY INFORMATION

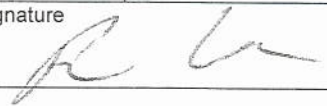
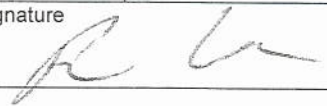
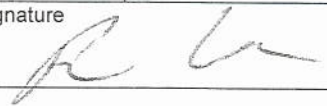
Name of Facility Where Abatement is Taking Place (3) <b>Specht Maintenance Bldg.</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <b>120 Summit Street</b>			Square Feet <b>80000</b>	# of Floors <b>2</b>	Bldg. Age <b>~ 60</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>educational</b>		
Name of Monitoring Firm Hired by Building Owner <b>Omega Environmental Services, Inc.</b>		ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>280 Huyler St.</b>			Street Address <b>323 Changebridge Road, Suite 100</b>		
City, State, Zip Code <b>S. Hackensack, NJ 07606</b>			City, State, Zip Code <b>Pine Brook, NJ 07058</b>		
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone Number <b>201-489-8700</b>	Telephone Number <b>973-575-8700</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>3/27/17</b>	Sched. Completion Date (11) <b>4/31/17</b>		Name of OSHA Monitor <b>Iris Environmental Laboratories, LLC</b>		
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: partially vacated			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

- ☐ Demolition  
☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf or ≥260 lf

☐ Renovation

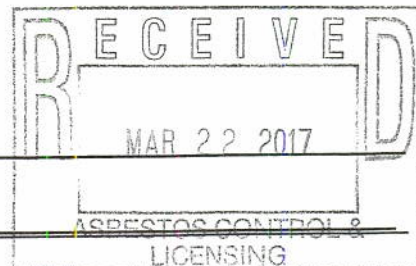
- ☐ Full Containment with Negative Pressure  
☒ Mini – Enclosure  
☒ Glovebag Procedure  
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type																
	Yes	No	N/A			R	R	E	E	N	N											
First floor		x		TSI	10 LF	x	x															
First floor		x		Floor tile/mastic	4000 SF	x																
<table border="1"> <tr> <td>Name of Registered Waste Hauler <b>Jupiter Environmental Services</b></td> <td>NJDEP Waste Hauler ID No. <b>04782</b></td> <td>Cubic Yards Of Waste <b>15</b></td> <td>Name of Registered Landfill <b>Alliance Landfill</b></td> </tr> <tr> <td colspan="2">City, State <b>Pine Brook, NJ</b></td> <td>Disposal Date <b>4/25/17</b></td> <td>City, State <b>Taylor, PA</b></td> </tr> <tr> <td>Completed By (Print or Type) <b>Pane Repic</b></td> <td>Title <b>General Manager</b></td> <td>Signature </td> <td>Date <b>3/17/17</b></td> </tr> </table>											Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>15</b>	Name of Registered Landfill <b>Alliance Landfill</b>	City, State <b>Pine Brook, NJ</b>		Disposal Date <b>4/25/17</b>	City, State <b>Taylor, PA</b>	Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>3/17/17</b>
Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>15</b>	Name of Registered Landfill <b>Alliance Landfill</b>																			
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>4/25/17</b>	City, State <b>Taylor, PA</b>																			
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>3/17/17</b>																			



Paragon Job#

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



Date of Notification (1) 03/11/17		Name of Building Owner/Operator (2) Gateway EH, LLC	
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"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address 250 Memorial Dr.		City, State, Zip Code Camden, NJ 08103	
Name of Contact Chris Condon		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Office Building			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 196 Newton Ave.			Square Feet 7,600 SF		
City (5) Camden			County (6) Camden		# of Floors 01
			County Code (7) (State use only)		Bldg. Age 65
Name of Monitoring Firm Hired by Bldg. Owner (8) Langan Engineering			Name of Abatement Contractor (9) Paragon Contracting, Inc.		
Street Address 300 Kimball Dr. 4th Floor			Street Address 590 River Rd.		
City, State, Zip Code Parsippany, NJ 07054			City, State, Zip Code Clifton, NJ 07014		
Project Manager for Monitoring Firm Langan		Phone Number 973-560-4900	Telephone Number (973) 614-1600		License Number 00748
Scheduled Start Date (10) 04/03/2017		Sched. Completion Date (11) 04/13/2017			
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)

- ☒ Demolition      ☐ Renovation      ☐ Full Containment w/negative pressure      ☐ Glovebag procedure  
☐ >3 sf or >3 lf      ☒ ≥160 sf or ≥260 lf      ☐ Mini-enclosure      ☒ Non-Exempted ( " ) 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						
Offices			<input checked="" type="checkbox"/>	VAT&Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof			<input checked="" type="checkbox"/>	Roof Flashing	2,200 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"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 30 cyds	Name of Registered Landfill GROWS/Tullytown
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature	Date 03/17/2017



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

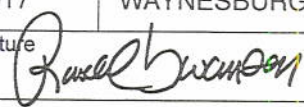
APPROVED AS PER TOM VORHEES-DOL

CHECK# 1683

Date of Notification (1) 03/15/2017		Name of Building Owner/Operator (2) FLAUM MANAGEMENT COMPANY INC.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  MAR 22 2017  POL &amp; </div>	
Agencies Notified	Type Notification	Street Address 400 ANDREWS STREET SUITE 500			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ROCHESTER NEW YORK 14620			
		Name of Contact ASHER FLAUM		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL SPACE-VACANT RICKELS			Type of Facility (4)		
Street Address 949 CHURCH 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) CHERRY HILL			Square Feet 35,000	# of Floors 1	Bldg. Age 50+
County (6) CAMDEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN			
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062			
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145	
Start Date (10) 03/16/2017		Scheduled Completion Date (11) 03/31/2017		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)			Street Address 200 RT. 130 NORTH		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code CINNAMINSON NJ 08077		
Scope of Work (Check All That Apply)					
<input 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	

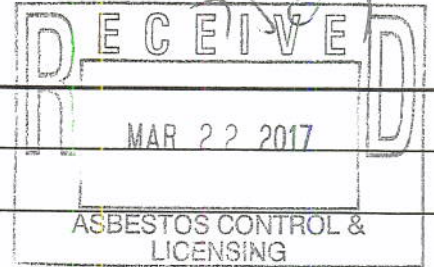
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GROUND FLOOR			X	NF1 MASTIC	4048 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 20	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ		Disposal Date 03/31/2017		City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 03/15/2017	



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

CK  
509



Date of Notification (1) 3/17/17 Type Notification		Name of Building Owner / Operator (2) <b>7-Eleven Inc.</b>	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification	Street Address <b>1722 Routh Street, Suite 1000</b>	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code <b>Dallas, TX 75201</b>	
	Amended Notification	Name of Contact <b>Eric Roemer</b>	
	Cancellation	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>82 Garden State Parkway South</b>			Square Feet <b>3000</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>
City (5) <b>Iselin</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>Commercial</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>3/28/17</b>	Scheduled Completion Date (11) <b>3/31/17</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		

Scope of Work (Check all that apply)		Full Containment with Negative Pressure	
Demolition	<input checked="" type="checkbox"/> Renovation	Mini-Enclosure	
Large Project		Glovebag Procedure	
Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input checked="" type="checkbox"/> Other: <b>Non-friable</b>	
<input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Main Roof</b>	<b>N/A</b>	<b>Roof flashing</b>	<b>720 SF</b>	<b>Removal</b>
<b>Main Roof</b>	<b>N/A</b>	<b>Duct seam flashing</b>	<b>120 SF</b>	<b>Removal</b>
<b>Attendant booth</b>	<b>N/A</b>	<b>Roof</b>	<b>49 SF</b>	<b>Removal</b>

Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>3/31/17</b>		City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>			Date <b>3/17/17</b>