
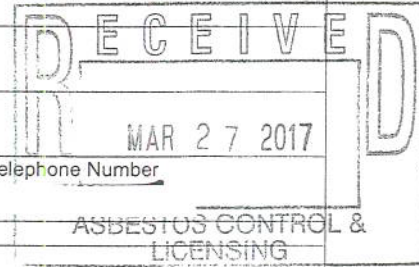


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

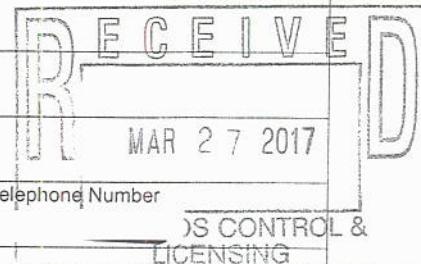
Check 16276

| | | | | | | | | | |
|--|---|--|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 3/21/17 | | Name of Building Owner/Operator (2) Mike Bain | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Cranford NJ | | | | | | | |
| | | Name of Contact Mike Bain | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 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 & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 2000 | # of Floors 2 | | | | | | |
| City (5) Cranford | | Bldg. Age 63 | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | License No. 703 | | | | | | |
| Start Date (10) 4/10/17 | Scheduled Completion Date (11) 5/3/17 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| attic | | | x | vermiculite insulation | 1200 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | | | | | |
| City, State Freehold, NJ | | | Disposal Date TBD | City, State Birdsboro PA | | | | | |
| Completed by A. Scott Higgins | | Title President | Signature  | | | Date 3/21/17 | | | |



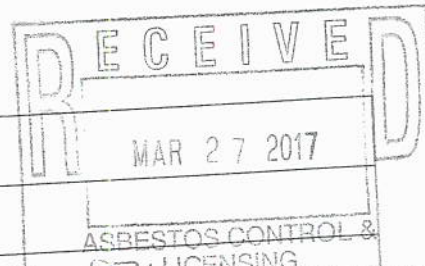
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 16277



| Date of Notification (1) 3/21/17 | | Name of Building Owner/Operator (2) Wonder World Daycare | | | | | | | |
|--|---|---|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1359 Morris Avenue | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Union NJ 07083 | | | | | | | |
| | | Name of Contact Trish | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Wonder World | | Type of Facility (4) | | | | | | | |
| Street Address 1359 Morris Avenue | | <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) Union | | Square Feet 1000 | # of Floors 2 | | | | | | |
| County (6) Union | | Bldg. Age 60 | | | | | | | |
| 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) ABS Environmental Services, LLC | | | | | | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-764-2276 | | | | | | |
| Start Date (10) 4/3/17 | | Scheduled Completion Date (11) 5/3/17 | License No. 703 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor | | | | | | | |
| <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: storage room | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Bathroom & Closet in Storage Rm | | | x | pipe insulation | 12 LF | | x | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State Birdsboro PA | | | | | |
| Completed by A. Scott Higgins | | Title President | Signature | | | Date 3/21/17 | | | |

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



CK 2650

Date of Notification (1)

3/24/17

Name of Building Owner/Operator (2)

Jennifer Reppy

Street Address

City, State, Zip Code

Name of Contact

Eric Plackis

MAR 27 2017

ASBESTOS CONTROL & LICENSING

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL

☐ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)

County (6)

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Brick Industries Inc.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Name of OSHA Monitor

Start Date (10)

3/30/17

Scheduled Completion Date (11)

4/20/17

Occupancy Status During Abatement (Check Only One)

- ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

- ☒ Renovation
☐ Demolition

- ☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Abatement Type

Removal Repair Encapsulate Enclosure

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

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

asbestos duct pipe 26 LF 8

Name of Registered Waste Hauler

Brick Industries Inc.

NJDEP Waste Hauler ID No. 21602

Cubic Yards of Waste 3

Name of Registered Landfill

GROWS Inc.

City, State

Brick, New Jersey

Disposal Date

4/21/17

City, State

PA

Completed by
Eric Plackis

Title
President

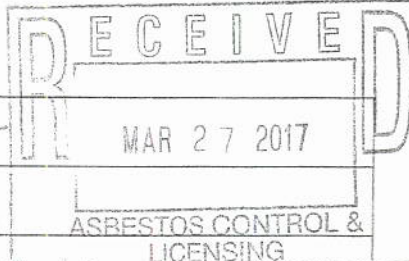
Signature

[Signature]

Date

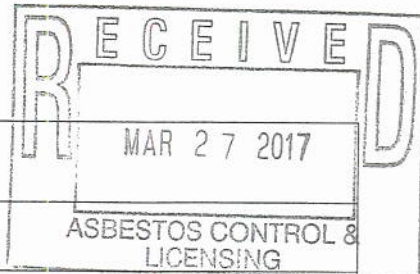
3/24/17

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



| | | | | | | | | |
|--|--|--|--|---|------------------------|---------|--------|-------------|
| Date of Notification (1) 3/22/17 | | Name of Building Owner/Operator (2) A. Farid Faryar | | | | | | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | [REDACTED] | Fair Haven, NJ 07704 | | | | | |
| | | Name of Contact Eric Plackis | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | 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) Fair Haven | Square Feet 2283 | # of Floors 2 | Bldg. Age 64 | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Home | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | | |
| Street Address | | Brick Industries Inc. | | | | | | |
| City, State, Zip Code | | Street Address P.O. Box 915 | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Brick, New Jersey 08723 | | | | | | |
| Telephone No. | | Telephone No. (732)899-7499 | License No. 01196 | | | | | |
| Start Date (10) 3/31/17 | Scheduled Completion Date (11) 5/31/17 | Name of OSHA Monitor | | | | | | |
| 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"/> ≥ 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 |
| | | | | | | | | |
| | | | Asbestos Floor tile | 500 SF | X | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 6 | Name of Registered Landfill GROWS Inc. | | | | |
| City, State Brick, New Jersey | | Disposal Date 6/1/17 | | City, State PA | | | | |
| Completed by Eric Plackis | | Title President | Signature <i>[Signature]</i> | | Date 3/22/17 | | | |

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



| Date of Notification (1) <u>2</u> / <u>22</u> / <u>17</u> | | Name of Building Owner/Operator (2) Verizon | | | | | | | |
|--|--|--|-------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-3/21/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Glassboro CO | | 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 5 Focer St. | | Square Feet | | | | | | | |
| City (5) Glassboro | | # of Floors | | | | | | | |
| County (6) Gloucester | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management | | ASCN No. | | | | | | | |
| Street Address 8436 Enterprise Ave | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Telephone No. 215-365-5810 | | Telephone No. 215-788-6040 | | | | | | | |
| License No. 00509 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Start Date (10) <u>3</u> / <u>13</u> / <u>17</u> | | Scheduled Completion Date (11) <u>3</u> / <u>23</u> / <u>17</u> | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5:00</u> PM - <u>1:30</u> AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 50 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Office | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Batement Battery Area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 100 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date | | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro / jl</i> | | Date <u>3/21/17</u> | | | |

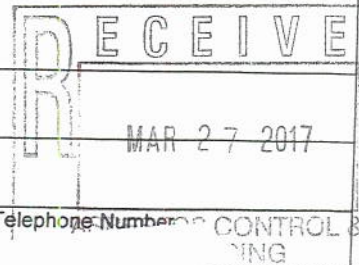
ASB-41
MAY 11 BS17020

* 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)

CR # 3181

| | | | |
|--|--|--|---|
| Date of Notification (1) <div style="text-align: center;">2 / 22 / 17</div> | | Name of Building Owner/Operator (2) Verizon | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-3/20/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 15 East Montgomery Place, Lower Level | |
| | | City, State, Zip Code Pittsburgh, PA 15212 | |
| | | Name of Contact Anthony Porta | Telephone Number 412-381-1111 |



FACILITY INFORMATION

| | | | |
|--|--|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Verizon Glassboro CO | | 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 5 Focer St. | | Square Feet # of Floors Bldg. Age | |
| City (5) Glassboro | | County (6) Gloucester | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address 8436 Enterprise Ave | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Philadelphia, PA 19153 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | License No. 00509 |
| Start Date (10) 3 / 13 / 17 | Scheduled Completion Date (11) 3 / 22 / 17 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |

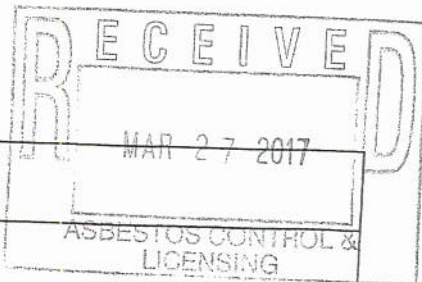
Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 50 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Office | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Batement Battery Area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 100 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"/> |

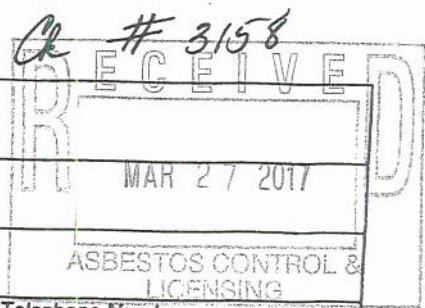
| | | | | | |
|---|---------------------------|---|----------------------|--|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date | City, State WAYNESBURG, OH 44688 | |
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature <i>Brian Scafiro / js</i> | | Date 3/20/17 | |

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



| | | | | | | | | | |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 2 / 22 / 17 | | Name of Building Owner/Operator (2) Verizon | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-3/17/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 15 East Montgomery Place, Lower Level | | | | | | | |
| | | City, State, Zip Code Pittsburgh, PA 15212 | | | | | | | |
| | | Name of Contact Anthony Porta | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Glassboro CO | | 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 5 Focer St. | | Square Feet | # of Floors | | | | | | |
| City (5) Glassboro | | Bldg. Age | | | | | | | |
| County (6) Gloucester | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 8436 Enterprise Ave | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | License No. 00509 | | | | | | |
| Start Date (10) 3 / 13 / 17 | Scheduled Completion Date (11) 3 / 20 / 17 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00PM-1:30AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Boiler room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 50 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Office | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date | | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | Signature <i>Brian Scafiro / jh</i> | | | Date 3/17/17 | | | |


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



| | | | | | | | | | |
|--|---|---|---|--|---------------------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 2 / 22 / 17 | | | Name of Building Owner/Operator (2) Verizon | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA 2219 <input checked="" type="checkbox"/> DOLWD 2205 <input checked="" type="checkbox"/> DHSS 2212 <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 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Glassboro CO | | | | 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 5 Focer St. | | | | Square Feet # of Floors Bldg. Age | | | | | |
| City (5) Glassboro | | | | | | | | | |
| County (6) Gloucester | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management | | ASCM No. | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Street Address 8436 Enterprise Ave | | | | Street Address 1123 BEAVER STREET | | | | | |
| City, State, Zip Code Philadelphia, PA 19153 | | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone No. 215-365-5810 | | Telephone No. 215-788-6040 License No. 00509 | | | | | |
| Start Date (10) 3 / 13 / 17 | | Scheduled Completion Date (11) 3 / 17 / 17 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM | | | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 |
| Boiler room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 50 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Office | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor tile and mastic | 320 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | | Name of Registered Landfill MINERVA LANDFILL | | | |
| City, State NEW CASTLE, DE 19720 | | | | Disposal Date | | City, State WAYNESBURG, OH 44688 | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro / jl</i> | | Date 2/22/17 | | | |

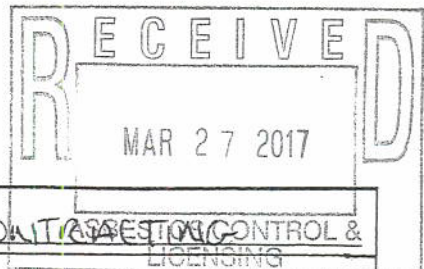
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check #13645

| | | | | | | | | | |
|---|--|--|------------------------------------|---|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Date of Notification (1) 3 / 2 / 17 | | Name of Building Owner/Operator (2) Haddonfield Public Schools Board of Education | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 1 Lincoln Ave. | | | | | | | |
| | | City, State, Zip Code Haddonfield, PA 08033 | | | | | | | |
| | | Name of Contact John Deserable | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Haddonfield Memorial High School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 401 Kings Highway East | | | | | | | | | |
| City (5) Haddonfield | | Square Feet 26,000 | # of Floors 2 | | | | | | |
| | | Bldg. Age 50 | | | | | | | |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) school | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC | | Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. | | | | | | | |
| Street Address 1930 Brown Road | | Street Address 923 Haws Ave. | | | | | | | |
| City, State, Zip Code Newfield, NJ 08344 | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Project Manager for Monitoring Firm James Eberts | | Telephone No. 856-205-1077 | License No. 00398 | | | | | | |
| Start Date (10) 4 / 7 / 17 | Scheduled Completion Date (11) 4 / 14 / 17 | Name of OSHA Monitor Plymouth Environmental Co., 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: 7:00AM-7:00PM / ____ PM - ____ AM | | Street Address 923 Haws Ave. | | | | | | | |
| | | City, State, Zip Code Norristown, PA 19401 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) 1,600LF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Attic | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | pipe insulation/fittings | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Robinson Waste Haulers | | NJDEP Waste Hauler ID No. 17304 | Cubic Yards of Waste 1CY | Name of Registered Landfill GROWS | | | | | |
| City, State Newark, NJ | | Disposal Date 4/14/17 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) James M. Kelly | | Title Vice President | | Signature  | | | Date 3/2/17 | | |

CK4199

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



| | | | | | | | |
|--|--|--|---|--|--------|-------------|-----------|
| Date of Notification (1) <u>3-21-17</u> | | Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING & ASBESTOS CONTROL & LICENSING</u> | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>155 RT 50</u> | | | | | |
| | | City, State, Zip Code <u>GREENFIELD N.J. 08230</u> | | | | | |
| | | Name of Contact <u>BRUCE</u> | Telephone Number _____ | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | | | | | | |
| City (5) <u>OCEAN CITY</u> | | Square Feet <u>2000</u> | # of Floors <u>2</u> | | | | |
| | | Bldg. Age <u>50+</u> | | | | | |
| County (6) <u>CAPE MAY</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>VACANT</u> | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. _____ | | | | | |
| Street Address _____ | | Name of Abatement Contractor (9) <u>KLEMCO INC.</u> | | | | | |
| City, State, Zip Code _____ | | Street Address <u>369 S SPRUCE AVE</u> | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>856-779-0472</u> | License No. <u>00444</u> | | | | |
| Start Date (10) <u>3-31-17</u> | Scheduled Completion Date (11) <u>4-7-17</u> | Name of OSHA Monitor <u>N/A</u> | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ | | | | | |
| | | City, State, Zip Code _____ | | | | | |
| Scope of Work (Check all that apply) | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u> | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) <u>1250 SF</u> | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| <u>SIDING</u> | X | <u>TRANSITE</u> | | X | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler <u>KLEMCO INC</u> | | NJDEP Waste Hauler ID No. <u>12904</u> | Cubic Yards of Waste _____ | Name of Registered Landfill <u>C.M.C. M.U.A</u> | | | |
| City, State <u>MAPLE SHADE N.J.</u> | | Disposal Date _____ | City, State <u>WOODBINE</u> | | | | |
| Completed By <u>Michael Klemm</u> | Title <u>SUP.</u> | Signature <u>[Signature]</u> | Date <u>3-21-17</u> | | | | |

CL 4199

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



| | | | | | | | | | |
|--|---|--|--|--|--|------------------------|--------|-------------|-----------|
| Date of Notification (1) <u>3-21-17</u> | | Name of Building Owner/Operator (2) <u>HUNTINSON</u> | | ASBESTOS CONTROL & LICENSING | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address <u>651 SEASHORE RD</u> City, State, Zip Code <u>CAPE MAY N.J. 08204</u> Name of Contact <u>JASON</u> | | | | | |
| | | | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) <u>WILDWOOD CREST</u> | | | | Square Feet <u>1000</u> | # of Floors <u>1</u> | | | | |
| County (6) <u>CAPE MAY</u> | | | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>VACANT</u> | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. | | Name of Abatement Contractor (9) <u>KLEMCO INC.</u> | | | | | |
| Street Address | | | | Street Address <u>369 S. SPRUCE AVE</u> | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u> | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. <u>856-779-0472</u> | License No. <u>00444</u> | | | | |
| Start Date (10) <u>4-3-17</u> | | Scheduled Completion Date (11) <u>4-10-17</u> | | Name of OSHA Monitor <u>N/A</u> | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Street Address | | | | | |
| | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible 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 |
| <u>SIDING</u> | | | <u>X</u> | <u>TRANSITE</u> | <u>3500 SF</u> | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <u>KLEMCO INC.</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | | Cubic Yards of Waste <u>3</u> | Name of Registered Landfill <u>C.M.C.M.U.A</u> | | | | |
| City, State <u>MAPLE SHADE N.J.</u> | | | | Disposal Date | City, State <u>WOODBINE</u> | | | | |
| Completed By <u>MICHAEL KLEMM</u> | | Title <u>SUP.</u> | | Signature <u>[Signature]</u> | | Date <u>3-21-17</u> | | | |

CK 6023

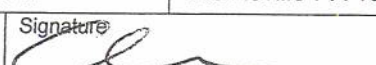
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

RECEIVED

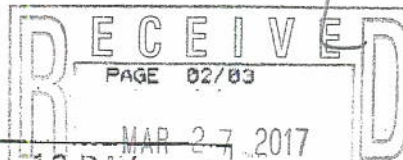
MAR 27 2017

ASBESTOS CONTROL & LICENSING

| Date of Notification (1) 3/22/17 | | Name of Building Owner/Operator (2) Joe Mancini Private Home | | | | | | | |
|--|---|---|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Holgate NJ 08008 | | | | | | | |
| | | Name of Contact Joe | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Joe Mancini Private Home | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <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) Holgate NJ 08008 | | Square Feet 1000+ | # of Floors 1 | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 35+ | | | | | | |
| 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. _____ | License No. _____ | | | | | | |
| Start Date (10) 3/31/17 | | Scheduled Completion Date (11) 4/6/17 | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Same | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address + | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | 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 | 1000SF | x | | | |
| Through Out | | | x | Floor Tile | 700 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 4/6/17 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 3/22/17 | | |

03/17/2017 07:28 2812620321

AMAC



CX 9411

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

DOL - 10 DAY Check # 9411

ASBESTOS CONTROL & LICENSING

| | | | |
|--|---|--|---|
| Date of Notification (1) 3 / 17 / 17 | | Name of Building Owner/Operator (2) Howard RIDGES | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DCH <input type="checkbox"/> DCA (N.J.A.C. 8:23-8) | Type Notification Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | City, State, Zip Code POMPTON LAKES N.J. 07442 |
| | | Name of Contact Howard RIDGES | Telephone Number |

WAIVER APPROVED

| | | | |
|---|--|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1875 | # of Floors 2 |
| City (5) POMPTON LAKES | | Block Age +50 | |
| County (6) PASSAIC | | County Code (7) (STATE USE ONLY) RESIDONAL | |

| | | | |
|---|---------------|--|-------------|
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) | License No. |
| Street Address | | AMAC Consulting Inc. | 05156 |
| City, State, Zip Code | | 185 Vreeland Ave Midland Park, NJ 07432 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. | |
| | | 201-262-5541 | |

| | | |
|---|---|---|
| Start Date (10) 3 / 17 / 17 | Scheduled Completion Date (11) 3 / 30 / 17 | Name of OSHA Monitor Omega Environmental Services |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM | | Street Address 280 Huyler St Hackensack, NJ 07606 |

| | | | |
|---|--|---|--|
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3' l <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempt ("I") and Non-Flexible 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 | Enclose |
| 2ND FL | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT | 2253F | <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"/> |

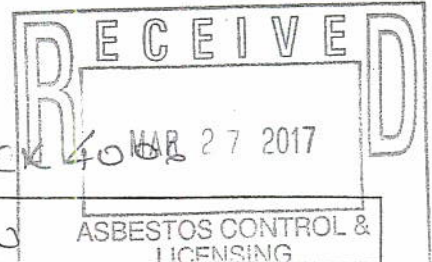
| | | | |
|---|------------------------------------|------------------------------|--|
| Name of Registered Waste Hauler Newark Carting | NJDEP Waste Hauler ID No. 04508 | Cubic Yards of Waste 3 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp |
| City, State Newark, NJ | Disposal Date 3/17/17 | City, State Bethlehem, PA | |
| Completed By (Print or Type) Joseph Vocatura | Title Vice President | Signature J. Vocatura | Date 3/17/17 |

A38-41
JAN 13

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

CL4000

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



| | | | | | |
|---|--|---|---|---|------------------|
| Date of Notification (1) 3/22/17 | | Name of Building Owner/Operator (2) BASF CORPORATION | | ASBESTOS CONTROL & LICENSING | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 25 MIDDLESEX ESSEX TURNPIKE City, State, Zip Code ISELIN, NJ. 08830 Name of Contact JARED ROZCO Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) BASF | | | 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 25 MIDDLESEX ESSEX TURNPIKE City (5) ISELIN | | | Square Feet 100,000 | | # of Floors 3 |
| County (6) MIDDLESEX | | County Code (7) (STATE USE ONLY) | | Bldg. Age 62 YEARS | |
| Name of Monitoring Firm Hired by Building Owner (8) GARDEN STATE ENVIRONMENTAL | | ASCM No. | | Current Use (Prior if being demolished) ICD OFFICE / LABS | |
| Name of Abatement Contractor (9) Best Removal Inc | | Street Address 450 South River Street City, State, Zip Code Hackensack, NJ 07601 | | | |
| Project Manager for Monitoring Firm RICK UESTER | | Telephone No. 201-652-1119 | | License No. 00388 | |
| Start Date (10) 4/4/17 | | Scheduled Completion Date (11) 4/11/17 | | Name of OSHA Monitor Omega Environmental | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 5:00 PM | | | | Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606 | |
| 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| LAB 66, 66A | | | | VAT | |
| LAB 6L, 66A | | | | LAB BENCH TOPS | |
| LAB 6L, 66A | | | | THERMAL SYSTEMS INSULATION | |
| Amount (Specify SF or LF) | | Removal | | Repair | |
| 650 SF | | X | | | |
| 200 SF | | X | | | |
| 40 LF | | X | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | | Cubic Yards of Waste 12 CYS | |
| City, State Hackensack, NJ 07601 | | Disposal Date 4/10/17 | | Name of Registered Landfill Minverva Enterprises, LLC | |
| City, State Waynesburg, OH 44688 | | Signature J. Maiorano | | Date 3/22/17 | |

NO CH

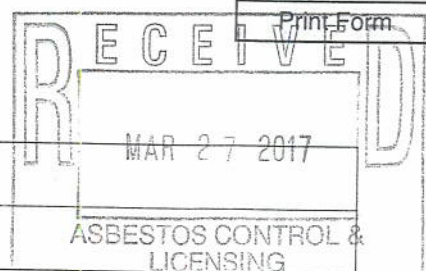
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
MAR 27 2017
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|---|---|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 03/21/2017 | | 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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Union City, NJ 07087 | | | | | | | |
| | | Name of Contact Agib Gerages | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| 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] | | Square Feet | # of Floors | | | | | | |
| City (5) Union City | | 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 | | | | | | |
| Start Date (10) 03/16/2017 | | Scheduled Completion Date (11) 03/29/2017 | License No. 01172 | | | | | | |
| 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 | | Name of OSHA Monitor Health & Safety Services, Inc. | | | | | | | |
| | | Street Address PO Box 365 | | | | | | | |
| | | City, State, Zip Code Berlin, NJ 08009 | | | | | | | |
| 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 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) 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 | | | 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 03/29/2017 | City, State Bristol, PA | | | | | |
| Completed by Eric Keys | | Title OM | Signature <i>Eric Keys</i> | | | Date 03/21/2017 | | | |

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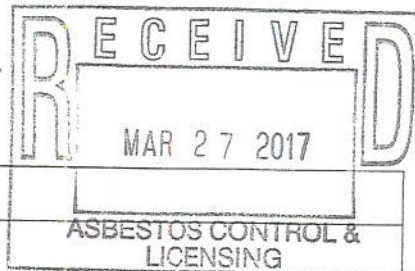
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|---|--|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 03/21/2017 | | 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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Berkely Heights, NJ 07092 | | | | | | | |
| | | Name of Contact Grant Gerow | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <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) Union City | | Square Feet | # of Floors 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 | License No. 01172 | | | | | | |
| Start Date (10) 03/16/2017 | Scheduled Completion Date (11) 03/29/2017 | Name of OSHA Monitor Health & Safety Services, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address PO Box 365 | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u> | | City, State, Zip Code Berlin, NJ 08009 | | | | | | | |
| 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 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) 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 | | | 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 03/29/2017 | City, State Bristol, PA | | | | | |
| Completed by Eric Keys | | Title OM | Signature <i>Eric Keys</i> | | | Date 03/21/2017 | | | |

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



| | | | | | | | | | |
|---|---|---|---|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 03-23-2017 | | Name of Building Owner / Operator (2) Rider University | | | | | | | |
| 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 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Mr. Walter Eddy Telephone Number | | | | | | |
| | FACILITY INFORMATION | | | | | | | | |
| | Name of Facility Where Abatement is Taking Place (3) Rider University – Gee Hall 1 st , 2 nd & 3 rd floors-Various areas Street Address 2083 Lawrenceville Road City (5) Lawrenceville, NJ 08648 County (6) Mercer County Code (7) | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 15,000 # of Floors 3 floors Bldg. Age 54 Current Use (Prior if being demolished) Campus Building | | | | | | |
| | Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. Street Address 515 Grove Street, #1B City, State & Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Mr. Brian Clark Telephone Number 856-265-1014 Scheduled Start Date (10) 3-27-2017 Scheduled Completion Date (11) 4-10-2017 | | Name of Abatement Contractor (9) Resource Management Group, LLC Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619 Telephone Number 609-977-6159 License Number 01185 Name of OSHA Monitor J&S Environmental Laboratories, Inc. Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083 | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 8:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement | | | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulat | Enclosure |
| 1 st , 2 nd and 3 rd floors-various area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7-8 areas of vinyl floor tile @5-10SF each | 35-80 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"/> |
| Name of Registered Waste Hauler Resource Management Group, LLC City, State Trenton, NJ | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill City, State Morrisville, PA | | | | | | |
| Completed By (Print or Type) Mr. Brian J. Haney | | Title President | Signature | | | Date 03-23-2017 | | | |

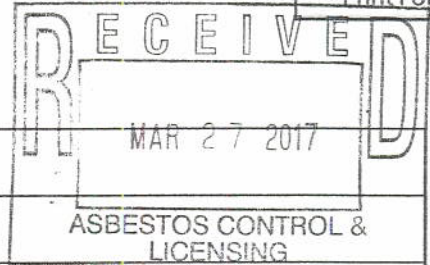
Resource Management Group

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

| Date of Notification (1) 03-23-2017 | | Name of Building Owner / Operator (2) Rider University | | LICENSING | | | | | | |
|--|--|---|-------------------------------------|---|---|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Mr. Walter Eddy Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Rider University - Goe Hall 1 st , 2 nd & 3 rd floors-various areas Street Address 2083 Lawrenceville Road | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Lawrenceville, NJ 08648 | | County (6) Mercer | | Square Feet 15,000 # of Floors 3 floors Bldg. Age 94 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc. Street Address 515 Grove Street, #1B City, State & Zip Code Haddon Heights, NJ 08036 Project Manager for Monitoring Firm Mr. Brian Clark Telephone Number 609-285-1014 | | | | Current Use (Prior if being demolished) Campus Building Name of Abatement Contractor (9) Resource Management Group, LLC Street Address 2115 Hamilton Ave., Suite 202 City, State & Zip Code Trenton, NJ 08616 Telephone Number 609-977-5159 License Number D1188 | | | | | | |
| Scheduled Start Date (10) 3-27-2017 | | Scheduled Completion Date (11) 4-10-2017 | | Name of OSHA Monitor J&S Environmental Laboratories, Inc. Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083 | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 8:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement | | | | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥280 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"/> Glove Bag Procedures <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 or Custodial Staff? (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | | Yes | No | N/A | | Removal | Repair | Encapsulated | Enclosure | |
| 1 st , 2 nd and 3 rd floors-various area | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 7-8 areas of vinyl floor tile @ 5-10SF each | 95-80 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"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | </ | | | | |

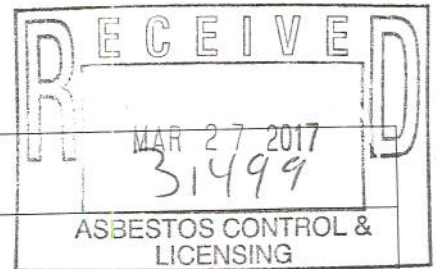


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

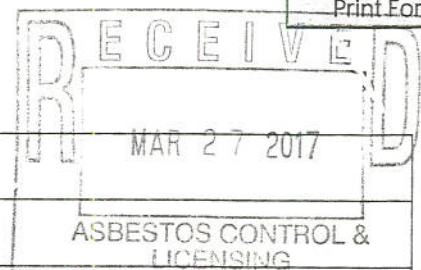
| Date of Notification (1) 03-21-17 | | Name of Building Owner/Operator (2) IBN Construction Corp | | | | | | | |
|--|---|--|--|--|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 49 Hermon St. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newark, NJ 07105 | | | | | | | |
| | | Name of Contact Nelson Espinosa | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Home | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <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) Roselle | Square Feet | # of Floors | Bldg. Age | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Delfa Contracting LLC. | | | | | | |
| Street Address | | Street Address 522 7th St. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201 216-9603 | License No. 01206 | | | | | | |
| Start Date (10) 04-03-17 | Scheduled Completion Date (11) 04-06-17 | Name of OSHA Monitor Delfa Contracting LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 522 7th St. | | | | | | | |
| <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 Union City NJ 07087 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | | x | | Roof | 3,000 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 15 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Union City, NJ | | Disposal Date 04-14-17 | | City, State Tullytown, PA | | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | Signature | | | Date 03-21-17 | | | |

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



| | | | | | | | | | |
|---|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 03 / 21 / 17 | | Name of Building Owner/Operator (2) Daniel DiPrenda | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> | | | | | | | |
| | | City, State, Zip Code Great Neck, NY 11020 | | | | | | | |
| | | Name of Contact Daniel DiPrenda | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> | | | | | | | | | |
| City (5) Ortley Beach | | Square Feet 800 sf | # of Floors 1 | | | | | | |
| | | Bldg. Age 65 | | | | | | | |
| County (6) Ocean | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 03 / 31 / 17 | Scheduled Completion Date (11) 04 / 03 / 17 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton | | | | | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 800 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 04/04/17 | City, State Tullytown, Pennsylvania | | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | Signature | | | | Date 3/21/17 | | |

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



MO! 24403109163

| | | | | | | | | | |
|---|---|--|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 03/16/2017 | | Name of Building Owner/Operator (2) Irvington Board of Education | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1 University place | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Irvington, NJ, 07111 | | | | | | | |
| | | Name of Contact Zorana Figueroa | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Irvington High School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1253 Clifton Avenue | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) Irvington | | Bldg. Age N/A | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) The Saban Engineering Group, Inc | | ASCM No. | Name of Abatement Contractor (9) EHW ABATEMENT LLC | | | | | | |
| Street Address 201 Stuyvesant Avenue | | Street Address 89 FRANKLIN STREET | | | | | | | |
| City, State, Zip Code Lyndhurst, NJ 07071 | | City, State, Zip Code PATERSON, NJ, 07524 | | | | | | | |
| Project Manager for Monitoring Firm Stephen Pharaï | | Telephone No. 201-299-7710 | Telephone No. 973-333-5144 | | | | | | |
| License No. 01274 | | | | | | | | | |
| Start Date (10) 03/31/2017 | Scheduled Completion Date (11) 04/01/2017 | Name of OSHA Monitor EHW ABATEMENT LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 89 FRANKLIN STREET | | | | | | | |
| | | City, State, Zip Code PATERSON, NJ, 07524 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| PIPE INSULATION | | X | | BASEMENT | 25LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Try state transfer /yimy brother | | NJDEP Waste Hauler ID No. 19551 | Cubic Yards of Waste N/A | Name of Registered Landfill MINERVA ENTERPRISES | | | | | |
| City, State 1199 RANDALL AVE BRONX NY | | Disposal Date TBD | City, State 900 MINERVA RD WAYNESBURG OH | | | | | | |
| Completed by VICTOR ESPIRITU | | Title PROJECT MANAGER | Signature | | | Date 03/16/2017 | | | |

NO CK

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

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| RECEIVED | MAR 27 2017 |
| | ASBESTOS CONTROL & LICENSING |

| | | | | | | | | | |
|--|---|--|-----|---|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1) 3/11/17 | | Name of Building Owner/Operator (2) Pineland Construction LLC | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation | | | | | | | |
| Street Address 300 77th Street | | City, State, Zip Code Sea Isle City, NJ | | | | | | | |
| Name of Contact Frank | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Resident | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | | | | | | | |
| City (5) Sea Isle City | | # of Floors | | | | | | | |
| County (6) Cape May | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC | | | | | | | |
| City, State, Zip Code | | Street Address 1212 Burlington Ave | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Delanco NJ 08025 | | | | | | | |
| Telephone No. | | Telephone No. 609-346-0916 | | | | | | | |
| Start Date (10) 3/11/17 | | License No. 01070 | | | | | | | |
| Scheduled Completion Date (11) 3/25/17 | | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | | |
| <input type="checkbox"/> Renovation | | | | | | | | | |
| <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure | | | | | | | | | |
| <input type="checkbox"/> Mini-Enclosure | | | | | | | | | |
| <input type="checkbox"/> Glovebag Procedure | | | | | | | | | |
| <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| East Side | | | | Siding | 400 SF | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ami Joe LLC | | NJDEP Waste Hauler ID No. 20547 | | Cubic Yards of Waste | | Name of Registered Landfill WM of PA | | | |
| City, State Delanco NJ | | Disposal Date TBD | | City, State Tolletown PA | | | | | |
| Completed by Joseph T. Hill | | Title V. President | | Signature [Signature] | | Date 3/11/17 | | | |

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

| | |
|----------|------------------------------|
| RECEIVED | MAR 27 2017 |
| | ASBESTOS CONTROL & LICENSING |

| | | | |
|--|--|--|--|
| Date of Notification (1) 3/16/17 | | Name of Building Owner/Operator (2) PineLand Construction LLC | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation | Street Address 300 77th Street | |
| | | City, State, Zip Code Sea Isle City, NJ 08243 | |
| | | Name of Contact Frank | |

FACILITY INFORMATION

| | | | |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Resident | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 2300 | |
| City (5) Long Port | | # of Floors 3 | |
| County (6) Atlantic County | | Bldg. Age 70 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] | | ASCM No. [REDACTED] | |
| Street Address | | Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC | |
| City, State, Zip Code | | Street Address 1212 Burlington Ave | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Delanco NJ 08025 | |
| Telephone No. | | Telephone No. 609-346-0916 | |
| Start Date (10) 3/16/17 | | License No. 01070 | |
| Scheduled Completion Date (11) 3/31/17 | | 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 <input type="checkbox"/> Other - Describe: | | Street Address | |
| | | City, State, Zip Code | |

Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Outside | | | / | Siding | 2000 SF | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|-----------------------|------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler Ami Joe LLC | | NJDEP Waste Hauler ID No. 20547 | Cubic Yards of Waste | Name of Registered Landfill WM of PA | |
| City, State Delanco NJ | | Disposal Date TBD | City, State Tollytown Pa | | |
| Completed by Joseph T Hall | Title V. President | Signature [Signature] | Date 3/16/17 | | |

Ch 3815

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



| | | | | | |
|---|--|--|--|---|--|
| Date of Notification (1) 3 / 21 / 17 | | Name of Building Owner/Operator (2) Borough of Barrington | | MAR 27 2017 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 100 Reamer Drive | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> ASBESTOS CONTROL & LICENSING </div> | |
| | | City, State, Zip Code Barrington, NJ 08007 | | | |
| | | Name of Contact Mike Ciocco | | | |
| | | Telephone Number | | | |

FACILITY INFORMATION

| | | | |
|---|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Barrington Fire Station | | 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 201 Second Avenue | | | |
| City (5) Barrington | Square Feet 10,000 | # of Floors 2 | Bldg. Age 80 |
| County (6) Camden | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Fire Station | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc. | | ASCM No. | |
| Name of Abatement Contractor (9) Shade Environmental, LLC | | | |
| Street Address 1253 N. Church Street | | Street Address 623 Cutler Avenue | |
| City, State, Zip Code Moorestown, NJ 08057 | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Project Manager for Monitoring Firm Jeff Seaman | Telephone No. 856-840-8800 | Telephone No. 856-755-0099 | License No. 00842 |
| Start Date (10) 03 / 31 / 17 | Scheduled Completion Date (11) 04 / 04 / 17 | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 Route 130 North | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |

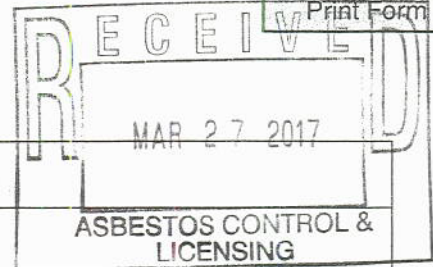
Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Fire Hall | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cement Board | 15 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|---------------------------------------|------------------------------------|---------------------------|---|--|
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 1 | Name of Registered Landfill Cumberland County Landfill | |
| City, State Freehold, NJ | | Disposal Date 4/4/2017 | | City, State Newburg, PA | |
| Completed By (Print or Type) Christina Lynch | Title Vice President of Operations | Signature | | Date 3/21/17 | |

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



Ch 0017

| | | | |
|---|---|---|------------------|
| Date of Notification (1) 3/21/17 | | Name of Building Owner/Operator (2) Mario Altilio Private Home | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Manahawkin NJ 08050 | |
| | | Name of Contact John | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|---|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Mario Altilio Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1000+ | # of Floors 1 |
| City (5) Manahawkin NJ 08050 | | Bldg. Age 35+ | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | 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) 3/30/17 | Scheduled Completion Date (11) 4/5/17 | Name of OSHA Monitor Same | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____ | | Street Address | |
| | | City, State, Zip Code | |

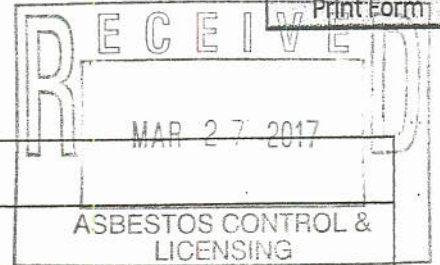
Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior siding | | | x | exterior siding | 2400 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

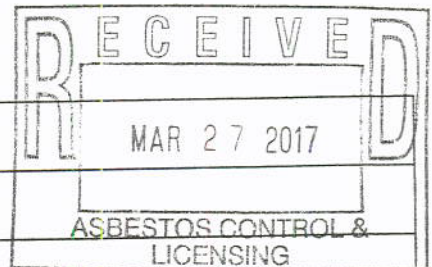
| | | | |
|--|------------------------------------|---------------------------|---|
| Name of Registered Waste Hauler United Roll Off | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. |
| City, State Elm NJ | | Disposal Date 4/15/17 | City, State Morrisville PA 19067 |
| Completed by Anthony T Perna | Title President | Signature | Date 3/21/17 |

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



| | | | | | | | | | |
|--|---|--|--|--|----------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 03/16/2017 | | Name of Building Owner/Operator (2) Passaic County Weatherization DEPT | | | | | | | |
| Agencies Notified | Type Notification | Street Address 930 Riverview | ASBESTOS CONTROL & LICENSING | | | | | | |
| <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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Totowa, NJ, 07512 | | | | | | | |
| | | Name of Contact Allen Stone | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| 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 & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) PASSAIC | | Bldg. Age N/A | | | | | | | |
| County (6) PASSAIC | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) PRIVATE HOUSE | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) EHW ABATEMENT LLC | | | | | | |
| Street Address | | Street Address 89 FRANKLIN STREET | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code PATERSON, NJ, 07524 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-333-5144 | License No. 01274 | | | | | | |
| Start Date (10) 03/20/2017 | Scheduled Completion Date (11) 03/27/2017 | Name of OSHA Monitor EHW ABATEMENT LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED | | Street Address 89 FRANKLIN STREET | | | | | | | |
| | | City, State, Zip Code PATERSON, NJ, 07524 | | | | | | | |
| 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 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 INSULATION | 100 | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TRY STATE TRANSFER/YIMY BROTHER | | NJDEP Waste Hauler ID No. 19551 | Cubic Yards of Waste N/A | Name of Registered Landfill MINERVA ENTERPRISES | | | | | |
| City, State 1199 RANDALL AVE BRONX NY | | | Disposal Date TBD | City, State 900 MINERVA RD WAYNESBURG OH | | | | | |
| Completed by VICTOR ESPIRITU | | Title PROJECT MANAGER | Signature <i>Victor Espiritu</i> | | | Date 03/16/2017 | | | |

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



| | | | | | | | | | |
|--|---|---|--|--|---------------------------|----------------|--------|------------------|-----------|
| Date of Notification (1) 03-17-17 | | Name of Building Owner/Operator (2) Caravella Demolition | | | | | | | |
| Agencies Notified | Type Notification | Street Address 40 Deforest Ave. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code East Hanover NJ 07936 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Jhon Caravella | | | | | | | |
| | | Telephone Number _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet | # of Floors | | | | | | |
| City (5) Pompton Lakes | | Bldg. Age | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Delfa Contracting LLC. | | | | | | |
| Street Address | | Street Address 522 7th St. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201 216-9603 | | | | | | |
| | | | License No. 01206 | | | | | | |
| Start Date (10) 03-20-17 | Scheduled Completion Date (11) 03-22-17 | Name of OSHA Monitor Delfa Contracting 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 522 7th St. | | | | | | | |
| | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| 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 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 |
| Entire Property | | x | | Demolition Asbestos Debris | | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Caravella Demolition Inc | | NJDEP Waste Hauler ID No. 35685 | Cubic Yards of Waste 80 | Name of Registered Landfill IESI | | | | | |
| City, State E. Hanover, NJ 07936 | | Disposal Date 03-21-17 | | City, State Bethlehem, PA | | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | | Signature | | | | Date 03-17-17 | |

NO CK

RECEIVED
MAR 27 2017
ASBESTOS CONTROL &
The Number

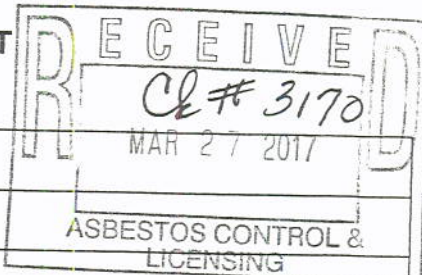
| | | | |
|---|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) Monmouth Junction Central Office | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 537 Ridge Road | | Square Feet 6000 | # of Floors 1 |
| City (5) Monmouth Junction, NJ | County (6) Middlesex | Bldg. Age 70 | |
| County Code (7) | | Current Use (Prior if being demolished) COMMUNICATIONS | |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC |
| Street Address 8436 ENTERPRISE AVE | | Street Address 1123 BEAVER STREET | |
| City, State & Zip Code PHILADELPHIA PA 19153 | | City, State & Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm MARK JENKINS | Telephone Number 215-365-5810 | Telephone Number 215-788-6040 | License Number 00509 |
| Scheduled Start Date (10) March 29, 2017 | Scheduled Completion Date (11) March 31, 2017 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (5 PM - 1:30AM) <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 1123 BEAVER STREET | |
| | | City, State & Zip Code BRISTOL, PA 19007 | |

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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| HVAC Motor Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/mastic | 160 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"/> |

| | | | |
|---------------------------------|---------------------------|-------------------------|-----------------------------|
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill |
| SERVICE TRANSPORT GROUP, INC. | 20990 | 3 | MINERVA LANDFILL |
| City, State | Disposal Date | City, State | |
| NEW CASTLE, DE 19720 | TBD | WAYNESBURG, OH 44688 | |
| Completed By (Print or Type) | Title | Signature | Date |
| PATRICK T. DeCARO | Estimator | Patrick T. DeCaro / jlc | 3/15/17 |

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



| | | | |
|---|---|---|--|
| Date of Notification (1) 3/15/17 | | Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS | |
| Agencies Notified <input checked="" type="checkbox"/> EPA 213 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 2120 <input checked="" type="checkbox"/> DOH 2137 <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 537 Ridge Road City, State & Zip Code Monmouth Junction New Jersey Name of Contact ALEX BAYLOR | |

FACILITY INFORMATION

| | | | | | |
|---|---|--|---|--------------------------------|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Monmouth Junction Central Office | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 1039 Monmouth Junction Road | | | Square Feet 6000 | # of Floors 1 | Bldg. Age 70 |
| City (5) Forked River | County (6) Ocean | County Code (7) | Current Use (Prior if being demolished) COMMUNICATIONS | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | |
| Street Address 8436 ENTERPRISE AVE | | Street Address 1123 BEAVER STREET | | | |
| City, State & Zip Code PHILADELPHIA PA 19153 | | City, State & Zip Code BRISTOL, PA 19007 | | | |
| Project Manager for Monitoring Firm MARK JENKINS | | Telephone Number 215-365-5810 | Telephone Number 215-788-6040 | License Number 00509 | |
| Scheduled Start Date (10) March 29, 2017 | Scheduled Completion Date (11) March 31, 2017 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: (5 PM - 1:30AM) <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 | | |

Scope of Work (Check all that apply)

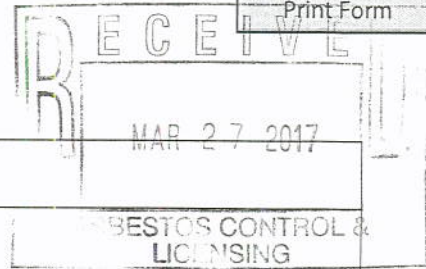
| | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| HVAC Motor Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vat/mastic | 160 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"/> |

| | | | | | |
|---|--|---|--|--|------------------------|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 3 | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date TBD | City, State WAYNESBURG, OH 44688 | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title Estimator | Signature <i>Patrick T. DeCaro</i> | | Date 3/15/17 |

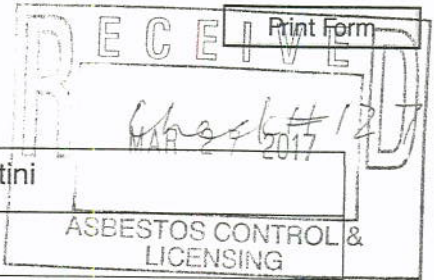
CH 12857

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



| | | | | | | | | | |
|--|--|--|---|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 3.21.2017 | | Name of Building Owner/Operator (2) The Academy of Urban Leadership | | | | | | | |
| Agencies Notified | Type Notification | Street Address 612 Amboy Avenue | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Perth Amboy 08861 | | | | | | | |
| | | Name of Contact Johnny Rosa | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) The Academy of Urban Leadership | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 612 Amboy Avenue | | Square Feet 27000 | # of Floors 2 | | | | | | |
| City (5) Perth Amboy 08861 | | Bldg. Age 60 | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) SCHOOL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET | | ASCM No. 0021 | Name of Abatement Contractor (9) CPR ENVIRONMENTAL SERVICE | | | | | | |
| Street Address 28 NORTH PENNELL RD | | Street Address 8421 HEGERMAN ST | | | | | | | |
| City, State, Zip Code MEDIA PA 19063 | | City, State, Zip Code PHILADELPHIA PA 19136 | | | | | | | |
| Project Manager for Monitoring Firm Carmelo Altomonte | | Telephone No. 201 864-6583 | Telephone No. 215 333-5117 | | | | | | |
| License No. 01328 | | | | | | | | | |
| Start Date (10) 3.22.17 | Scheduled Completion Date (11) 3.23.17 | Name of OSHA Monitor AET | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 28 NORTH PENNELL RD | | | | | | | |
| | | City, State, Zip Code MEDIA PA 19063 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| PIPE IN STAIRWELL BEHIND KIT | YES | | | TSI | 10LF | YES | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler REPUBLIC SERVICES | | NJDEP Waste Hauler ID No. 2798 | Cubic Yards of Waste 1 | Name of Registered Landfill Waste Management - G.R.O.W.S. North | | | | | |
| City, State NEW BRUNSWICK NJ | | Disposal Date | | City, State Morrisville, PA | | | | | |
| Completed by ANTHONY JONES | | Title PROJECT MANAGER | | Signature | | | Date 3.21.17 | | |

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



| Date of Notification (1) 03/22/2017 | | Name of Building Owner/Operator (2) Vince Martini | | | | | | |
|---|---|---|--|---|---------------------------|--------------------------|--------|-------------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code Media, PA 19063 Name of Contact Vince | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | Square Feet 1700 # of Floors 2 Bldg. Age 50+ | | | | | | |
| City (5) Beach Haven | County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Safeway Abatement LLC | | | | | |
| Street Address | | Street Address 128 Bartlett Ave | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Creek, NJ 08092 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 609-618-5955 License No. 01319 | | | | | |
| Start Date (10) 3/31/2017 | Scheduled Completion Date (11) 4/7/2017 | | Name of OSHA Monitor N/A | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | Street Address City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input 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 |
| Exterior | | X | | Siding | 1700 SF | X | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Timster Trucking Inc | | NJDEP Waste Hauler ID No. 21079 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management | | | | |
| City, State West Creek, NJ | | Disposal Date TBD | | City, State Tullytown, PA | | | | |
| Completed by Amanda Mears | | Title Owner- Safeway | | Signature <i>[Signature]</i> | | Date 3/22/2017 | | |

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

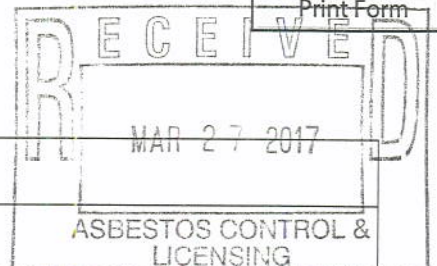


| | | | | | | | | | |
|--|--|---|------------------------------------|--|---|--------------------------|--------|-------------|-----------|
| Date of Notification (1) 03/22/2017 | | Name of Building Owner/Operator (2) Deborah Ginsburg | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | | | | | | | |
| | | City, State, Zip Code West Chester, PA 19382 | | | | | | | |
| | | Name of Contact Deborah | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1400 | # of Floors 2 | | | | | | |
| City (5) Beach Haven Park | | Bldg. Age 50+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Safeway Abatement LLC | | | | | | | |
| Street Address | | Street Address 128 Bartlett Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code West Creek, NJ 08092 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 609-618-5955 | License No. 01319 | | | | | | |
| Start Date (10) 3/31/2017 | Scheduled Completion Date (11) 4/7/2017 | Name of OSHA Monitor N/A | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 1400 SF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | X | | Siding | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Timster Trucking Inc | | NJDEP Waste Hauler ID No. 21079 | Cubic Yards of Waste TBD | Name of Registered Landfill Waste Management | | | | | |
| City, State West Creek, NJ | | | Disposal Date TBD | City, State Tullytown, PA | | | | | |
| Completed by Amanda Mears | | Title Owner- Safeway | Signature | | | Date 3/22/2017 | | | |

CH 84678

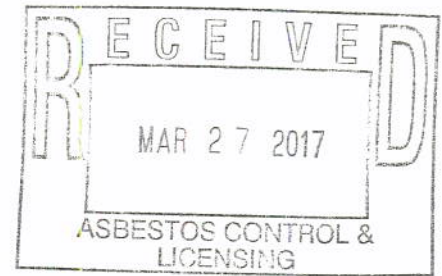
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

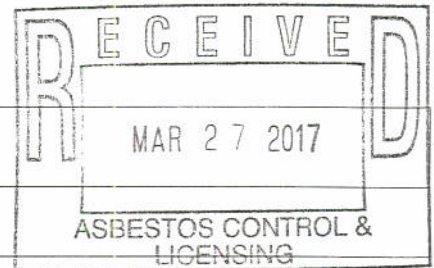


| | | | | | | | | | |
|---|--|---|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 03/21/2017 | | Name of Building Owner/Operator (2) Honey well International | | | | | | | |
| Agencies Notified | Type Notification | Street Address 115 Tabor Road | ASBESTOS CONTROL & LICENSING | | | | | | |
| <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 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 Morris Plains, NJ 07950 | | | | | | | |
| | | Name of Contact Glen Stock | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Corporate Research Lab | | 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 101 Columbia Road | | Square Feet 150,420 | # of Floors 3 | | | | | | |
| City (5) Morris Township | | Bldg. Age 56 | | | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant/Research Lab | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Assessment Resources & Technology (ART) | | ASCM No. N/A | Name of Abatement Contractor (9) PAL Environmental Services | | | | | | |
| Street Address 111 John Street Suite 538 | | Street Address 11-02 Queens Plaza South | | | | | | | |
| City, State, Zip Code New York, NY 10038 | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Project Manager for Monitoring Firm Paul Ottens | | Telephone No. 212-785-0266 | Telephone No. 718-349-0900 | | | | | | |
| Start Date (10) 4/04/2017 | | Scheduled Completion Date (11) 07/31/2017 | License No. 28675 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor Martin McRea | | | | | | | |
| | | 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 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 |
| See attached ACM List | | | | See attached ACM List | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste 300 CY | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY 11967 | | | Disposal Date 07/31/2017 | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Aric Domozyk | | Title VP | Signature | | | Date 03/21/2017 | | | |

| M2 Corporate Research Lab | | | | |
|---------------------------|-------------|--------------------------|---------------|-------------|
| | | | Quantities | |
| Floor | Location | ACM | SF | LF |
| G-3 | Throughout | Pipe Insulation/Fittings | | 5940 |
| G-3 | Throughout | VAT & Mastic | 59,310 | |
| G-3 | Throughout | Transite | 21030 | |
| G-3 | Throughout | Transite Pipes | | 1700 |
| G | Boiler Room | Boiler Insulation | 1106 | |
| G-3 | Throughout | Duct Insulation | 2000 | |
| G-3 | Throughout | Doors | 220 | |
| G-3 | Throughout | Acoustical Tile | 3768 | |
| Roofs | Throughout | Roofing/Flashing/Mastic | 16165 | |
| G-3 | Façade | Mastic | 4500 | |
| Roofs | Throughout | Caulking | | 222 |
| | | Totals | 108099 | 7862 |



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



Ch 3810

| | | | |
|---|--|--|------------------|
| Date of Notification (1) <u>3</u> / <u>21</u> / <u>17</u> | | Name of Building Owner/Operator (2) City of Pleasantville | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 18 N. First Street City, State, Zip Code Pleasantville, NJ 08232 | |
| | | Name of Contact Jim Hemingway - Garden State GC | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Vacant Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 801 Church Street | | | |
| City (5) Pleasantville | Square Feet 2,000 | # of Floors 2 | Bldg. Age 80 |
| County (6) Atlantic | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Vacant Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | |
| Street Address | | Street Address 623 Cutler Avenue | |
| City, State, Zip Code | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 856-755-0099 | License No. 00842 |
| Start Date (10) <u>04</u> / <u>03</u> / <u>17</u> | Scheduled Completion Date (11) <u>04</u> / <u>07</u> / <u>17</u> | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Siding | 1,100 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--|-----------------------------------|---|
| Name of Registered Waste Hauler Garden State Dredging and Excavating | NJDEP Waste Hauler ID No. 34498 | Cubic Yards of Waste 10 | Name of Registered Landfill Atlantic County Utilities Authority |
| City, State Clermont, NJ | | Disposal Date 4/7/2017 | City, State Egg Harbor Township, NJ |
| Completed By (Print or Type) Christina Lynch | Title Vice President of Operations | Signature | Date 3/21/17 |