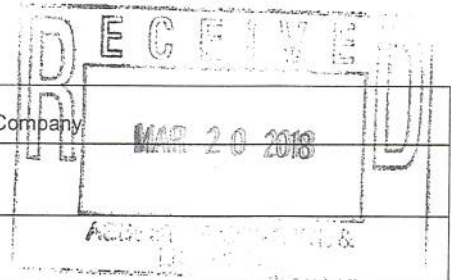


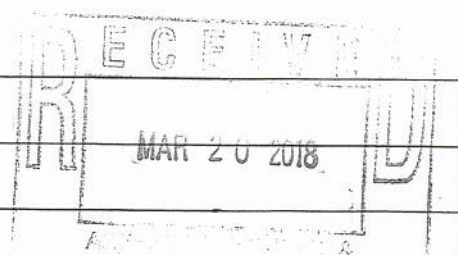
no OK

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



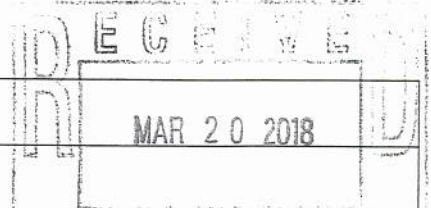
Date of Notification (1) 3-14-18		Name of Building Owner/Operator (2) Dupont Nemours Company and Chemours Company	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South	
		City, State, Zip Code Deepwater, NJ 08023	
		Name of Contact Joe Murphy	
		Telephone Number 609-805-7767	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant		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 Rt 130 South		Square Feet	# of Floors
City (5) Deepwater		Bldg. Age	
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental	ASCM No.	Name of Contractor (9) County Environmental	
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.	
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Wesly Morrison	Telephone No. 302-326-2333	Telephone Number (302) 322-8946	License Number 00578
Scheduled Start Date (10) 1-2-18	Scheduled Completion Date (11) 6-30-18	Name of OSHA Monitor County Environmental (1822003)	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: Unoccupied area.		Street Address 461 New Churchmans Road	
		City, State, Zip Code New Castle, DE 19720	
Scope of Work (Check all that apply)			
<input checked="" 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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
			Amount (Specify SF or LF)
Thermal Systems		x	Thermal coverings throughout area 10,000LF
Thermal Systems		x	Thermal coverings throughout area 3,000SF
Floor Tile /Mastic		x	Floor tile and mastic throughout area 2,300SF
Name of Reg. Waste Hauler S&J Transport.	NJDEP Waste Hauler ID No. 03217	Cubic Yards of Waste >30	Name of Reg. Landfill Constoga
City, State Woodstown, NJ	Disposal Date TBD	City, State Morgantown, PA	
Completed by Evelyn Walsh	Title Office Manager	Signature 	Date 3-14-18

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



Date of Notification (1) 3/6/18		Name of Building Owner/Operator (2) PSE&G						
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact RICH GRATACOS	Telephone Number 973-647-8701					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 60 MIDDLE ROAD		Square Feet APPX 35000	# of Floors 2					
City (5) SUMMIT		Bldg. Age APPX 95						
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HEADQUARTERS						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350					
License No. 01111								
Start Date (10) 3/21/18	Scheduled Completion Date (11) 3/26/18	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
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: OUTDOORS NECESSARY OPERATORS ONLY		Street Address 396 WHITEHEAD AVE.						
		City, State, Zip Code SOUTH RIVER, NJ 08882						
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 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) ROOF	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) 2250 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 60	Name of Registered Landfill FAIRLESS				
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature Carol Raimo	Date 3/6/18				

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



Date of Notification (1) 3/19/2018		Name of Building Owner/Operator (2) PSE&G		MAR 20 2018					
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 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07080 Name of Contact GEORGE TARNACKI Telephone Number 973-229-2751					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG			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 60 S. NEWMAN STREET			Square Feet APPX 8000						
City (5) SOUTH HACKENSACK, NJ			# of Floors 2		Bldg. Age APPX 85 YRS				
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SUBSTATION					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350					
Start Date (10) 3/31/2018		Scheduled Completion Date (11) 4/2/2018		License No. 01111					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>NECESSARY OPERATORS ONLY - DONE ON OFF HRS.</u>			Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.						
Street Address 396 WHITEHEAD AVE.			City, State, Zip Code SOUTH RIVER, NJ 08882						
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GROUND FL. LOADING DOCK		X		ACM PIPE INSULATION	25 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 6		Name of Registered Landfill FAIRLESS			
City, State ELIZABETH, NJ				Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 3/19/2018			

OK 1227

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

MAR 20 2018

Print Form

Date of Notification (1) 03/13/18		Name of Building Owner/Operator (2) NOBEL REAL ESTATE LLC db GREEN INVEST							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	6 LAVENDER DR.							
		City, State, Zip Code PISCATAWAY NJ 08854							
		Name of Contact ALEX	Telephone Number 732 535 8418						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1-9 BROAD ST.		<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) BLOOMFIELD TWP.		Square Feet 9000	# of Floors 3						
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) RETAIL							
ASCN No.		Name of Abatement Contractor (9) ARIAI							
Street Address		Street Address 144 MILL ST.							
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm		Telephone No. 973 653 9652	License No. 1257						
Start Date (10) 03/23/18		Scheduled Completion Date (11) 03/24/18							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor GORAN IGAV							
<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 144 MILL ST P.							
		City, State, Zip Code PATERSON NJ 07501							
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	<input checked="" type="checkbox"/>			TSI	2LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler INDIAN ARROW		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste TBD	Name of Registered Landfill GROW-S.					
City, State PATERSON NJ		Disposal Date TBD		City, State MOORESVILLE, PA					
Completed by GORAN IGAV		Title CEO		Signature <i>[Signature]</i>			Date 03/13/18		

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

RECEIVED
MAR 20 2018
ASBESTOS ABATEMENT

Date of Notification (1) 03 / 12 / 18		Name of Building Owner/Operator (2) 540 Broad Street Owners, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1865 Palmer Avenue, Suite 203							
		City, State, Zip Code Larchmont, NY 10538							
		Name of Contact Patrick Dobbins	Telephone Number 914-833-3000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 540 Broad Street		Square Feet							
City (5) Newark		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 7 Pleasant Hill Road		Street Address 27 Outwater Lane							
City, State, Zip Code Cranbury, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 1188						
Start Date (10) 03 / 12 / 18	Scheduled Completion Date (11) 03 / 13 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Area B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC / All Pro Management, LLC		NJDEP Waste Hauler ID No. SW-24310 / 989	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/G.R.O.W.S. North Landfill/Fairless Landfill					
City, State Shirley, NY / Garfield, NJ		Disposal Date TBD		City, State Waynesburg, OH / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 3/12/18			

"OPEN NOTIFICATION"

Approved verbally by

Tom Voorhees-DOL on 3/19/18

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

Date of Notification (1) 3/19/18		Name of Building Owner/Operator (2) PSE&G	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
Name of Contact RICH GRATACOS		Telephone Number 973-647-8701	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 60 MIDDLE AVE.		Square Feet APPX 3500	
City (5) SUMMIT		# of Floors 2	
County (6) UNION		Bldg. Age APPX 95	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HEADQUARTERS	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.	
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882	
Telephone No. 732-290-2217		Telephone No. 732-432-8350	
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Start Date (10) 3/21/18		Scheduled Completion Date (11) 6/30/18	
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: OUTDOORS - NECESSARY OPERATIONS		Street Address 396 WHITEHEAD AVE.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code SOUTH RIVER, NJ 08882	
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		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)	
Roof		ACM Roofing Material 2250 SF	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	
City, State ELIZABETH, NJ		Cubic Yards of Waste APPX 60	
Completed by CAROL RAIMO		Disposal Date TBD	
Title OFFICE MANAGER		Name of Registered Landfill FAIRLESS	
Signature <i>Carol Raimo</i>		City, State MORRISVILLE, PA	
Date 3/19/18			