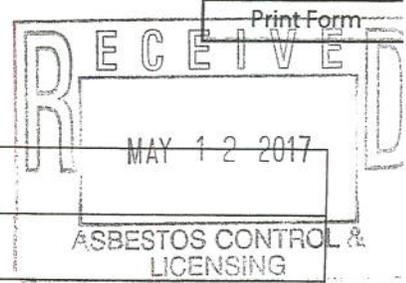


no ck

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



| | | | |
|---|--|--|---|
| Date of Notification (1) 5/9/2017 | | Name of Building Owner/Operator (2) Pine Hill | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 45 W 7th St |
| | | | City, State, Zip Code Pine Hill NJ 08021 |
| | | | Name of Contact Ken Davis |

FACILITY INFORMATION

| | | | | |
|--|--|--|------------------|--|
| Name of Facility Where Abatement is Taking Place (3) Senior Center | | Type of Facility (4) | | |
| Street Address 131 12th Ave | | <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.) | | |
| City (5) Pine Hill NJ | | Square Feet 1200 | # of Floors 1 | Bldg. Age |
| County (6) Camden | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Senior Center |
| Name of Monitoring Firm Hired by Building Owner (8) MGD Environmental | | ASCM No. | | Name of Abatement Contractor (9) Active Environmental Technologies, Inc |
| Street Address 1000 Maplewood Dr | | Street Address 203 Pine St | | |
| City, State, Zip Code Maple Shade NJ 08052 | | City, State, Zip Code Mt Holly NJ 08060 | | |
| Project Manager for Monitoring Firm Chris Macri | | Telephone No. 856-751-9300 | | Telephone No. 609-702-1500 |
| Start Date (10) 5/16/17 | | Scheduled Completion Date (11) 5/22/17 | | License No. 01299 |

| | | | | |
|--|--|-----------------------|--|--|
| Occupancy Status During Abatement (Check Only One) | | Street Address | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | | |

Scope of Work (Check All That Apply)

| | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> 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 |

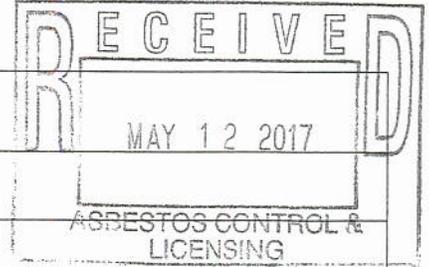
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st floor | | X | | 9x9 Tile Floor | 1200 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|------------------------------------|---------------------------------|--|-----------------------|
| Name of Registered Waste Hauler Active Environmental Technologies | | NJDEP Waste Hauler ID No. 25704 | Cubic Yards of Waste 3 | Name of Registered Landfill Conestoga | |
| City, State Mt Holly NJ | | Disposal Date 5/22 or 5/23 | | City, State Morgantown PA | |
| Completed by <i>Patricia D. Davila</i> | | Title <i>Project Manager</i> | Signature <i>[Signature]</i> | | Date <i>5/9/17</i> |

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

CK 26521

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



| | | | |
|--|--|--|------------------|
| Date of Notification (1) 05 / 11 / 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 8 Hmaburg Turnpike | |
| | | City, State, Zip Code Pompton Lakes, NJ | |
| | | Name of Contact Alex Baylor | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|---------------------------------|--|------------------|
| Name of Facility Where Abatement is Taking Place (3) Verizon | | 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 8 Hmaburg Turnpike | | Square Feet 10,000 | # of Floors 3 |
| City (5) Pompton Lakes, NJ | | Bldg. Age 50 | |
| County (6) Passaic | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | |
|---|----------|---|--|
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Managaement Inc. | ASCM No. | Name of Abatement Contractor (9) JVN Restoration Inc | |
|---|----------|---|--|

| | |
|--|----------------------------------|
| Street Address 8436 Enterprise Avenue | Street Address 47 Foster Road |
|--|----------------------------------|

| | |
|---|---|
| City, State, Zip Code Philadelphia, PA 19153 | City, State, Zip Code Staten Island NY 10309 |
|---|---|

| | | | |
|---|-------------------------------|-------------------------------|----------------------|
| Project Manager for Monitoring Firm Mark Jenkins | Telephone No. 215-365-5810 | Telephone No. 718-605-6256 | License No. 00774 |
|---|-------------------------------|-------------------------------|----------------------|

| | | |
|---------------------------------|--|-------------------------------------|
| Start Date (10) 05 / 22 / 17 | Scheduled Completion Date (11) 12 / 31 / 17 | Name of OSHA Monitor Testor Tech |
|---------------------------------|--|-------------------------------------|

| | |
|---|--|
| 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 10 59 Jackson Avenue |
| | City, State, Zip Code LIC NY 11101 |

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 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 MER's | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation and Fittings | 27 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement MER's | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Duct Insulation | 4 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"/> |

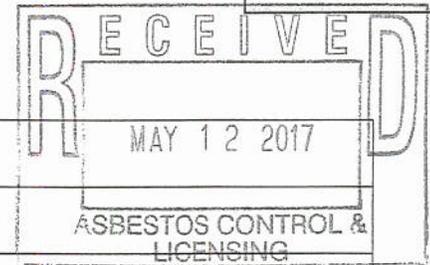
| | | | |
|---|-------------------------------------|----------------------------|---|
| Name of Registered Waste Hauler Newark Carting | NJDEP Waste Hauler ID No. NJ-566 | Cubic Yards of Waste 15 | Name of Registered Landfill G.R.O.W.S., Inc. |
|---|-------------------------------------|----------------------------|---|

| | | |
|---------------------------------|---------------------------|--------------------------------|
| City, State Hackettstown, NJ | Disposal Date 05/26/17 | City, State Morrisville, PA |
|---------------------------------|---------------------------|--------------------------------|

| | | | |
|---|--------------------------|---------------|--------------------|
| Completed By (Print or Type) Ralph Barnhardt | Title Project Manager | Signature | Date 05-11-2017 |
|---|--------------------------|---------------|--------------------|

CK# 8129

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



| | | | |
|---|--|---|------------------|
| Date of Notification (1) <i>5/11/17</i> | | Name of Building Owner/Operator (2) PSEG | |
| 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 4000 HADLEY ROAD | |
| | | City, State, Zip Code SOUTH PLAINFIELD, NJ 07068 | |
| | | Name of Contact <i>KEITH RETTAS</i> | Telephone Number |

| | | | |
|---|---|---|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) <i>PSEG</i> | | 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 <i>341 MOUNT PLEASANT AVE.</i> | | Square Feet <i>7200</i> | # of Floors <i>2</i> |
| City (5) <i>WEST ORANGE</i> | | Bldg. Age <i>APPX 96 YRS</i> | |
| County (6) <i>ESSEX</i> | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | |

| | | | | |
|--|--|--|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | | ASCN 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) <i>5/22/17</i> | Scheduled Completion Date (11) <i>5/23/17</i> | 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: <i>necessary operations only</i> | | 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 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 checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

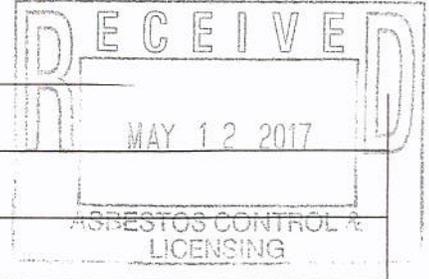
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----------|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| <i>Basement</i> | | <i>X</i> | | <i>ACM ELBOWS</i> | <i>15 LF</i> | <i>X</i> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|-----------------------------------|---------------------------------------|--|--|
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP Waste Hauler ID No. 1125 | Cubic Yards of Waste <i>APPX 2</i> | Name of Registered Landfill GROWS NORTH | |
| City, State ELIZABETH, NJ | | Disposal Date <i>TAD</i> | | City, State MORRISVILLE, PA | |
| Completed by CAROL RAIMO | | Title OFFICE MGR | Signature <i>Carol Raimo</i> | Date <i>5/11/17</i> | |

CK # 8127

"OPEN NOTIFICATION"

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



| | | | |
|---|---|---|--|
| Date of Notification (1) 5/11/17 | | 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 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 ANTHONY DANGELO | |

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 500 WASHINGTON BLVD | | Square Feet N/A | # of Floors N/A |
| City (5) JERSEY CITY | | Bldg. Age N/A | |
| County (6) HUDSON | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) N/A | |

| | | | | |
|---|--|---|--|-----------------------------|
| 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) 5/23/17 | Scheduled Completion Date (11) 6/30/17 | 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 | | Street Address 396 WHITEHEAD AVE. | | |
| | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | |

Scope of Work (Check All That Apply)

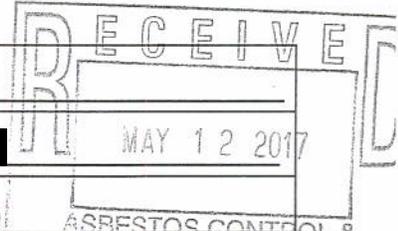
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> 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 |
| OUTDOORS - UNDER WATER | | X | | SOMASTIC | 10 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|-----------------------------|---|---------------------------------------|---|--|
| Name of Registered Waste Hauler VEOLIA | | NJDEP Waste Hauler ID No. 080631369 | Cubic Yards of Waste APPX 2 | Name of Registered Landfill EQ-WAYNE DISPOSAL | |
| City, State FLANDERS, NJ | | Disposal Date TBD | City, State BELLEVILLE, MI | | |
| Completed by Carol Raimo | Title office mgr. | Signature Carol Raimo | Date 5/11/17 | | |

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

Check # 25491



| | | | |
|---|--|--|--------------------------------------|
| Date of Notification (1) <u>5/10/17</u> | | Name of Building Owner/Operator (2) <u>Gordon</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code <u>Westfield, NJ 07090</u> | |
| | | Name of Contact <u>Alex Gordon</u> | Telephone Number <u>LICENSING</u> |

FACILITY INFORMATION

| | | | |
|--|----------------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) <u>Residential</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet <u>1800</u> | # of Floors <u>2</u> |
| City (5) <u>Westfield, NJ 07090</u> | | Bldg. Age <u>65+/-</u> | |
| County (6) <u>Union</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |

| | | | |
|--|--|---|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | ASCM No. | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Street Address <u>PO Box 341</u> | | Street Address <u>PO Box 322</u> | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | Telephone No. <u>(609) 298-4070</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> |

| | | | |
|---|--|--|--|
| Start Date (10) <u>5/22/17</u> | Scheduled Completion Date (11) <u>5/26/17</u> | Name of OSHA Monitor <u>MECS</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u> | | Street Address <u>PO Box 341</u> | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | |

Scope of Work (Check all that apply)

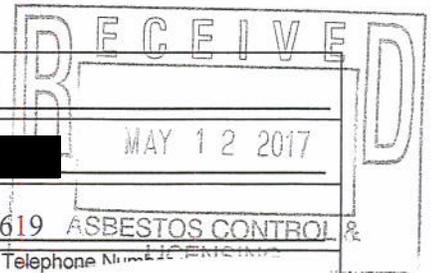
| | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input 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 |
| <u>Basement</u> | | <input checked="" type="checkbox"/> | | <u>Thermal Duct Insulation</u> | <u>15 lf</u> | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---|-------------------------------------|---|
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>1 cu</u> | Name of Registered Landfill <u>Fairless Landfill</u> |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>5/25/17</u> | City, State <u>Morrisville, PA</u> |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | Date <u>5/10/17</u> |

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

Check # 25490



| | | | |
|---|--|--|---------------------------|
| Date of Notification (1) <u>5/10/17</u> | | Name of Building Owner/Operator (2) <u>Carmichael</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | |
| | | City, State, Zip Code <u>Hamilton, NJ 08619</u> | |
| | | Name of Contact <u>Devon Carmichael</u> | Telephone Number _____ |

| FACILITY INFORMATION | | | |
|---|--|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) <u>Residential</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet # of Floors Bldg. Age <u>1500</u> <u>2</u> <u>60+/-</u> | |
| City (5) <u>Hamilton, NJ 08619</u> | | Current Use (Prior if being demolished) _____ | |
| County (6) <u>Mercer</u> | County Code (7) (STATE USE ONLY) _____ | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> | | Street Address <u>PO Box 322</u> | |
| Street Address <u>PO Box 341</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | |
| City, State, Zip Code <u>Crosswicks, NJ 08515</u> | | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> |
| Project Manager for Monitoring Firm <u>Bill Weisgarber</u> | | Telephone No. <u>(609) 298-4070</u> | |
| Start Date (10) <u>5/20/17</u> | Scheduled Completion Date (11) <u>5/25/17</u> | Name of OSHA Monitor <u>MECS</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u> | | Street Address <u>PO Box 341</u> | |
| | | City, State, Zip Code <u>Crosswicks, NJ 08515</u> | |

Scope of Work (Check all that apply)

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

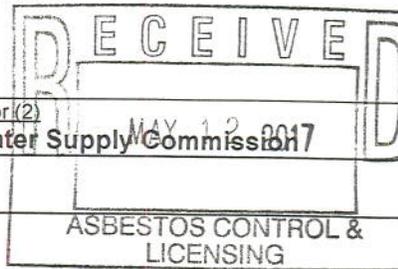
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF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

| | | | | | |
|--|---------------------------------|---|---------------------------------------|---|--|
| Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u> | | NJDEP Waste Hauler ID No. <u>18292</u> | Cubic Yards of Waste <u>1 cu</u> | Name of Registered Landfill <u>Fairless Landfill</u> | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>5/25/17</u> | City, State <u>Morrisville, PA</u> | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature | Date <u>5/10/17</u> | | |

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CK 3010



| | | | |
|---|--|--|---|
| Date of Notification (1) May 9, 2017 | | Name of Building Owner/Operator (2) North Jersey District Water Supply Commission | |
| Agencies Notified X EPA X DCA X DOL X DEP X DOH | | Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address 1 F.A. Orechio Drive | | City, State, Zip Code Wanaque, NJ 07465 | |
| Name of Contact Ron Farr | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) North Jersey District Water Supply Commission Old Administration Building- Room 112 (Mechanical Rm) | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: Bldg. Age: years | |
| Street Address 737 Ringwood Avenue | | Current Use (prior if being demolished): | |
| City (5) Wanaque | County (6) Passaic | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. | | ASCM No. 00079 | |
| Street Address 20-21 Wagaraw Road, Bldg # 35E | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code Fairlawn, NJ 07410 | | Street Address 511 MAIN STREET | |
| Project Manager for Monitoring Firm Fred Larson | | Telephone Number 973-636-9145 | License Number 00840 |
| Scheduled Start Date (10) May 15, 2017 | | Scheduled Completion Date (11) May 22, 2017 | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Non-Occupied | | Name of OSHA Monitor EMSL inc. | |
| | | Street Address 1056 Stelton Road | |
| | | City, State, Zip Code Piscataway, NJ 08854 | |
| Source of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 | | Renovation Demolition | |
| | | x Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Room # 12 | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI TSI- Joints/Fittings | Amount (Specify SF or LF) 160 lf 40 ea. |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 5 |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP # | | Name of Registered Landfill Meadowfill Landfill G.R.O.W.S | |
| Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 | | Disposal Date May 22, 2017 | |
| City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 | | Date May 9, 2017 | |
| Completed by (Print or Type) Marin Graure | Title SENIOR PROJECT MANAGER | Signature <i>Marin Graure</i> | Date May 9, 2017 |

GAC # 2017-596- Amendment # 2- New Start Date & Completion Date