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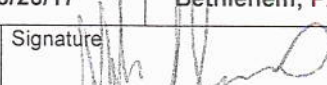
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



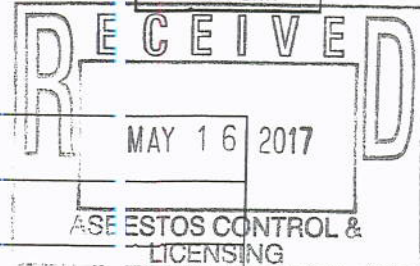
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|---|--|--|----------------------------------|---|---------------------------|-------------------------|--------|-------------|-----------|
| Date of Notification (1) 5/5/2017 | | Name of Building Owner/Operator (2) Englewood Hospital and Medical Center | | | | | | | |
| 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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 350 Engle Street City, State, Zip Code Englewood, NJ 07631 | | | | | | | |
| | | Name of Contact Harry Hahn | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Englewood Hospital and Medical Center | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 350 Engle Street | | Square Feet 10,000 | # of Floors 2 | | | | | | |
| City (5) Englewood, NJ 07631 | | Bldg. Age +50 | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Hospital Power Plant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental Group, LLC | | Name of Abatement Contractor (9) Degmor Inc. | | | | | | | |
| Street Address 1600 Route 22E | | Street Address 511 Canal Street - 3rd Floor | | | | | | | |
| City, State, Zip Code Union, NJ 07083 | | City, State, Zip Code New York, NY 10013 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 212-431-0696 | License No. 01150 | | | | | | |
| Start Date (10) 05/16/2017 05/22/17 | Scheduled Completion Date (11) 05/19/2017 05/25/17 | Name of OSHA Monitor EMSL Anal | | | | | | | |
| 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: 3:00 PM to 11:00 PM | | Street Address 307 West 38th Street City, State, Zip Code New York, NY 10018 | | | | | | | |
| 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"/> Mini Enclosure <input type="checkbox"/> Full Containment with Negative Pressure <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 |
| Power House | X | | | TSI | 15 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | NJDEP Waste Hauler ID No. NJ-913 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Landfill | | | | | |
| City, State | | Disposal Date | | City, State | | | | | |
| Completed by J. Robert Dombrowski | | Title VP of Business Sales | | Signature <i>J. Robert Dombrowski</i> | | Date 5/5/2017 | | | |

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

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|--|--|---|-------------------------------------|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 05 / 15 / 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 18 Patterson Street | | | | | | | |
| | | City, State, Zip Code New Brunswick, 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-2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 18 Patterson Street | | | | | | | | | |
| City (5) New Brunswick | | Square Feet 15000 | # of Floors 6 | | | | | | |
| | | Bldg. Age 75 | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc. | ASCM No. 57445 | Name of Abatement Contractor (9) JVN Restoration Inc | | | | | | | |
| Street Address 1253 North Church Street | | Street Address 47 Foster Road | | | | | | | |
| City, State, Zip Code Moorestown, NJ | | City, State, Zip Code Staten Island NY 10309 | | | | | | | |
| Project Manager for Monitoring Firm Harold Balwin | Telephone No. 856-840-8800 | Telephone No. 718-605-6256 | License No. 00774 | | | | | | |
| Start Date (10) 05 / 25 / 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 5:00 PM - 1:30 AM | | Street Address 10 59 Jackson Avenue | | | | | | | |
| | | City, State, Zip Code LIC, NY 11101 | | | | | | | |
| 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) 800 SF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement, Power Room | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | | <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. NJ-566 | Cubic Yards of Waste 15 | Name of Registered Landfill IESI | | | | | |
| City, State Newark, NJ | | Disposal Date 06/26/17 | City, State Bethlehem, PA | | | | | | |
| Completed By (Print or Type) Ralph Barnhardt | Title Project Manager | Signature  | | Date 05-15-2017 | | | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)



| Date of Notification (1) 5/8/17 | | Name of Building Owner/Operator (2) Vision General Construction, Inc. | | | | | | | |
|---|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 10 Post Lane | | | | | | | |
| <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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Riverdale, NJ 07457 | | | | | | | |
| | | Name of Contact John Struble | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement Is Taking Place (3) Private | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Totowa | | Square Feet | # of Floors | | | | | | |
| County (6) Passaic | 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) GSC Services Corp. | | | | | | |
| Street Address | | Street Address 1465 RI 23 S, #111 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. 01253 | | | | | | |
| Start Date (10) 4/13/2017 | Scheduled Completion Date (11) 5/13/2017 | Name of OSHA Monitor Consulting Services of America | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address P O Box 367 | | | | | | | |
| <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: | | City, State, Zip Code Belmar, NJ 07719 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 |
| First & Second Floor | | | X | VAT & Mastic | 12,000sf | X | | | |
| Boiler /Mechanical Room | | | X | pipe insulation | 100lf | X | | | |
| First & Second Floor | | | X | pipe elbows | 50 lf | | | | |
| Boiler Room | | | X | ACM debris | 2,000sf | X | | | |
| Name of Registered Waste Hauler GSC Services Corp. | | NJDEP Waste Hauler ID No. 0036309 | Cubic Yards of Waste | Name of Registered Landfill TRRF | | | | | |
| City, State Wayne, NJ | | | Disposal Date | City, State Tullytown, PA | | | | | |
| Completed by Daniela Antic | | Title Owner | Signature | Date 5/8/17 | | | | | |