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Project #

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

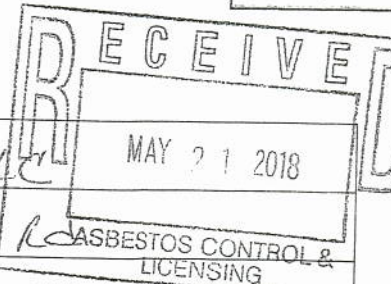
Check # 4307

Date of Notification (1) 05/13/2018		Name of Building Owner/Operator (2) Montville School District						
Agencies Notified	Type Notification	Street Address 86 River Rd						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montville, 07405						
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Steve Toth						
		Telephone Number 973-331 7100						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) School		Type of Facility (4)						
Street Address 46 Pine Brook Rd		<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.)						
City (5) Towaco NJ		Square Feet	# of Floors					
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC					
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd						
City, State, Zip Code Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869						
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061	License No. 01358					
Start Date (10) 05/25/2018	Scheduled Completion Date (11) 05/28/2018	Name of OSHA Monitor IRIS						
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Rt 22 West						
<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: 4 pm		City, State, Zip Code Union, NJ 07083						
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 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
Gym		X	pipe insulation-wrap & cut	6 LF				
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa				
Completed by Nikica Mrda		Title President	Signature <i>Nikica Mrda</i>		Date 05/13/2018			



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



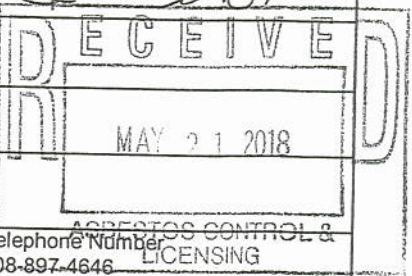
Date of Notification (1) <b>5-15-18</b>		Name of Building Owner/Operator (2) <b>Hillsborough Properties LLC</b>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>131 Mountain View Road</b> City, State, Zip Code <b>Hillsborough NJ 08844</b>						
		Name of Contact <b>Nicholas D'Ambrucoso</b>	Telephone Number <b>857-246-6800</b>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>Former Belle Mead Army Depot</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>131 Mountain View Road</b>		Square Feet <b>4200</b>	# of Floors <b>1</b>					
City (5) <b>Hillsborough NJ 08844</b>		Bldg. Age						
County (6) <b>Somerset</b>		Current Use (Prior if being demolished) <b>none / Prior storage</b>						
County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b>		Name of Abatement Contractor (9) <b>SCE Environmental</b>						
Street Address <b>400 Street Rd</b>		Street Address <b>1380 Mt Cobb Rd</b>						
City, State, Zip Code <b>Bensalem PA 19020</b>		City, State, Zip Code <b>Lake Ariel PA 18436</b>						
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone No. <b>215-244-1300</b>	License No. <b>570 383 4151 01216</b>					
Start Date (10) <b>5-29-18</b>		Scheduled Completion Date (11)						
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: _____		Name of OSHA Monitor <b>SCE Environmental</b>						
		Street Address <b>1380 Mt Cobb Rd</b>						
		City, State, Zip Code <b>Lake Ariel PA 18436</b>						
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) <b>TO BE ABATED</b> 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
<b>Concrete Storage Buckings</b>		<b>X</b>	<b>TAR paper flashing</b>	<b>4200 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>101699</b>	Cubic Yards of Waste <b>25 CY</b>	Name of Registered Landfill <b>Fairless Hills</b>				
City, State <b>Fairless Hills PA</b>			Disposal Date	City, State <b>Morrisville PA</b>				
Completed by <b>MARIAH wheeler</b>		Title <b>PM</b>	Signature <b>[Signature]</b>	Date <b>5-14-18</b>				



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

CK# 32181

Date of Notification (1) <b>PAIN</b> 5 / 15 /2018		Name of Building Owner/Operator (2) SUMMIT WEST CELGENE LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 556 MORRIS AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code SUMMIT, NEW JERSEY 07901	
		Name of Contact JANOS ANGELI	Telephone Number 908-897-4646



Name of Facility Where Abatement is Taking Place (3) CELGENE BUILDING 5A				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 556 MORRIS AVENUE				Square Feet 10,000	# of Floors 1	Bldg. Age 40+
City (5) SUMMIT	County (6) MORRIS	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) MECHANICAL		
Name of Monitoring Firm Hired by Building Owner (8) McCABE ENVIRONMENTAL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 464 VALLEY BROOK AVENUE				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code LYNDHURST, NEW JERSEY 07071				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm JOHN CHAIVIELLO		Telephone Number 201-438-4839		Telephone Number 845-369-7500		License Number 1101
Expected State Date (10) 5 / 25 /18		Sched. Completion Date (11) 12 30 /18		Name of OSHA Monitor QUALITY ENVIRONMENTAL SOLUTIONS & TECHNOLOGIES		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				City, State, Zip Code WAPPINGERS FALLS, NY 12590		
				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR BOILER AREA			X	BOILER FLANGE GASKET	40 SF	X			
ROOF			X	ROOF FLASHING AREA	40 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Disposal Date 5/14/18 - 12/30/18	City, State PLAINFIELD TOWNSHIP, PA
Signature 		Date 5-15-18	



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

ck# 237

Date of Notification (1) 5/15/18		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center	
Agencies Notified	Type Notification	Street Address 703 Main Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Edward Curry	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number 973-754-2022	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	MAY 21 2018	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

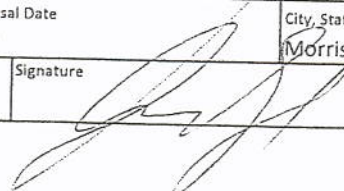
  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Joseph Regional Medical Center, Xavier Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 703 Main Street		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code Paterson, NJ 07503		Square Feet 30,000+	# of Floors 3+
County (5) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address		Street Address 32 Willow Way	
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 5/26/18		Scheduled Completion Date (11) 5/28/18	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Envirovision Consultants, Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Fair Lawn, NJ 07410	
<input checked="" type="checkbox"/> Other - Describe: _____			
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 Call Center			X	Pipe Insulation & Fittings	105 LF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 5/15/18



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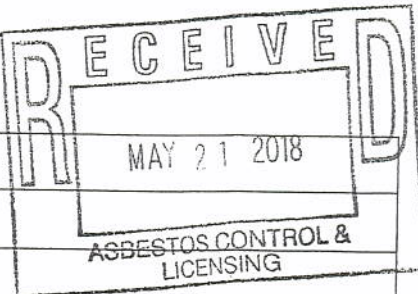
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check  
10364

Date of Notification (1) <b>5-17-18</b>		Name of Building Owner/Operator (2) <b>Sakoutis Brothers</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>113 State Highway</b> City, State, Zip Code <b>Farmingdale NJ 07727</b> Name of Contact <b>John Sakoutis</b> Telephone Number <b>732-683-0600</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>Bound Brook Bar/Hotel</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>507 East Main Street</b>		Square Feet <b>3</b>	# of Floors <b>100+</b>					
City (5) <b>Bound Brook NJ 08805</b>		Bldg. Age						
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bar/Hotel</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>					
Start Date (10) <b>May 29, 2018</b>		Scheduled Completion Date (11) <b>June 8, 2018</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
		Street Address <b>P.O. Box 337</b>						
		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" 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) <b>TO BE ABATED</b> 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
<b>Basement</b>	<input checked="" type="checkbox"/>			<b>Transite ceiling Panels</b>	<b>180 SF</b>	<input checked="" type="checkbox"/>		
<b>2nd Floor</b>		<input checked="" type="checkbox"/>		<b>Floor Tiles</b>	<b>140 SF</b>	<input checked="" type="checkbox"/>		
<b>Attic</b>	<input checked="" type="checkbox"/>			<b>Windows Caulk</b>	<b>2 each</b>	<input checked="" type="checkbox"/>		
<b>Roof upper flat</b>	<input checked="" type="checkbox"/>			<b>Roof felt</b>	<b>300 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>by 6/8/18</b>	City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>			Date <b>5-17-18</b>		



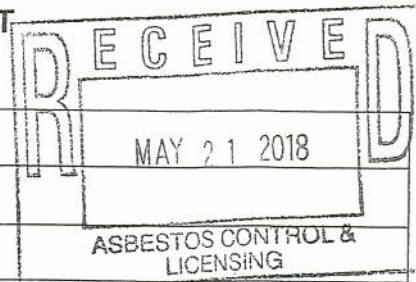
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 5-16-2018		Name of Building Owner / Operator (2) State of NJ Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Start Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Avenue						
			City, State & Zip Code Trenton, NJ 08625						
			Name of Contact Sheryl M. Quartermas						
			Telephone Number 609-530-5472 609-240-1147						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Maintenance Yard - <b>Building # 1342</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Gregg Street		Square Feet 9,118	# of Floors 2						
City (5) Lodi	County (6) Bergen	County Code (7)	Bldg. Age 54						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 120 North Warren Street		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Dominick Dercole		Telephone Number 609-392-4200	Telephone Number 609-914-4279						
License Number 01185									
Scheduled Start Date (10) 5-21-2018	Scheduled Completion Date (11) 5-23-2018	Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am - 5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	150 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 				Date 05-16-2018		



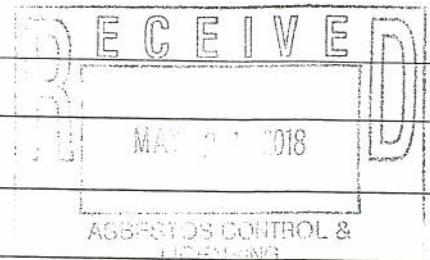
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 5-1-2018		Name of Building Owner / Operator (2) State of NJ Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Avenue						
			City, State & Zip Code Trenton, NJ 08625						
			Name of Contact Sheryl M. Quartermas						
			Telephone Number 609-530-5472 609-240-1147						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Maintenance Yard - <b>Building # 1342</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Gregg Street		Square Feet 9,118	# of Floors 2						
City (5) Lodi	County (6) Bergen	Bldg. Age 54							
County Code (7)		Current Use (Prior if being demolished) Maintenance Yard Commercial Building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 120 North Warren Street		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Dominick Dercole		Telephone Number 609-392-4200	Telephone Number 609-914-4279						
License Number 01185									
Scheduled Start Date (10) 5-22-2018	Scheduled Completion Date (11) 5-30-2018	Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am – 5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	150 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 			Date 05-01-2018			



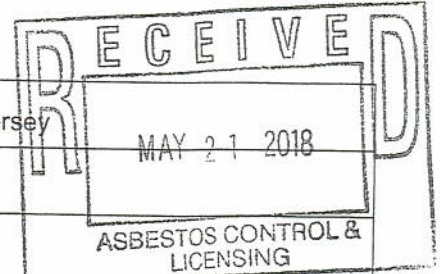
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
**(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 05/15/18		Name of Building Owner/Operator (2) Praxair Inc. Carney's Point Facility					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> X DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Notification Type Initial x <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 554 Shell Rd					
		City, State, Zip Co Carney's Point, NJ 08069					
		Name of Contact Jeffrey Shute					
		Telephone Number 856-299-3500					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)					
Street Address 554 Shell rd		<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) Carney's Point		Square Feet	# of Floors      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 Inc.		ASCM No.	Name of Contractor (9) County Environmental				
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.					
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720					
Project Manager for Monitoring Firm Wesley Morrison		Telephone No. (302) 326-2333	Telephone Number (302) 322-8946      License Number 00578				
Scheduled Start Date (10) 05-17-18	Scheduled Completion Date 05/18/18		Name of OSHA Monitor County Environmental				
Occupancy Status During Abatement (Check only one)		Street Address 461 New Churchmans Road					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe:		City, State, Zip Code New Castle, DE 19720					
Scope of Work (Check all that apply)							
<div style="display: flex; justify-content: space-between;"> <div>           X ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div>           Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure      Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>							
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)	Abatement Type		
					Removal	Repair	Encapsulate
Removal of gaskets on tank	x		Gasket on tanks	9 sf	x		
Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990	Cubic Yards of Waste	Name of Reg. Landfill Minerva			
City, State New castle DE			Disposal Date TBA	City, State Waynesburg OH			
Completed by <i>Charles Flores</i>		Title PM	Signature <i>Charles Flores</i>		Date 5/15/18		



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



Date of Notification (1) 05/17/2018		Name of Building Owner/Operator (2) The Port Authority of New York & New Jersey							
Agencies Notified	Type Notification	Street Address 2 Gateway Center, 14th Floor							
<input checked="" 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 checked="" type="checkbox"/> Amended Amendment #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Glenn Milarczyk	Telephone Number 484-239-1902						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Newark Airport - Building 345		Type of Facility (4)							
Street Address 350 Scargo Earhart Drive		<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) Newark		Square Feet 43,200	# of Floors 1						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 26 Columbia Turnpike		Street Address 2217 Spillman Drive							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm		Telephone No. 973-240-1800	Telephone No. 610-691-1800						
Start Date (10) 05/29/2018		Scheduled Completion Date (11) 06/08/2018	License No. 00721						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Brandenburg							
<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: DEMO - 6/4/2018-7/3/2018		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
Scope of Work (Check All That Apply)									
<input checked="" 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 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
1st Floor Room 1A			X	Floor Tile - 12x12	40 SF	X			
Roof			X	Flashing	1600 SF	X			
Throughout Building			X	Pipe Sealant on Sprinkler Heads	885 Units	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 30	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Bethlehem, PA			Disposal Date 05/31/18-06/12/18	City, State Bethlehem, PA					
Completed by Stephen Carne		Title Environmental Engineer	Signature 	Date 05/17/2018					



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



Date of Notification (1) <u>5</u> / <u>11</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1803-5281</b>		Check #					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Eric Lorenzon</b> Telephone Number <b>215-247-0542</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Audubon Gas Facility</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>535 West Nicholson Road</b>				Square Feet					
City (5) <b>Audubon, NJ</b>				# of Floors					
County (6) <b>Camden</b>				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Gas Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bureau Veritas</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>109 North Center Drive</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>North Brunswick, NJ 08092</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>J-B Chadwick</b>		Telephone No. <b>732-489-2813</b>		License No. <b>00529</b>					
Start Date (10) <u>3</u> / <u>28</u> / <u>18</u>		Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>18</u>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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					
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Expansion Caulk	220 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Louver Caulk	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Window sills	112 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Camden, NJ</b>		Disposal Date <u>5/31/18</u>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <u>5/11/18</u>		



PAID

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

*Previously mailed  
without check.*

<b>RECEIVED</b>			
MAY 21 2018			
ASBESTOS CONTROL & LICENSING			
Telephone Number 609-364-9337			

Date of Notification (1) 5 / 11 / 18		Name of Building Owner/Operator (2) NJ DOT / Job #1805-5311 Check #10111							
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 1 Executive Campus City, State, Zip Code Cherry Hill, NJ 08002 Name of Contact Kyle Fote							
<div style="display: flex; justify-content: space-between;"> <div>FACILITY INFORMATION</div> <div>ASBESTOS CONTROL &amp; LICENSING</div> </div>									
Name of Facility Where Abatement is Taking Place (3) D-3		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 [REDACTED]		Square Feet	# of Floors						
City (5) Bellmawr, NJ		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) MECS	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber, Jr.	Telephone No. 609-298-4070	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 5 / 24 / 18	Scheduled Completion Date (11) 6 / 22 / 18	Name of OSHA Monitor EMSL Analytical							
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Shingles	2,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sink Undercoating	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chimney/Roof Mastic	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multi layers of flooring & subfloor	825 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 6/22/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5/11/18			



PAID

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

*previously mailed  
without check*

Date of Notification (1) 5 / 11 / 18		Name of Building Owner/Operator (2) NJ DOT / Job #1805-5311 Check #10172							
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	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 21 2018  ASBESTOS CONTROL &amp;  609-864-9337 </div>							
Street Address 1 Executive Campus		City, State, Zip Code Cherry Hill, NJ 08002							
Name of Contact Kyle Fote		Telephone Number 609-864-9337							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) D-1		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 [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Bellmawr, NJ		County Code (7) (STATE USE ONLY)							
County (6) Camden		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm William Weisgarber Jr		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 609-298-4070		Telephone No. 609-265-2107							
License No. 00529		Name of OSHA Monitor EMSL Analytical							
Start Date (10) 5 / 24 / 18		Scheduled Completion Date (11) 6 / 22 / 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
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		City, State, Zip Code Cinnaminson, NJ 08077							
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"/>	Transite Shingles	2,750 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 6/22/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 5/11/18			



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

*previously sent  
without check*

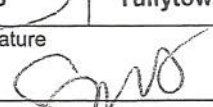
Date of Notification (1) <b>5 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>NJ DOT / Job #1805-5311 Check #10173</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (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 <b>1 Executive Campus</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08002</b>							
		Name of Contact <b>Kyle Fote</b>							
		Telephone Number <b>609-364-9337</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>D-1</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) <b>Bellmawr, NJ</b>		# of Floors							
County (6) <b>Camden</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>PO Box 341</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber Jr</b>		Telephone No. <b>609-298-4070</b>	License No. <b>00529</b>						
Start Date (10) <b>5 / 24 / 18</b>	Scheduled Completion Date (11) <b>6 / 22 / 18</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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"/>	Transite Shingles	2,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen & Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & subflooring	280 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/22/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>Gwendolyn Trumbetti</i>		Date <b>5/11/18</b>			

ASB-41  
MAY 11

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



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

Date of Notification (1) 5 / 18 / 18		Name of Building Owner/Operator (2) Verizon Communications / Job #1801-5259 Check # PC1							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue							
		City, State, Zip Code Jenkintown, PA 19046							
		Name of Contact Alex Baylor							
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  MAY 21 2018  ASBESTOS CONTROL &amp; ABATEMENT </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon- Ventnor 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 10 South Portland Ave.		Square Feet							
City (5) Ventnor, NJ 08406		# of Floors							
County (6) Atlantic		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00529						
Start Date (10) 5 / 7 / 18	Scheduled Completion Date (11) 5 / 31 / 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor EMSL Analytical							
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
3 <sup>rd</sup> Floor Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fascia Caulk	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	1,340 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulk	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk above Roof Flashing	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 5/18/18		

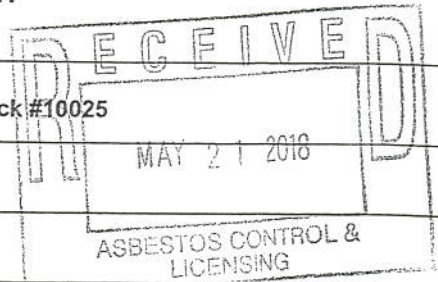


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 18 / 18		Name of Building Owner/Operator (2) Verizon Communications / Job #1801-5259 Check# PG2							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue City, State, Zip Code Jenkintown, PA 19046 Name of Contact Alex Baylor Telephone Number 301-583-0048							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon- Ventnor 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 10 South Portland Ave.		Square Feet	# of Floors						
City (5) Ventnor, NJ 08406		Bldg. Age							
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00529						
Start Date (10) 5 / 7 / 18	Scheduled Completion Date (11) 5 / 31 / 18	Name of OSHA Monitor EMSL Analytical							
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
1st Floor Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Caulk	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Expansion Joint Caulk	60 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5/18/18			



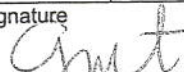
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>5</u> / <u>18</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1802-5273</b> Check # <b>10025</b>							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b>							
		City, State, Zip Code <b>South Plainfield, NJ</b>							
		Name of Contact <b>Ryan Thomasen</b>	Telephone Number <b>973-941-8155</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Orange Gas Facility</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>284 North Park Street</b>									
City (5) <b>East Orange, NJ</b>		Square Feet	# of Floors						
County (6) <b>Essex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>District Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
City, State, Zip Code		Street Address <b>30 Maple Ave. PO Box 25</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Telephone No.		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <u>4</u> / <u>30</u> / <u>18</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>18</u>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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							
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 type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Paper & TarFlashing	2,290 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sealant Caulk	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Insulation	7,800 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"/>
Name of Registered Waste Hauler <b>Environmental Transport Group</b>		NJDEP Waste Hauler ID No. <b>NJD0006920</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Flanders, NJ</b>		Disposal Date <b>5/31/18</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>5/18/18</b>		



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

Date of Notification (1) 5 / 16 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1805-5314		Check #10174/10180					
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 <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>Kevin Weimken</b>					
				Telephone Number <b>732-233-0985</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L- Substation</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>189 Throckmorton Street</b>				Square Feet					
City (5) <b>Freehold, NJ</b>				# of Floors					
County (6) <b>Morris</b>				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; health, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>140 S. Village Ave. Suite 130</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone No. <b>610-524-5525</b>		License No. <b>00529</b>					
Start Date (10) 5 / 29 / 18		Scheduled Completion Date (11) 6 / 4 / 18		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM <b>3:30 PM-12 AM</b>				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
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					
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
Ladies Room & Lounge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling tile	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile	250 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/4/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>5/16/18</b>			



OK 10175  
10176 PAID

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

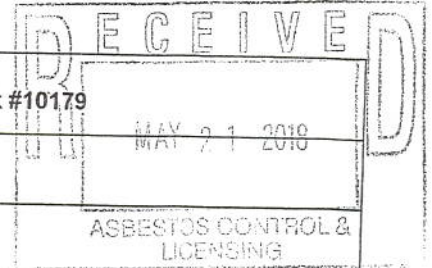
RECEIVED  
MAY 21 2018  
ASBESTOS ABATEMENT & LICENSING  
973-332-6053

Date of Notification (1) 5 / 16 / 18		Name of Building Owner/Operator (2) Farmingdale BOE / Job # 1803-5290 Checks # 10175 & 10176							
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 49 Academy Street City, State, Zip Code Farmingdale, NJ Name of Contact Frank Bennett							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Farmingdale ES		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 49 Academy Street		Square Feet							
City (5) Farmingdale, NJ		# of Floors							
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No.							
Street Address 56 East Bridge Street		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Morrisville, PA 19067		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Rick Beach		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 267-991-9212		Telephone No. 609-265-2107							
Start Date (10) 6 / 18 / 18		License No. 00529							
Scheduled Completion Date (11) 7 / 16 / 18		Name of OSHA Monitor EMSL Analytical							
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	3,552 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1928 Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stair tread tile & mastic	185 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1928 Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chalkboard/tack board mastic	152 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler rib packing	22 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/16/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 5/16/18			



PAID

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



Date of Notification (1) <b>5 / 16 / 18</b>		Name of Building Owner/Operator (2) <b>SJ Gas / Job #1805-5315 Check #10179</b>							
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 <b>1 South Jersey Plaza</b>							
		City, State, Zip Code <b>Folsom, NJ 08037</b>							
		Name of Contact <b>Joe Naselli</b>	Telephone Number <b>518-775-0537</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) <b>Glassboro, NJ</b>		Bldg. Age							
County (6) <b>Gloucester</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <b>6 / 4 / 18</b>	Scheduled Completion Date (11) <b>6 / 15 / 18</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <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 type="checkbox"/>	<input checked="" type="checkbox"/>	Transite pipe	290 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/15/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>5/16/18</b>		

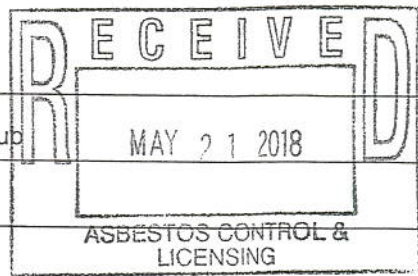


CK 8437

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Print Form

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



Date of Notification (1) 05/18/2018		Name of Building Owner/Operator (2) Glenwood Apartments & Country Club	
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Ln	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ 08857	
		Name of Contact Eric Prieto	Telephone Number 732-727-1414

Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment				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) Old Bridge				Square Feet 6,000	# of Floors 2	Bldg. Age 60+
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartment		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. 00099		Name of Abatement Contractor (9) DIA General Construction, Inc.		
Street Address				Street Address 1360 Clifton Avenue, PMB Suite 218		
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07012		
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-389-0089		License No. 00693
Start Date (10) 05/31/2018		Scheduled Completion Date (11) 06/08/2018		Name of OSHA Monitor DIA General Construction, Inc.		
Occupancy Status During Abatement (Check Only One)				Street Address 1360 Clifton Avenue, PMB Suite 218		
<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 Clifton, NJ 07012		

Scope of Work (Check All That Apply)

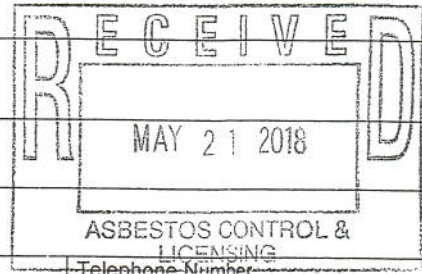
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

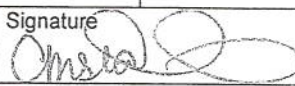
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
14 A-D Peach Ln	x			Pipe/Elbow Insulation	160 LF	x			
16 A-D Peach Ln	x			Pipe/Elbow Insulation	155 LF	x			
18 A-D Peach Ln	x			Pipe/Elbow Insulation	160 LF	x			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 12 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 06/08/2018		City, State Waynesburg, OH 44688	
Completed by Milan Njezic		Title Vice President	Signature 	Date 05/18/2018	



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



Date of Notification (1) 05 / 15 / 18		Name of Building Owner/Operator (2) Donna Murgula							
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: 5px;"></div> City, State, Zip Code Pleasantville, NJ 08232 Name of Contact Joe Raine - HS Restoration							
<b>FACILITY INFORMATION</b>									
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: 5px;"></div>		Square Feet 1,800							
City (5) Pleasantville		# of Floors 3	Bldg. Age 95						
County (6) Atlantic		County Code (7) (STATE USE ONLY) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 05 / 26 / 18	Scheduled Completion Date (11) 05 / 29 / 18		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"/> ≥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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Atlantic County Landfill					
City, State Freehold, NJ		Disposal Date 05/29/2018		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/15/18			



05/15/2018 10:06AM 2013297440

BEST REMOVAL INC

CIL4602 PAGE 02/04

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State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 9:60 and 12:120)

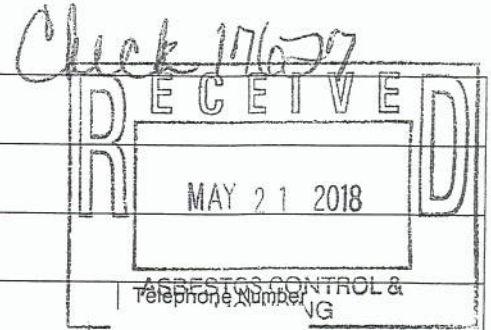
Date of Notification (1) <b>5/5/18</b>		Name of Building Owner/Operator (2) <b>HASSAN RIVZI</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>METUCHEN, NJ 08840</b>	
Name of Facility Where Abatement is Taking Place (3) <b>M.R. RIVZI</b>		Name of Contact <b>MR. RIVZI</b>	
Street Address [REDACTED]		Telephone Number <b>08840</b>	
City (5) <b>METUCHEN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Substructure (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)	Square Feet <b>2100</b>	# of Floors <b>2</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Bldg. Age <b>1980</b>	
Street Address		Current Use (Prior if being demolished) <b>RESIDENCE</b>	
City, State, Zip Code		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Project Manager for Monitoring Firm		Street Address <b>450 South River Street</b>	
Telephone No.		City, State, Zip Code <b>Hackensack, NJ 07601</b>	
Start Date (10) <b>5/16/18</b>	Scheduled Completion Date (11) <b>5/18/18</b>	Telephone No. <b>201-329-1444</b>	License No. <b>00388</b>
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00AM TO 5:00PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
Street Address		Street Address <b>280 Huyler Street</b>	
City, State, Zip Code		City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 24 or 24 hr <input checked="" type="checkbox"/> 240 or 240 hr <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloved Procedure <input type="checkbox"/> Non-Enclosed (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VAT</b>
	Amount (Specify SP or LF) <b>400SF</b>		
Abatement Type Removal X Repair Encapsulation Enclosure			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NUDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3 CYS</b>
City, State <b>Hackensack, NJ 07601</b>		Name of Registered Landfill <b>M. nerva Enterprises, LLC</b>	
Completed by <b>J. Maiorano</b>		Signature <b>J. Maiorano</b>	City, State <b>W. neshburg, OH 44688</b>
Title <b>Estimator</b>		Date <b>5/13/18</b>	


ASB-41 (R-06-06)

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



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



Date of Notification (1) 5/16/18		Name of Building Owner/Operator (2) Lusa Construction							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	52-54 Porete Avenue							
		City, State, Zip Code North Arlington NJ 07031							
		Name of Contact John							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		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) Kearny		Square Feet 2800	# of Floors 2						
County (6) Hudson		Bldg. Age 72							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) house							
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. 973-764-2276	License No. 703						
Start Date (10) 5/25/18	Scheduled Completion Date (11) 6/7/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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>exterior</u>		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 type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	4000 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrln Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Exton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/16/18			



Check#3059

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

Date of Notification (1) 05 / 16 / 18		Name of Building Owner/Operator (2) Thomas McDermott		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  MAY 21 2018  ASBESTOS CONTROL &amp; LICENSING </div>					
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 [REDACTED]			
		City, State, Zip Code Short Hills, NJ 07078				Name of Contact Thomas McDermott			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Short Hills, NJ 07078				Square Feet	# of Floors				
County (6) Essex				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Gr Tech LLC						
City, State, Zip Code			Street Address 576 Valley Rd #283						
			City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.					
			973-638-1777	01127					
Start Date (10) 05 / 25 / 18		Scheduled Completion Date (11) 05 / 27 / 18		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 35E					
				City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite	900 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470				Disposal Date TBD	City, State Tullytown, PA				
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 05/16/18			

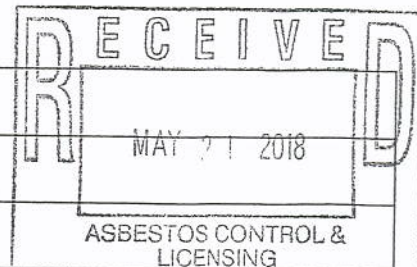
ASB-41

MAY 11

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



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



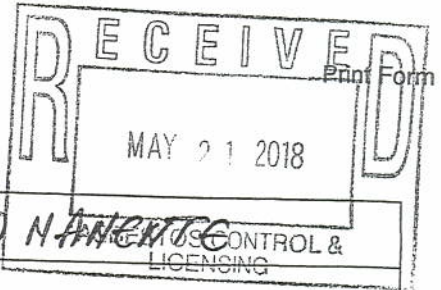
Date of Notification (1) 5/7/18		Name of Building Owner/Operator (2) Luis Bayer Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Barnegat Light NJ 08008							
		Name of Contact Luis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Luis Bayer 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 2						
City (5) Barnegat Light NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/18/18	Scheduled Completion Date (11) 5/25/18	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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	3300 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/25/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/7/18		



OK 1249

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

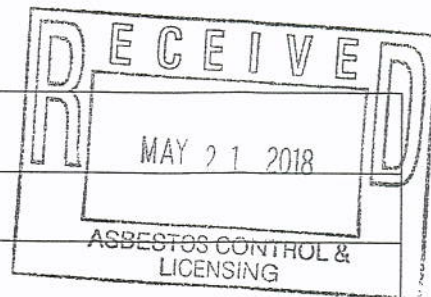


Date of Notification (1) <b>05/03/18</b>		Name of Building Owner/Operator (2) <b>VITO NANENTE</b>						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>UNION CITY, NJ, 07087</b>						
		Name of Contact <b>VITO NANENTE</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>VITO'S HOME</b>		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) <b>UNION CITY</b>	Square Feet <b>2400</b>	# of Floors <b>2</b>	Bldg. Age <b>60's</b>					
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address <b>144 MILL ST.</b>						
City, State, Zip Code		City, State, Zip Code <b>PATERSON NJ 07509</b>						
Project Manager for Monitoring Firm		Telephone No. <b>973 653 9652</b>	License No. <b>1257</b>					
Start Date (10) <b>05/12/18</b>	Scheduled Completion Date (11) <b>05/19/18</b>	Name of OSHA Monitor <b>GORAN IGEV</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>144 MILL ST.</b>						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>EXTERIOR WORK</b>		City, State, Zip Code <b>PATERSON, NJ, 07501</b>						
Scope of Work (Check All That Apply)								
<input checked="" 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) <b>TO BE ABATED</b> 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
<b>EXTRIOR</b>		<b>✓</b>	<b>SURFACING</b>	<b>3000SF</b>	<b>✓</b>			
Name of Registered Waste Hauler <b>INDIAN ARROW</b>		NJDEP Waste Hauler ID No. <b>36031</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>FARRIS HILLS</b>				
City, State <b>PATERSON, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>				
Completed by <b>GORAN IGEV</b>		Title <b>CEO</b>	Signature 		Date <b>05/03/18</b>			



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

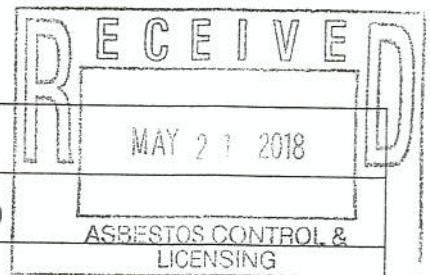
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Date of Notification (1) <b>05 / 15 / 18</b>		Name of Building Owner/Operator (2) <b>Peter Welsh</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input 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 <b>Haddon Township, NJ 08033</b> Name of Contact <b>Peter Welsh</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>1,300</b> # of Floors <b>3</b> Bldg. Age <b>80</b>							
City (5) <b>Haddon Township</b>		County Code (7) (STATE USE ONLY) <b>Camden</b>							
County (6) <b>Camden</b>		Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCN No. _____							
Street Address <b>PO Box 341</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		Street Address <b>623 Cutler Avenue</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Telephone No. <b>609-298-4070</b>		Telephone No. <b>856-755-0099</b>							
Start Date (10) <b>05 / 26 / 18</b>		License No. <b>00842</b>							
Scheduled Completion Date (11) <b>05 / 29 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>							
Scope of Work (Check all that apply) <input checked="" 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		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Board	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>05/29/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>5/15/18</b>		



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

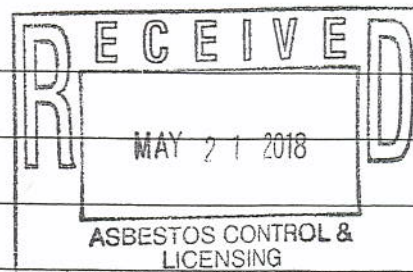


Date of Notification (1) 5/18/18		Name of Building Owner/Operator (2) Linde, LLC							
Agencies Notified	Type Notification	Street Address 200 Somerset Corporate Blvd, Suite 7000							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeport, NJ 08807							
		Name of Contact Tom Schultz	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Linde		Type of Facility (4)							
Street Address 38 Porcupine Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Pedricktown		Square Feet NA	# of Floors NA						
County (6) Salem		Bldg. Age ~60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Industrial Site							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 411 Southgate Court, Suite E		Street Address 303 B National Road							
City, State, Zip Code Mickleton, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 5/24/18	Scheduled Completion Date (11) 6/2/18		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant, former chemical plant		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" 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
Open field			X	Transite pipe	300 LF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 35	Name of Registered Landfill Salem County Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Alloway, NJ					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date 5/18/18			



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



Date of Notification (1) 5/18/18		Name of Building Owner/Operator (2) Joaquina O'Har							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Harrington Park, NJ 07640							
		Name of Contact Joaquina O'Har							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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]									
City (5) Harrington Park		Square Feet 1785	# of Floors 2						
		Bldg. Age 60+/-							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Name of Abatement Contractor (9) All Stages Abatement							
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 5/21/18	Scheduled Completion Date (11) 5/24/18		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<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: 8 A.M to 4 P.M			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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		VAT	351 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Richard Cristofol		Title President		Signature 		Date 5/18/18			



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

Check # 25593

Date of Notification (1) 5/16/2018		Name of Building Owner/Operator (2) Lounsbury		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  MAY 21 2018  CONTROL &amp; </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Maplewood, NJ 07040			
						Name of Contact Jeff Lounsbury			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential				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) Maplewood, NJ 07040				Square Feet 2400	# of Floors 2				
County (6) Union		County Code (7) (STATE USE ONLY)		Bldg. Age 75+/-					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341				Street Address PO Box 322					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		Telephone No. 609 259-9688	License No. 00493				
Start Date (10) 5/30/2018		Scheduled Completion Date (11) 6/5/2018		Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 341					
<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: 8 am 3 pm				City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<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 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
Basement Boiler Room	X			Transite	144 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ				Disposal Date 6/5/2018	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 5/16/18			



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

RECEIVED	
ASBESTOS CONTROL & Telephone Number	

Date of Notification (1) 5/18/18		Name of Building Owner/Operator (2) Kathleen Sciarrello	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Milford, NJ 08848	
Name of Contact Kathleen Sciarrello		Telephone Number _____	
<b>FACILITY INFORMATION</b>			
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 1500	
City (5) Milford		# of Floors 2	
County (6) Hunterdon		Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	
Street Address		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.	
City, State, Zip Code		Street Address 265 Route 46 Ste 3D	
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512	
Telephone No. _____		Telephone No. 973 256 7010	
Start Date (10) 06/07/18		License No. 00666	
Scheduled Completion Date (11) 06/09/18		Name of OSHA Monitor Bako Construction & Restoration, 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 Other - Describe: _____		Street Address 265 Route 46 Ste 3D	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Totowa, NJ 07512	
<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) 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)	
House Exterior		Asbestos Cement Shingles	
Garage Gable Ends		Asbestos Cement Shingles	
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	
City, State Totowa, NJ		Cubic Yards of Waste TBD	
Completed by Goran Kojic		Name of Registered Landfill Tullytown Resource Recovery Facility	
Title Project Manager		Disposal Date TBD	
Signature [Signature]		City, State Tullytown, PA	
Date 05/18/18			



B &amp; G proj. #: 2018-113

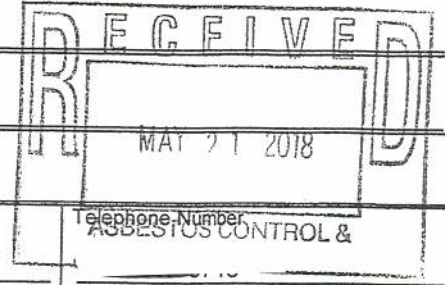
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State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Check #

8988

Date of Notification (1) 05/18/2018		Name of Building Owner/Operator (2) Kevin Brenman	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Linden, NJ 07036	
Name of Contact Kevin Brenman		Telephone Number [REDACTED]	



## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kevin Brenman			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) Linden, NJ 07036			County (6) Union		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No. n/a		
Street Address [REDACTED]			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code [REDACTED]			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 05/31/2018			Sched. Completion Date (11) 06/01/2018		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
[REDACTED]			Street Address 105 Ryerson Road		
[REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment w/negative pressure		<input type="checkbox"/> Glovebag procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Mini-enclosure		<input type="checkbox"/> Non-friable procedure			
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
garage			X	thin duct insulation	40 sf		X		
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Lincoln Park, NJ		Disposal Date 06/01/2018		City, State Morrisville, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 05/18/2018		



B &amp; G proj. #:

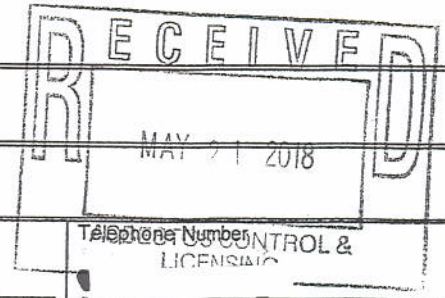
2018-106

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

Check #

8987

Date of Notification (1) 05/18/18		Name of Building Owner/Operator (2) Kenneth Coquin	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Livingston, NJ 07039	
Name of Contact Kenneth Coquin		Telephone Number [REDACTED]	



## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kenneth Coquin			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Livingston, NJ 07039	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road			
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/30/2018	Sched. Completion Date (11) 05/31/2018		Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

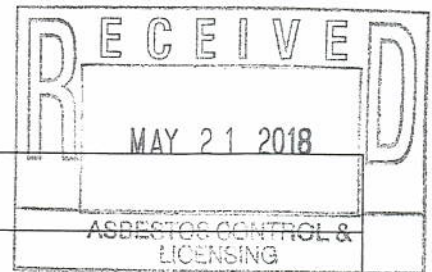
- ☐ Demolition  
☒ >3 sf or >3 lf  
☒ Renovation  
☐ ≥160 sf or ≥260 lf  
☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
near boiler room			<input checked="" type="checkbox"/>	pipe insulation	5 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gas meter room			<input checked="" type="checkbox"/>	pipe insulation	2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage room			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wall between rooms			<input checked="" type="checkbox"/>	pipe insulation	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	contaminated fiberglass	63 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Lincoln Park, NJ		Disposal Date 05/31/2018		City, State Morrisville, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 05/18/2018		



CK 1169

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

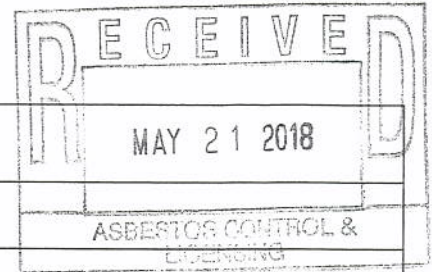


Date of Notification (1) <b>05 / 18 / 18</b>		Name of Building Owner/Operator (2) <b>County of Burlington</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>49 Rancocas Valley Road</b> City, State, Zip Code <b>Mount Holly, NJ 08060</b> Name of Contact <b>Mark Hansen</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet							
City (5) <b>Eastampton Township</b>		# of Floors							
County (6) <b>Burlington</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>T&amp;M Associates</b>		ASCM No. <b>00145</b>							
Street Address <b>200 Century Parkway, Suite B</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		Street Address <b>27 Outwater Lane</b>							
Project Manager for Monitoring Firm <b>Kevin Burns</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Telephone No. <b>908-347-4396</b>		Telephone No. <b>973-928-4888</b>							
Start Date (10) <b>05 / 29 / 18</b>		License No. <b>1188</b>							
Scheduled Completion Date (11) <b>07 / 30 / 18</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input 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
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	60 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 <b>Century Waste, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>G.R.O.W.S North Landfill/ Fairless Landfill</b>				
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>5/18/18</b>			



CK 1169

**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 5:16)

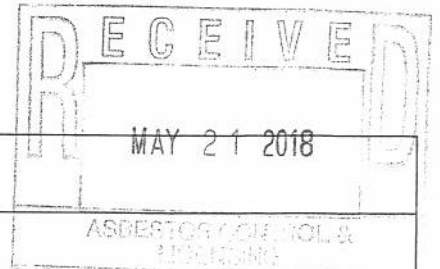


Date of Notification (1) <b>05 / 18 / 18</b>		Name of Building Owner/Operator (2) <b>County of Burlington</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>49 Rancocas Valley Road</b> City, State, Zip Code <b>Mount Holly, NJ 08060</b> Name of Contact <b>Mark Hansen</b>							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) <b>Eastampton Township</b>		# of Floors							
County (6) <b>Burlington</b>		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>T&amp;M Associates</b>		ASCM No. <b>00145</b>							
Street Address <b>200 Century Parkway, Suite B</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		Street Address <b>27 Outwater Lane</b>							
Project Manager for Monitoring Firm <b>Kevin Burns</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Telephone No. <b>908-347-4396</b>		Telephone No. <b>973-928-4888</b>							
Start Date (10) <b>05 / 29 / 18</b>		License No. <b>1188</b>							
Scheduled Completion Date (11) <b>07 / 30 / 18</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b>							
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		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
Main House- Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main House- Rear Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	90 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 <b>Century Waste, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>		Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>G.R.O.W.S North Landfill/ Fairless Landfill</b>				
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>			Date <b>5/18/18</b>		



CK 1169

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



Date of Notification (1) <b>05 / 18 / 18</b>		Name of Building Owner/Operator (2) <b>County of Burlington</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>49 Rancocas Valley Road</b> City, State, Zip Code <b>Mount Holly, NJ 08060</b> Name of Contact <b>Mark Hansen</b>					
Telephone Number _____							
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet					
City (5) <b>Westampton Township</b>		# of Floors					
County (6) <b>Burlington</b>		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>T&amp;M Associates</b>		ASCM No. <b>00145</b>					
Street Address <b>200 Century Parkway, Suite B</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>					
City, State, Zip Code <b>Mount Laurel, NJ 08054</b>		Street Address <b>27 Outwater Lane</b>					
Project Manager for Monitoring Firm <b>Kevin Burns</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>					
Telephone No. <b>908-347-4396</b>		Telephone No. <b>973-928-4888</b>					
License No. <b>1188</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>					
Start Date (10) <b>05 / 29 / 18</b>		Scheduled Completion Date (11) <b>07 / 30 / 18</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>27 Outwater Lane</b>					
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		City, State, Zip Code <b>Garfield, NJ 07026</b>					
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)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> Floor- Kitchen</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>VAT</b>	<b>230 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor- Rear Addition Kitchen</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>VAT</b>	<b>250 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rear Addition Ice House Roof</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>Silver-Coated Paint- Roofing Panels</b>	<b>120 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Large Chicke Coup Roof</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>Silver-Coated Paint- Roofing Panels</b>	<b>900 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ATC</b>		NJDEP Waste Hauler ID No. <b>SW-24310</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>			
City, State <b>Shirley, NY</b>		Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>				
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>	Signature <i>Allen Monchik</i>		Date <b>5/18/18</b>		



RECEIVED  
MAY 21 2018  
ADDRESS CONTROL &  
LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/18/18
--	------------------------	------------------------------------	------------------



CH 00616645

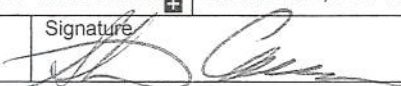
**PAID**  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:20)

Print Form

RECEIVED

MAY 21 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/16/2018		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 80 Park Place							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Glenn Milarczyk	Telephone Number 484-239-1902						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G Bayway Sub Station Control Room		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 400 Clifton Street		Square Feet 4000	# of Floors 2						
City (5) Elizabeth		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Substation Control Room							
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 110 Fieldcrest Avenue - Raritan Plaza I		Street Address 2217 Spillman Drive							
City, State, Zip Code Edison, NJ 08837		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JB Chadwick		Telephone No. 732-225-6040	Telephone No. 610-691-1800						
License No.									
Start Date (10) 05/17/2018	Scheduled Completion Date (11) 06/08/2018	Name of OSHA Monitor Brandenburg							
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: DEMO : 5/17/2018-06/08/2018		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Roof			X	Roofing Field	4000 SF	X			
Name of Registered Waste Hauler WM of New Jersey		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 300	Name of Registered Landfill WM Fairless Hills Landfill					
City, State Bethlehem, PA		Disposal Date 05/17/18-06/08/18		City, State Morrisville, PA 19067					
Completed by Stephen Carne		Title Environmental Engineer		Signature 			Date 05/16/2018		



# PAID

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



Date of Notification (1) 5/16/18		Name of Building Owner/Operator (2) Parsippany Troy Hills Board Of Ed.							
Agencies Notified	Type Notification	Street Address 292 Parsippany 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 Parsippany, NJ 07054							
		Name of Contact Tom Gaveglio	Telephone Number (973) 583-6604						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Littleton 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 51 Brooklawn Drive		Square Feet	# of Floors 1						
City (5) Morris Plains		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pow/R/Save Inc.						
Street Address		Street Address 15 Somerset Place							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. (973) 470-0200	License No. 357						
Start Date (10) 06/02/18	Scheduled Completion Date (11) 06/02/18	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 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 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
kitchen area in gym			X	VAT/Mastic	80 sf	X			
Name of Registered Waste Hauler Pow/R/Save Inc. or Progreen mgmt		NJDEP Waste Hauler ID No. 17132/22051	Cubic Yards of Waste	Name of Registered Landfill Grand Central of Tullytown, PA					
City, State Clifton, NJ or East Brunswick, NJ			Disposal Date	City, State Pen Argyl PA or Tullytown, PA					
Completed by Sharon Hendee		Title President	Signature 	Date 5/16/18					

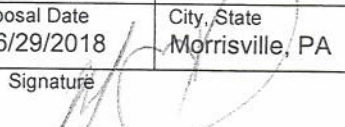


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 25595

Date of Notification (1) 5/16/2018		Name of Building Owner/Operator (2) Pilot Chemical Plant		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 21 2018 ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification				Street Address 267 Homestead Ave.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Avenal, NJ 07001			
		Name of Contact Erin Isaacs		Telephone Number (732) 634-6614					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chemical plant				Type of Facility (4)					
Street Address 267 Homestead Ave.				<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) Avenal, NJ 07001				Square Feet 20000	# of Floors 2				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+/-					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCN No. _____		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341				Street Address PO Box 322					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		Telephone No. 609 259-9688	License No. 00493				
Start Date (10) 6/4/2018		Scheduled Completion Date (11) 6/29/2018		Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 341					
<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 am 3 pm				City, State, Zip Code Chesterfield, NJ 08515					
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Office		X		VAT/Mastic	940 sf	X			
Cafeteria		X		Transite Table Top	30 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 6	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ				Disposal Date 6/29/2018	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 5/16/18			



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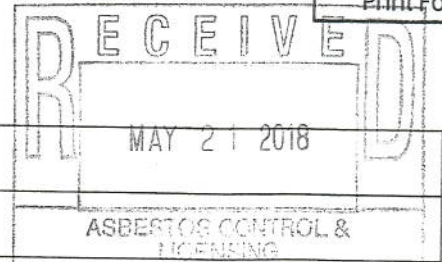
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

ck# 1088

Date of Notification (1) 05/16/2018		Name of Building Owner/Operator (2) Andy Fiore		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  MAY 21 2018  CONTROL &amp; INSURING </div>					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Florham Park, NJ 07932  Name of Contact Andy			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Florham Park				Square Feet	Bldg. Age				
County (6) Morris		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) Removal Safety LLC					
Street Address		Street Address		8 Crosby Ave					
City, State, Zip Code		City, State, Zip Code		Paterson, NJ 07502					
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	License No.				
				973-400-8711	01332				
Start Date (10) 05/25/2018		Scheduled Completion Date (11) 05/29/2018		Name of OSHA Monitor Removal Safety LLC					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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: 8:00am - 5:00pm				8 Crosby Ave					
				City, State, Zip Code					
				Paterson, NJ 07502					
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 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	Floor Tiles, Mastic	650 SF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 3	Name of Registered Landfill GROWS North				
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>			Date 05/16/2018		



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



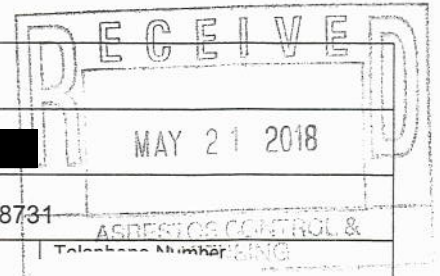
Date of Notification (1) 5/15/2018		Name of Building Owner/Operator (2) Bricktown UE / UE Brick LLC							
Agencies Notified	Type Notification	Street Address 210 Route 4 East							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <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 Paramus, NJ 07652							
		Name of Contact Mr. Mark Maday	Telephone Number 201-571-3443						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Smoothie King		Type of Facility (4)							
Street Address 124 Chambersbridge Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Brick	Square Feet 2,000+	# of Floors 1	Bldg. Age 50+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Smoothie King							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 35 Tehnology Drive South		Street Address 16 Glenwild Ave							
City, State, Zip Code Warren, NJ 07059		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mr. Jeremy Hassett		Telephone No. 267-496-7955	Telephone No. 973-928-3995						
License No. 01181									
Start Date (10) 5-25-2018	Scheduled Completion Date (11) 6-20-2018	Name of OSHA Monitor Hazmat Diagnostic LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 16 Glenwild Ave							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement Crawl Space			X	Pipe Insulation Debris	600 SF	X			
Bathroom & Rear Entry			X	Linoleum Sheeting	60 SF	X			
Basement Area			X	Flue Packing	2 SF	X			
Roof Penetrations			X	Black Tar	110 SF	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North / Fairless Landfill				
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Deni Naumovski		Title President		Signature		Date 5/15/2018			



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

Check # 25592



Date of Notification (1) 5/16/2018		Name of Building Owner/Operator (2) Rummel							
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Forked River, NJ 08731							
		Name of Contact Ryan Rummel							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		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 2100							
City (5) Forked River, NJ 08731		# of Floors 2	Bldg. Age 60+/-						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 5/25/2018	Scheduled Completion Date (11) 5/29/2018	Name of OSHA Monitor MECS							
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: 8 am 3 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
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 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
Crawl Space	X			Flue Pipe	10 lf	X			
				(Wrap & Cut )					
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1/2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 5/29/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]			Date 5/15/18		

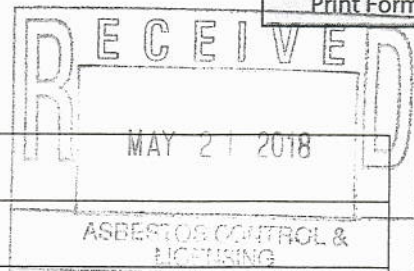


CH 57735

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

Print Form



Date of Notification (1) 5-16-18		Name of Building Owner/Operator (2) PANYNJ Port Newark							
Agencies Notified	Type Notification	Street Address 1160 Mclester Road							
<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 Elizabeth NJ, 07201							
		Name of Contact Kenneth Tripaldi	Telephone Number 973-589-6267						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Port of Newark Building 270		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 270 Port Street		Square Feet 10,000	# of Floors 1						
City (5) Newark, New Jersey 07114		Bldg. Age 45 years							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PANYNJ Police Canine							
Name of Monitoring Firm Hired by Building Owner (8) PANYNJ		ASCM No.	Name of Abatement Contractor (9) Gramercy Group Inc.						
Street Address 241 Erie Street Rm 236		Street Address 3000 Burns Avenue							
City, State, Zip Code Jersey City NJ, 07310		City, State, Zip Code Wantagh NY 11793							
Project Manager for Monitoring Firm		Telephone No. 516-876-0020	License No. 01085						
Start Date (10) 5-29-18	Scheduled Completion Date (11) 12-15-18	Name of OSHA Monitor Gramercy Group 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 <input checked="" type="checkbox"/> Other – Describe: Facility scheduled for demolition. No occupancy		Street Address 3000 Burns Avenue							
		City, State, Zip Code Wantagh, NY 11793							
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
Roof Flashing			X	Flashing Roof Level	50 SF	X			
Vermiculite FillX			X	Vermiculite fill	300 CY	X			
Name of Registered Waste Hauler Horwith Trucks Inc.		NJDEP Waste Hauler ID No. 16227	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Enterprises					
City, State Northampton, PA 18067		Disposal Date 12-31-17		City, State Waynesburg OH					
Completed by Robert Lewin		Title Environmental Coordinator		Signature 		Date 5-16-18			



CK# 8967

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

Print Form

# RECEIVED

MAY 21 2018

ASBESTOS CONTROL & LICENSING

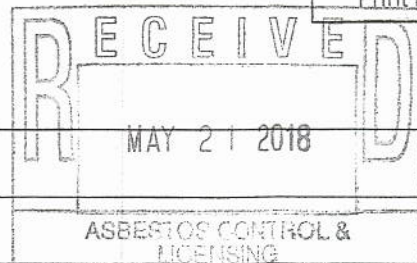
Date of Notification (1) <b>5/18/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 HADLEY ROAD</b>  City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>	
		Name of Contact <b>CARL SCHMIDT</b>		Telephone Number <b>201-463-9537</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>60 S. NEWMAN ST.</b>				Square Feet <b>APPX 8200</b>	
City (5) <b>SOUTH HACKENSACK</b>				# of Floors <b>2</b>	
County (6) <b>BERGEN</b>				Bldg. Age <b>APPX 85 YRS.</b>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <b>SUBSTATION</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>	
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>			
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>			
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>		Telephone No. <b>732-432-8350</b>	
				License No. <b>01111</b>	
Start Date (10) <b>5/14/18</b>		Scheduled Completion Date (11) <b>6/30/18</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Necessary operators only</b>				Street Address <b>396 WHITEHEAD AVE.</b>	
				City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
<b>ROOF PARAPET</b>		<b>X</b>		<b>ACM CAULK</b>	
<b>WINDOWS</b>		<b>X</b>		<b>ACM WINDOW CAULK</b>	
<b>1ST &amp; 2ND FLOORS</b>		<b>X</b>		<b>ACM FLOOR TILE + MASTIC</b>	
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>APPX 20</b>	
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		Name of Registered Landfill <b>FAIRLESS</b>	
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>	
				Date <b>5/18/18</b>	



CK# 8899

Print Form

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



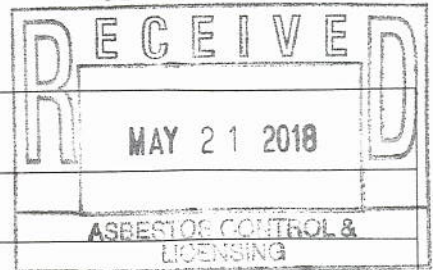
Date of Notification (1) <b>4/23/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>		MAY 21 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 HADLEY ROAD</b> City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>	
		Name of Contact <b>CARL SCHMIDT</b>		Telephone Number <b>201-463-9537</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>60 S. NEWMAN ST.</b>			Square Feet <b>APPX 8000</b>		
City (5) <b>SOUTH HACKENSACK</b>			# of Floors <b>2</b>		
County (6) <b>BERGEN</b>			Bldg. Age <b>APPX 85 YRS.</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>SUBSTATION</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>	
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>			
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>			
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>		License No. <b>01111</b>	
Start Date (10) <b>5/14/18</b>		Scheduled Completion Date (11) <b>6/30/18</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operators only</b>				Street Address <b>396 WHITEHEAD AVE.</b>	
				City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Amount (Specify SF or LF)	
<b>ROOF PARAPET</b>		<b>X</b>		<b>300 LF</b>	
<b>WINDOWS</b>		<b>X</b>		<b>3000 LF</b>	
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>APPX 20</b>	
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		Name of Registered Landfill <b>FAIRLESS</b>	
City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>	
				Date <b>4/23/18</b>	



# PAID

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

check # 11785



Date of Notification (1) <u>5</u> / <u>18</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>City of Camden</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>						
		City, State, Zip Code <b>Camden, NJ 08101</b>						
		Name of Contact <b>James Rizzo</b>	Telephone Number <b>856-757-7032</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>440 GRANT STREET STRUCTURE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>440 GRANT STREET STRUCTURE</b>		Square Feet <b>varies</b>	# of Floors <b>varies</b>					
City (5) <b>Camden</b>		Bldg. Age <b>50+</b>						
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
Street Address		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>						
City, State, Zip Code		City, State, Zip Code <b>Spring House, PA 19477</b>						
Project Manager for Monitoring Firm		Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>					
Start Date (10) <u>5</u> / <u>21</u> / <u>18</u>	Scheduled Completion Date (11) <u>6</u> / <u>29</u> / <u>18</u>	Name of OSHA Monitor <b>CES</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-5:00PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>						
		City, State, Zip Code <b>Spring House, PA 19477</b>						
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) <b>200 YD per res</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>6/29/18</b>		City, State <b>Tullytown PA</b>				
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>5-18-2018</b>		

ASE-41  
JAN 13

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