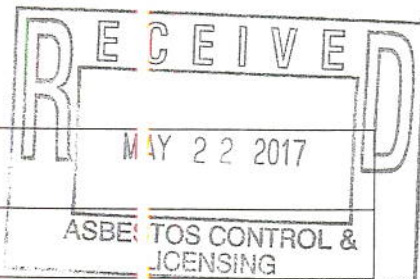


CK 20523

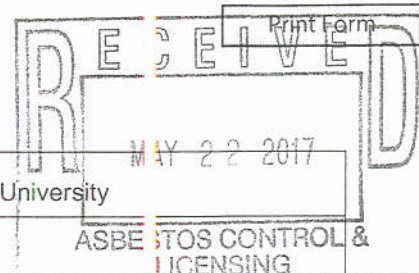
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 19 / 17		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 970 Holmdel Road City, State, Zip Code Holmdel, NJ 07733							
		Name of Contact Alex Baylor	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 970 Holmdel Road		Square Feet 10,000	# of Floors 3						
City (5) Holmdel, NJ 07733		Bldg. Age 50							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 05 / 30 / 17	Scheduled Completion Date (11) 12 / 31 / 17	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	5 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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 06/02/17		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 5-19-2017			

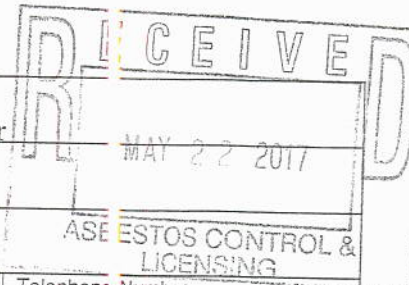
CK 5316

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



Date of Notification (1) 5/19/16		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University							
Agencies Notified	Type Notification	Street Address	Telephone Number						
<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	EA McMillan Building							
		City, State, Zip Code							
		Princeton, NJ 08544							
		Name of Contact							
		Bob Ortega							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Gas Dynamics Lab - Machine Shop Compressor Room 143		Type of Facility (4)							
Street Address Forrestal Campus		<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) Plainsboro	Square Feet 2125	# of Floors 1	Bldg. Age 80						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Princeton Labs - vacant space							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services		Name of Abatement Contractor (9) ecoservices, LLC							
Street Address 3 Terri Lane		Street Address 407 West Lincoln Highway, Suite 100							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 484-872-8884						
Start Date (10) 5/30/17		Scheduled Completion Date (11) 6/03/17	License No. 01161						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL							
<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: Work area vacant		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
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"/> MODIFIED 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
Machine Room/Compressor R123	X			Thermal pipe insulation	120 lf	x			
Machine Room/Compressor R123	X			Floor Tile & mastic	150 SF	x			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Joe White		Title Project Manager		Signature <i>Joe White</i>				Date 5/19/16	

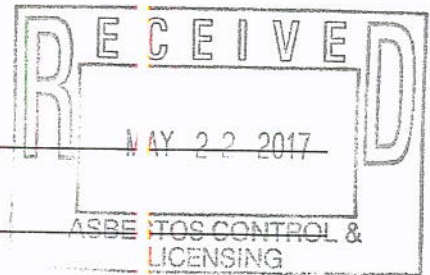
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/5/2017		Name of Building Owner/Operator (2) Englewood Hospital and Medical Center	
Agencies Notified	Type Notification	Street Address 350 Engle Street	
<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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Harry Hahn	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Englewood Hospital and Medical Center		Type of Facility (4)	
Street Address 350 Engle Street		<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) Englewood, NJ 07631		Square Feet 10,000	# of Floors 2
County (6) Bergen		Bldg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital Power Plant	
Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental Group, LLC		ASCM No. _____	Name of Abatement Contractor (9) Degmor Inc.
Street Address 1600 Route 22E		Street Address 511 Canal Street - 3rd Floor	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code New York, NY 10013	
Project Manager for Monitoring Firm 05/31/17		Telephone No. 06/03/17	Telephone No. 212-431-0696
Start Date (10) 05/16/2017	Scheduled Completion Date (11) 05/22/17	Licens No. 01150	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL Anal	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3:00 PM to 11:00 PM		Street Address 307 West 38th Street	
		City, State, Zip Code New York, NY 10018	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Mini Enclosure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Power House	X		TSI
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. NJ-913	Cubic Yards of Waste 2
City, State		Name of Registered Landfill Grand Central Landfill	
		City, State	
Completed by J. Robert Dombrowski	Title VP of Business Sales	Signature J. Robert Dombrowski	Date 5/19/17

CK 41093

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



Date of Notification (1) 05/19/17 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address	
	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code	
	<input type="checkbox"/> Amended	Princeton NJ 08543	
	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Spellman Hall BLDG 1 and 2			Type of Facility (4)		
Street Address Princeton University			<input type="checkbox"/> School (K12)		
			<input checked="" type="checkbox"/> Subchapter 8 (Other than K12)		
			<input type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Square Feet 10000	# of Floors 4	Bldg. Age 7+
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC Associates, Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 3 Terri Lane			Street Address 98 LaCruce Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 610-364-9622		Licence Number 103
Scheduled Start Date (10) 06/12/17 Month/Day/Year		Sched. Completion Date (11) 07/12/17 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one)			Street Address 3370 Progressive Drive		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Bensalem PA 19020		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility					
Hours - Describe: 7:00 AM to 7:30 PM					
Other - Describe:					

Scope of work (Check all that apply)

Demolition ☐ Renovation ☒ Full Containment with Negative Pressure ☒

>3 sf or >3 if ☐ Mini - Enclosure ☐

>160 sf or >260 lf ☒ Glovebag Procedure ☐

Non-Friable Procedure ☐

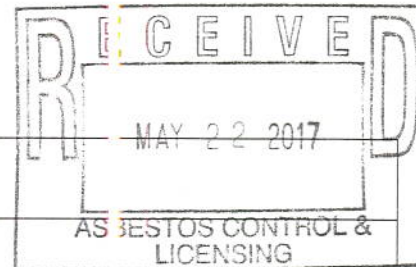
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	E	N	E
B1		<input checked="" type="checkbox"/>		joint compound	1620 SF	<input checked="" type="checkbox"/>				
B2		<input checked="" type="checkbox"/>		joint compound	1290 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Robbinson Waste	NJDEP Waste Hauler ID No. 1730	Cubic Yards of Waste 40	Name of Registered Landfill GROWS
City, State Voorhees NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 5-19-17

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JUN 95

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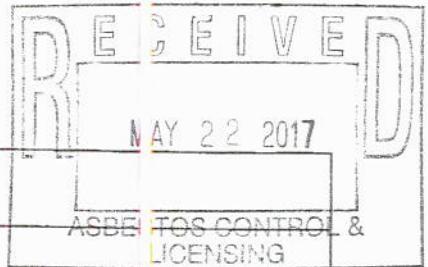
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



**NO CH**

Date of Notification (1) <b>05 / 17 / 17</b>		Name of Building Owner/Operator (2) <b>US Department of Veteran Affairs</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>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>151 Knollcroft Road</b> City, State, Zip Code <b>Lyons, NJ 07939</b> Name of Contact <b>Gary Boehner</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Veteran Affairs Medical Center Building 10</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>151 Knollcroft Road</b>		Square Feet <b>20,000</b>							
City (5) <b>Lyons</b>		# of Floors <b>2</b>	Bldg. Age <b>67</b>						
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm hired by Building Owner (8) <b>Egan Environmental</b>		ASCM No. <b>28941</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>14 High Street</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Mahwah NJ 07430</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Tom Egan</b>		Telephone No. <b>(201) 848-7788</b>	Telephone No. <b>(973) 808-1616</b>						
Start Date (10) <b>5 / 08 / 17</b>		Scheduled Completion Date (11) <b>7 / 21 / 17</b>	Licens. No. <b>004 1</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: <b>7:00AM-3:30PM</b> / <b>PM</b> - <b>AM</b>		Name of OSHA Monitor <b>Superior Abatement Inc</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 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		Street Address <b>2 Henderson Drive</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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
<b>Bldg 10 Rms 113, 113A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>60 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bldg 10 Rms 113, 113A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Contaminated Wall Plaster</b>	<b>160 SF</b>	<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>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>7/21/17</b>	City, State <b>Waynesburgh, OH</b>						
Completed By (Print or Type) <b>Mary Petrovski</b>		Title <b>President</b>	Signature <i>Mary Petrovski</i>			Date <b>5/17/17</b>			

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



NO CK

Date of Notification (1) 04 / 26 / 17		Name of Building Owner/Operator (2) US Department of Veteran Affairs	
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 151 Knollcroft Road City, State, Zip Code Lyons, NJ 07939 Name of Contact Gary Boehner Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Veteran Affairs Medical Center Building 10		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 151 Knollcroft Road		Square Feet 20,000	# of Floors 2
City (5) Lyons		Bldg. Age 67	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Egan Environmental	ASCM No. 28941	Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address 14 High Street		Street Address 2 Henderson Drive	
City, State, Zip Code Mahwah NJ 07430		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Tom Egan	Telephone No. (201) 848-7788	Telephone No. (973) 808-1616	License No. 00411
Start Date (10) 5 / 08 / 17	Scheduled Completion Date (11) 5 / 19 / 17	Name of OSHA Monitor Superior Abatement Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006	

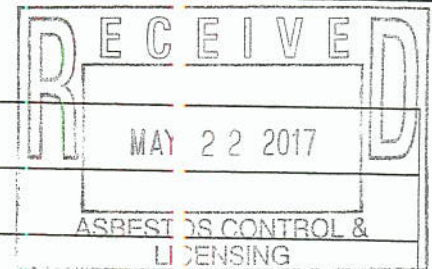
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 10 Rms 113, 113A, 213, & 217	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	140 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 10 Rms 113, 113A, 213, & 217	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contaminated Wall Plaster	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 5/19/17	City, State Waynesburgh, OH	
Completed By (Print or Type) Mary Petrovski	Title President	Signature <i>Mary Petrovski</i>	Date 5/26/17

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



Date of Notification (1) 5/19/17		Name of Building Owner/Operator (2) Joe Ruppolo							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact John Biehl							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bloomfield		Square Feet 2900	# of Floors 3						
County (6) Essex		Bldg. Age 70+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	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.	Telephone No. 201-600-3184						
Start Date (10) 5/30/17		Scheduled Completion Date (11) 6/2/17	License No. 01305						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		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 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	900 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4 CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 5/19/17			

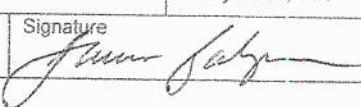
CH4143

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



**RECEIVED**

Print Form  
MAY 22 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/17/2017		Name of Building Owner/Operator (2) JJ Operating Inc.							
Agencies Notified	Type Notification	Street Address 112 W. 34th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #	City, State, Zip Code New York, NY 10120							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Jamal	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Supremo Foodmarket & Former 99cent Plaza		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 235-255 East Front Street		Square Feet 140,000	# of Floors 3						
City (5) Plainfield		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Food Store/warehouse							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Envir. Analysis, Inc		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc						
Street Address 401 St. James Ave.		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-454-6316	Telephone No. 973-256-7010						
Start Date (10) 06/01/2017		Scheduled Completion Date (11) 06/14/2017	License No. 0666						
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: occupied work hours 3pm-11:30pm		Name of OSHA Monitor Bako Construction & Restoration, Inc							
		Street Address 265A Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
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 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
2nd fl		X		Pipe Fitting Insulation	3 elbows	X			
1st fl		X		Pipe insulation/Fitting Insulation	48 LF/2elbows	X			
Basement		X		Pipe insulation	171LF	X			
99Cent store		X		Pipe insulation/Fitting Insulation	120LF/110elb	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date 06/14/2017		City, State Tullytown, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 05/17/2017			

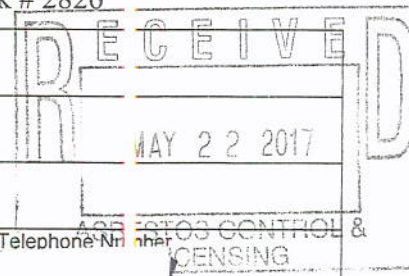

GL16-004  
MulberryState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)check #2825  
Page 1 of 1

Date of Notification (1) 5-8-2017		Name of Building Owner/Operator (2) Ramapo College of New Jersey							
Agencies Notified	Type Notification	Street Address 505 Ramapo Valley Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, NJ 07430 Name of Contact Gina Mayer-Costa							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mulberry Building College Park Apartments				Type of Facility (4)					
Street Address 505 Ramapo Valley Road				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Mahwah		Square Feet 14,054		# of Floors 3	Bldg. Age 47				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) College Apartments					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc		ASCM No. 00112		Name of Abatement Contractor (9) GL Group, Inc					
Street Address 344 West State Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Trenton, New Jersey 08618		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609.656.8101		Telephone No. 201-710-9725	License No. 01084				
Start Date (10) 6-5-2017		Scheduled Completion Date (11) 9-1-2017		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 140 Hamburg Turnpike					
<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 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-Friate 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
Apartments A-M & Mechanical		X		Drywall and Joint Compound	53,142 SF	X			
Apartments A-M & Mechanical		X		Stud/Joist Adhesive	29,376 LF	X			
Apartments A-M		X		Resilient Floor Coverings	2,982 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva				
City, State Bloomingdale, NJ				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Elena Solakov		Title President		Signature 		Date 5-8-2017			

GL17-007  
Ph 6State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

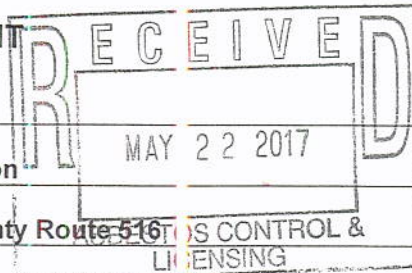
Page 1 of 1

Check # 2826

Date of Notification (1) 5-12-2017		Name of Building Owner/Operator (2) Hasbrouck Heights BOE							
Agencies Notified		Type Notification				Street Address 379 Boulevard			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Hasbrouck Heights, NJ 07604			
				Name of Contact Mihalitsianos Gerry		Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hasbrouck Heights HS/MS				Type of Facility (4)					
Street Address 365 Boulevard				<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) Hasbrouck Heights				Square Feet 40,000 +		# of Floors 2			
County (6) Bergen				County Code (7) (STATE USE ONLY)		Bldg. Age 50+			
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental				ASCM No. 00127		Name of Abatement Contractor (9) GL Group, Inc			
Street Address 307 North Walnut Street				Street Address 140 Hamburg Tpke					
City, State, Zip Code West Chester, PA 19380				City, State, Zip Code Bloomington, NJ 07403					
Project Manager for Monitoring Firm Philip Conteh				Telephone No. 610-431-7545		License No. 01084			
Start Date (10) 5/25/17 at 4:30 pm		Scheduled Completion Date (11) 5/29/17 at 3:30 pm		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 140 Hamburg Tpke					
<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 Bloomington, NJ 07403					
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
Boiler Room	X			Pipe Fitting Insulation	50 lf	X			
Cafe Air Handler Room	X			Pipe Fitting Insulation	98 lf	X			
Name of Registered Waste Hauler GL Group, Inc				NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva	
City, State Bloomington, NJ				Disposal Date TBD		City, State Waynesburg, OH			
Completed by Elena Solakov			Title President		Signature 		Date 5-2-2017		

CKL # 3208

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



Date of Notification (1) <b>5/19/17</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>	
Agencies Notified	Type Notification	Street Address <b>Patrick Torre Administration Bldg, County Route 516</b>	
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Matawan, NJ 07747</b>	
		Name of Contact <b>Mr. Frank Frazzitta</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Old Bridge High School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address <b>4209 Route 516</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) <b>Matawan</b>	County (6) <b>Middlesex</b>	County Code (7)	Square Feet <b>50000</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Trenton, NJ 08010</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>6/19/17</b>		Scheduled Completion Date (11) <b>6/23/17</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>1123 Beaver Street</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>7:00AM – 3:30 PM</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

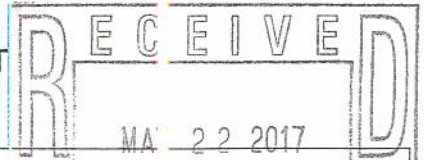
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rib Packing	50 LF	<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"/>	Breeching	400 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"/>	Pipe Insulation	50 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>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>7 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>6/23/17</b>	City, State <b>Waynesboro, Ohio</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/19/17</b>

GI17054

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

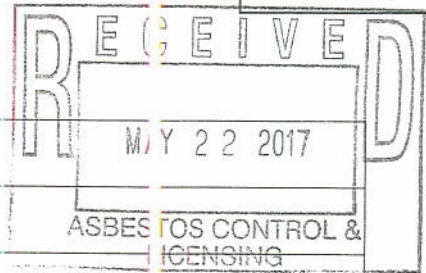
CHK # 3210



Date of Notification (1) <b>5/19/17</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>							
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 <b>Patrick Torre Administration Bldg, County Route 516</b>							
		City, State & Zip Code <b>Matawan, NJ 07747</b>							
		Name of Contact <b>Mr. Frank Frazzitta</b>							
		Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Grade Nine Center</b>		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 <b>4209 Route 516</b>		Square Feet <b>28,000</b>							
City (5) <b>Matawan</b>		County (6) <b>Middlesex</b>	# of Floors <b>2</b>						
County Code (7) 		Bldg. Age <b>40+</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No. 							
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>							
City, State & Zip Code <b>Trenton, NJ 08010</b>		Street Address <b>1123 Beaver Street</b>							
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>609-392-4200</b>	City, State & Zip Code <b>Bristol, PA 19007</b>						
Scheduled Start Date (10) <b>6/17/17</b>		Scheduled Completion Date (11) <b>6/23/17</b>	Telephone Number <b>(215)788-6040</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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		License Number <b>00509</b>							
Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Bristol, PA 19007</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Boiler Rib Packing</b>	<b>50 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Breeching</b>	<b>250 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tank Insulation</b>	<b>250 SF</b>	<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>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>6/23/17</b>		City, State <b>Waynesburg, Ohio</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / JP</i>		Date <b>5/19/17</b>				

GP17055

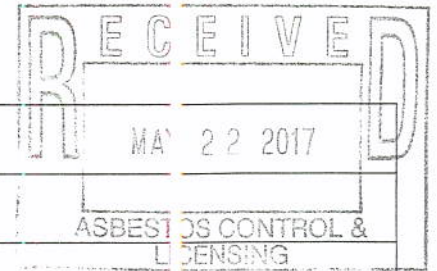
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



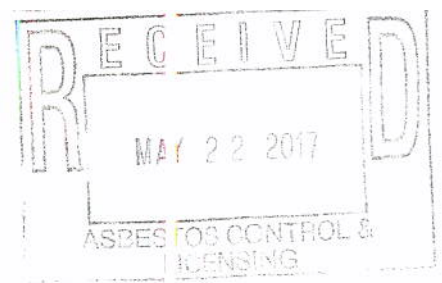
Date of Notification (1) 05/19/2017		Name of Building Owner/Operator (2) Highview Development Associates, LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 22 2017  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified	Type Notification	Street Address 225 Milburn Avenue							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Milburn NJ 07041							
		Name of Contact Craig Gorczyca							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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) Short Hills				Square Feet	# of Floors				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant				
Name of Monitoring Firm Hired by Building Owner (8) EDI		ASCM No. 0095	Name of Abatement Contractor (9) VMC Company Inc						
Street Address 5434 King Avenue		Street Address 208 Piaget Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-306-4545	Telephone No. 973-253-8828	License No. 00704					
Start Date (10) 05/30/2017	Scheduled Completion Date (11) 06/02/2017		Name of OSHA Monitor VMC Company Inc						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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
Basement			x	VAT/Mastic	1,170 SF	x			
Basement			x	Window glazing	18 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature <i>V. Roszkowski</i>		Date 05/19/2017				

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MAY 22 2017  
ASBESTOS CONTROL & LICENSING

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



Date of Notification (1) 05/19/2017		Name of Building Owner/Operator (2) Hugo Neu Realty Management							
Agencies Notified	Type Notification	Street Address 78 John Miller Way							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny NJ							
		Name of Contact Marko Stankovic, Project Manager	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kearny Point Industrial Park		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 30 Campus Drive, Building 100 Annex		Square Feet 20000	# of Floors 2						
City (5) Kearny		Bldg. Age 70							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 109 Heritage Lane							
City, State, Zip Code		City, State, Zip Code Hamburg, NJ 07419							
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334						
Start Date (10) 5/31/2017	Scheduled Completion Date (11) 6/28/2017	Name of OSHA Monitor Checkmark Industrial							
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 109 Heritage Lane							
		City, State, Zip Code Hamburg, NJ 07419							
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
see attached pages from survey									
Name of Registered Waste Hauler Weigle Trucking Co.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 70	Name of Registered Landfill Minerva Landfill					
City, State Linden, PA			Disposal Date	City, State Minerva, Ohio					
Completed by Corey Stankovic		Title CEO	Signature <i>C Stankovic</i>			Date 5/19/2017			



The quantities listed in Table 2 above are derived from the following dimensions given on site drawings or by field measurements: Tar panels - 2x2 with five panels; tar/tape - top dimensions of 22x8 assuming a one foot width; roof flashing lower - two sides of 678 feet and two sides of 64 feet assuming a one foot width; roof flashing upper - two sides of 678 feet and two sides of 62 feet assuming a one foot width. Abatement contractor should verify field dimensions prior to submitting bids and visually verify the extent necessary to completely remove the targeted ACM. At the two sprinkler control units, abatement contractors must verify that tar-based material is not present in other portions on the top or sides of both units. If tar is visible, the additional material must be removed. Conversely for the roof flashing, if the tar layer at perimeter edges is less than one foot, the quantities can be reduced.

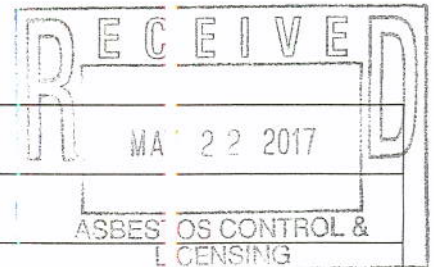
**Table 2**  
**Homogeneous Areas of ACM**  
**Building 100 Annex**

Type	Location	Quantity
Tar coating on skylights	Northeast storage room with three skylights	240 SF
	North storage room at ramp with one skylight	80 SF
Flat field roofing on upper roof	Above south warehouse	5,400 SF
Roof flashing	West side of sloped lower roof above main office	50 SF
	Perimeter of upper roof above south warehouse	266 SF
SF = square feet	LF = linear feet	

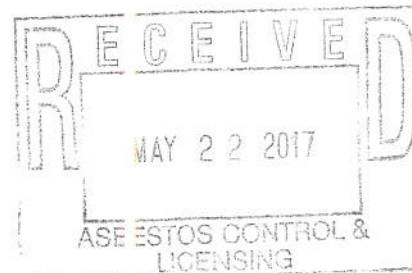
The quantities listed in Table 2 above are derived from the following dimensions given on site drawings or by field measurements: tar coating on skylights - 80 square feet per skylight; flat field of upper roof - length of 108 feet and width of 50 feet; perimeter flashing on lower sloped roof - only the west side length of 50 feet; roof flashing on upper roof - two sides of 108 feet and west side of 50 feet. Roof flashing at perimeter edges assumes a one foot width. Skylights may vary for individual units. All skylights were coated from the inside but they must be removed as a unit. The 100 Annex connects with 100A and the upper roof should be treated as one project. Abatement contractors should verify field dimensions prior to submitting bids and visually verify the extent necessary to completely remove the targeted ACM.

CK153

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



Date of Notification (1) 05/19/2017		Name of Building Owner/Operator (2) Hugo Neu Realty Management							
Agencies Notified	Type Notification	Street Address 78 John Miller Way							
<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 Kearny NJ							
		Name of Contact Marko Stankovic, Project Manager	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kearny Point Industrial Park		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 30 Campus Drive, Building 100		Square Feet 25000	# of Floors 2						
City (5) Kearny		Bldg. Age 70							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 109 Heritage Lane							
City, State, Zip Code		City, State, Zip Code Hamburg, NJ 07419							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645						
		License No. 01334							
Start Date (10) 5/31/2017	Scheduled Completion Date (11) 6/28/2017	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One)		Street Address 109 Heritage Lane							
<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 Hamburg, NJ 07419							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
see attached pages from survey									
Name of Registered Waste Hauler Weigle Trucking Co.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 150	Name of Registered Landfill Minerva Landfill					
City, State Linden, PA		Disposal Date		City, State Minerva, Ohio					
Completed by Corey Stankovic		Title CEO	Signature <i>C Stankovic</i>			Date 5/19/2017			



Building 100A Tan 12-inch floor tile in raised storage room, north  
Brown 12-inch floor tile in raised office closet, north  
Perimeter roof flashing at east end, lower roof  
Perimeter roof flashing, high section  
Flat field roofing on high section, south side

The positive asbestos results listed above are in addition to the ACM found by PLM analysis. The total ACM by building is shown in Table 2 of Summary of Results. It should be noted that the four floor tile samples submitted on July 29, 2014 included one sample from Building 130 that is covered in a separate report. All other lab submissions were by building.

Table 1 bulk sample summaries for the buildings show confirmation of non-asbestos status by TEM with an asterisk (\*) and confirmation of regulated ACM as a double asterisk(\*\*). Where samples were considered to represent homogeneous materials, the final status by PLM or TEM was applied.

### Summary of Results

Inspection of Buildings 100, 100 Annex and 100A at the Kearny Point Industrial Park in Kearny, New Jersey was conducted on June 30 and July 1, 2014 and a follow-up on July 17, 2014 to determine the presence or absence of suspect asbestos-containing materials. Future demolition of the three buildings is contemplated. Testing and analysis of suspect materials followed the OSHA/EPA reference method of PLM and by TEM per current New Jersey requirements where vinyl or asphalt matrices are involved.

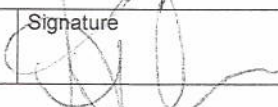
The summary of type, location and approximate quantity of ACM present in each of the three buildings follows in Table 2.

**Table 2**  
**Homogeneous Areas of ACM**  
**Building 100**

Type	Location	Quantity
Tar panels-Top of unit	Northeast sprinkler control	20 SF
Tar/tape at perimeter edge	Northeast sprinkler control	38 SF
Tar/tape at perimeter edge	Northwest sprinkler control	38 SF
Roof flashing	Perimeter of main roof edge	1,484 SF
	Perimeter of raised center roof edge	1,480 SF
SF = square feet	LF = linear feet	

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

**RECEIVED**  
MAY 22 2017

Date of Notification (1) 5 / 19 / 17		Name of Building Owner/Operator (2) WENY Pat, LLC c/o NAI Hanson Mgmt / Job #1702-260 Chk. #4695							
Agencies Notified <input 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>235 Moore Street</b> City, State, Zip Code <b>Hackensack, NJ 07601</b> Name of Contact <b>Daniela Bonanata</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Weny Pat, LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 104 McLean Blvd.		Square Feet 2600 # of Floors 1 Bldg. Age 1950							
City (5) Paterson	County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bensalem, PA		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 5 / 30 / 17	Scheduled Completion Date (11) 6 / 2 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. 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 <div style="text-align: right;"> Full Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div>									
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 Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing and Flashing	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	part of whole roof - includes portion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	of building to be demolished		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 6/2/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 5-17-17			

CK 2393



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

Date of Notification (1) 5/11/2017		Name of Building Owner/Operator (2) Star Enterprise	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA		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 9009 West Loop South		City, State, Zip Code Houston, Texas 77096	
Name of Contact Mark Murphy		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Star Enterprise Terminal		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 401 Cove Road		Square Feet NA	
City (5) Pennsauken		# of Floors NA	
County (6) Camden		Bldg. Age NA	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Oil Terminal (Prior)	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		ASCM No. 00141	
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Taplin Group, LLC	
City, State, Zip Code Branchburg, NJ 08876		Street Address 5140 West Michigan Avenue	
Project Manager for Monitoring Firm Ryan Kelly		City, State, Zip Code Kalamazoo, MI 49006	
Telephone No. 724-513-2840		Telephone No. (269) 375-9595	
Start Date (10) 06/05/2017		License No. 01326	
Scheduled Completion Date (11) 06/29/2017		Name of OSHA Monitor Lis Consulting Services, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 134 Bennington Parkway	
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Franklin Park, NJ 08823	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Former Process Pipe Area		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)	
Pipe Insulation and Fittings		640 LF	
Abatement Type		Encapsulation	
Removal		Repair	
Name of Registered Waste Hauler Horwith Trucks Inc.		NJDEP Waste Hauler ID No. PAD146714878	
City, State 1449 Nor Bath Blvd. Northampton, PA 18067		Cubic Yards of Waste 40	
Disposal Date 06/29/2016		Name of Registered Landfill Waste Management - Grows North	
City, State Morrisville, PA 19067		Completed by Greg Moe	
Title Vice President of Abatement		Signature Mark R. Murphy	
Date 5/11/2017		Date 5/11/2017	

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

Date of Notification (1) 05/16/2017		Name of Building Owner/Operator (2) NEWARK PUBLIC SCHOOLS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  MAY 22 2017  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified	Type Notification	Street Address 2 CEDAR STREET		ASBESTOS CONTROL & LICENSING					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK, NEW JERSEY 07102		Telephone Number					
		Name of Contact BENJAMIN OLAGADEYO							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) WWWQUAHIC HIGH SCHOOL			Type of Facility (4)						
Street Address 279 CHANCELLOR AVENUE			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) NEWARK, NEW JERSEY 07112			Square Feet 2400	# of Floors 1	Bldg. Age				
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SCHOOL					
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES INC		ASCM No.		Name of Abatement Contractor (9) OPTIMUM ENVIRONMENTAL SOLUTION LLC					
Street Address 7 PLEASANT HILL ROAD		Street Address 2717 LINWOOD ROAD							
City, State, Zip Code CRANBURY, NEW JERSEY		City, State, Zip Code UNION, NEW JERSEY 07083							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 731-390-5858		Telephone No. 908-418-2737	License No. 01227				
Start Date (10) 05/30/2017		Scheduled Completion Date (11) 06/30/2017		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: OCCUPIED			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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			BOILER INSULATION	400SF	X			
BOILER ROOM	X			GASKET & FIRE BRICK + MORTAR	1200SF	X			
BOILER ROOM	X			BREECHING INSULATION	800SF	X			
BOILER ROOM	X			PIPE INSULATION + FIBERGLASS	500LF	X			
Name of Registered Waste Hauler TRISTATE		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste	Name of Registered Landfill MINERVA ENTERPRISE				
City, State 1199 RANDALL AVENUE, BRONX, NY 10474				Disposal Date	City, State 9000 MINERVA ROAD, WAYNESBURG				
Completed by EMMANUEL CHIOBI		Title OPERATIONS MANAGER		Signature <i>Emmanuel Chioibi</i>		Date 05/16/2017			

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MAY 22 2017  
ASBESTOS CONTROL & LICENSING

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

CK1131

Date of Notification (1) 05/16/2017		Name of Building Owner/Operator (2) NEWARK PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 2 CEDAR STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK, NEW JERSEY 07102							
		Name of Contact BENJAMIN OLAGADEYO	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) WWWQUAHIC HIGH SCHOOL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 279 CHANCELLOR AVENUE		Square Feet 2400	# of Floors 1						
City (5) NEWARK, NEW JERSEY 07112		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES INC		ASCM No.	Name of Abatement Contractor (9) OPTIMUM ENVIRONMENTAL SOLUTION LLC						
Street Address 7 PLEASANT HILL ROAD		Street Address 2717 LINWOOD ROAD							
City, State, Zip Code CRANBURY, NEW JERSEY		City, State, Zip Code UNION, NEW JERSEY 07083							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 731-390-5858	Telephone No. 908-418-2737						
Start Date (10) 05/30/2017		Scheduled Completion Date (11) 06/30/2017	License No. 01227						
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: OCCUPIED		Name of OSHA Monitor							
		Street Address							
		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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			BOILER INSULATION	400SF	X			
BOILER ROOM	X			GASKET & FIRE BRICK + MORE	1200SF	X			
BOILER ROOM	X			BREECHING INSULATION	800SF	X			
BOILER ROOM	X			PIPE INSULATION + FIBERGLASS	500LF	X			
Name of Registered Waste Hauler TRISTATE		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste	Name of Registered Landfill MINERVA ENTERPRISE					
City, State 1199 RANDALL AVENUE, BRONX, NY 10474			Disposal Date	City, State 9000 MINERVA ROAD, WAYNESBURG					
Completed by EMMANUEL CHIOBI		Title OPERATIONS MANAGER	Signature <i>Emmanuel Chioibi</i>		Date 5/16/2017				