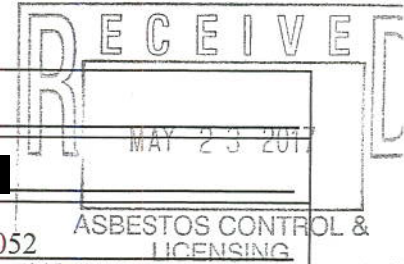


**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

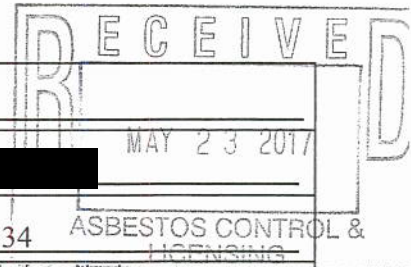
Check # 25501



Date of Notification (1) <u>5/22/17</u>		Name of Building Owner/Operator (2) <u>Toby</u>							
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 <u>West Orange, NJ 07052</u>							
		Name of Contact <u>Melodie Toby</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>2400</u> # of Floors <u>2</u> Bldg. Age <u>85+/-</u>							
City (5) <u>West Orange, NJ 07052</u>		Current Use (Prior if being demolished) _____							
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>6/5/17</u>	Scheduled Completion Date (11) <u>6/9/17</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>80 lf.</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/9/17</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>5/22/17</u>			

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

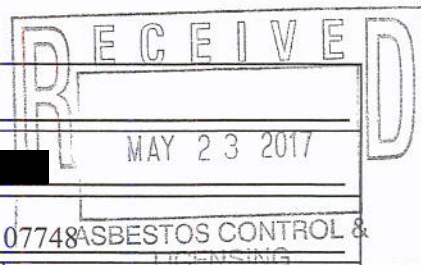
Check # 25503



Date of Notification (1) <u>5/22/17</u>		Name of Building Owner/Operator (2) <u>Toto</u>	
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 <u>[REDACTED]</u>	
		City, State, Zip Code <u>Pennington, NJ 08534</u>	
		Name of Contact <u>Frank Toto</u>	
Telephone Number _____			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>[REDACTED]</u>			
City (5) <u>Hillsborough, NJ</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>
		Bldg. Age <u>70+/-</u>	
County (6) <u>Somerset</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>6/5/17</u>	Scheduled Completion Date (11) <u>6/9/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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)
	Yes	No	
<u>Exterior</u>		<input checked="" type="checkbox"/>	<u>Traniste Siding</u>
<u>Bedroom</u>			<u>VAT</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/9/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>5/22/17</u>

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

Check # 25504



Date of Notification (1) <u>5/22/17</u>		Name of Building Owner/Operator (2) <u>Zappa</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>	
		City, State, Zip Code <u>Middletown, NJ 07748</u>	
		Name of Contact <u>John Zappa</u>	Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			
City (5) <u>Middletown, NJ 07748</u>		Square Feet <u>2200</u>	# of Floors <u>2</u>
		Bldg. Age <u>80+/-</u>	
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>6/1/17</u>	Scheduled Completion Date (11) <u>6/5/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

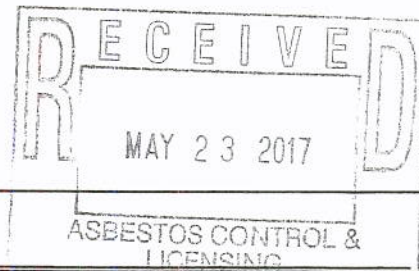
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Crawl Space</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</u>	<u>70 lf.</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/5/17</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/22/17</u>		

D&S Proj. #: 17-139-A

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



Date of Notification (1) 10/15/17		Name of Building Owner/Operator (2) jack finn buiding contractors	
Agencies Notified	Type Notification	Street Address 333 bloomfield avenue	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code caldwell, nj 07006	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	Name of Contact lance hoffman, project manager	
<input checked="" type="checkbox"/> DOL	Amendment #: 1	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) commercial 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 333 bloomfield avenue			Square Feet		
City (5) caldwell			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/01/17		Sched. Completion Date (11) 06/30/17			
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: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☐ >3 sf or >3 lf ☒ Renovation
- ☒ ≥160 sf or ≥260 lf ☐ Demolition

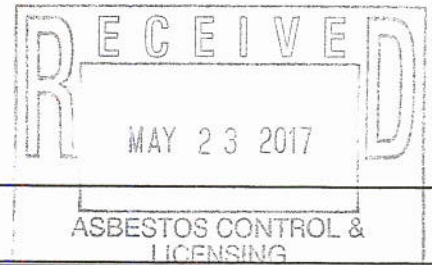
- ☐ Full Containment w/negative pressure
- ☒ Mini-enclosure
- ☒ Glovebag procedure
- ☐ Non-Exempted (*) and Non-friable procedure

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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT south		<input checked="" type="checkbox"/>		PIPE INSULATION	180 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT north		<input checked="" type="checkbox"/>		PIPE fitting INSULATION	30 elbows	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/02/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/17/2017

D&S Proj. #: 17-139

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



Date of Notification (1) 10/15/17		Name of Building Owner/Operator (2) jack finn buiding contractors	
Agencies Notified	Type Notification	Street Address 333 bloomfield avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code caldwell, nj 07006	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact lance hoffman, project manager	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) commercial 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 333 bloomfield avenue			Square Feet		
City (5) caldwell	County (6) ESSEX	County Code (7) (State use only)	# of Floors		
			Bldg. Age		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 06/01/17			License Number 01169		
Sched. Completion Date (11) 06/30/17			Name of OSHA Monitor D & S Restoration, Inc.		
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: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

☐ >3 sf or >3 lf ☒ Renovation ☐ Full Containment w/negative pressure

☒ ≥160 sf or ≥260 lf ☐ Demolition ☒ Mini-enclosure

☒ Non-Exempted (*) and Non-friable procedure

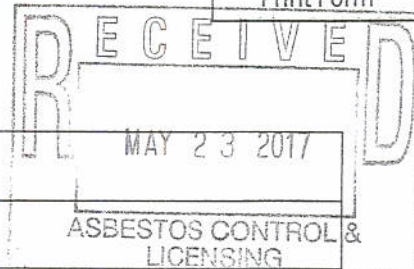
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT south		<input checked="" type="checkbox"/>		PIPE INSULATION	180 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT north		<input checked="" type="checkbox"/>		PIPE fitting INSULATION	30 elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
office vault right side		<input checked="" type="checkbox"/>		VAT & MASTIC	312 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor		<input checked="" type="checkbox"/>		VAT	320 sq ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 7 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/02/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/10/2017

CK # 8155

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

Print Form

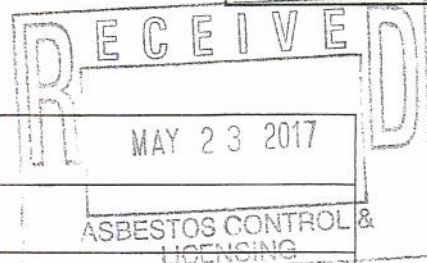


Date of Notification (1) 5/22/17		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068							
		Name of Contact KEITH RETTAS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 341 MOUNT PLEASANT AVE.		Square Feet 7200	# of Floors 2						
City (5) WEST ORANGE		Bldg. Age Appx 96 yrs							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 5/22/17	Scheduled Completion Date (11) 6/23/17	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary operators only		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
BASÉMENT		X		ACM EIBOWS	15 LF	X			
2ND FLOOR		X		WIRE SODIC	235 LF	X			
1ST FIR. LOCKER ROOM		X		ACM EIBOWS	14 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 5/22/17			

CK # 8136

Print Form

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



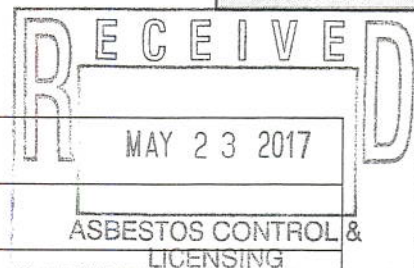
Date of Notification (1) 5/17/17		Name of Building Owner/Operator (2) PSEG		MAY 23 2017	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 07068 Name of Contact KEITH RETTAS Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSEG			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 341 MOUNT PLEASANT AVE.			Square Feet 7200		
City (5) WEST ORANGE			# of Floors 2		Bldg. Age APX 96 YRS
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350	
License No. 01111		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA			
Start Date (10) 5/22/17		Scheduled Completion Date (11) 6/23/17		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: necessary operations only	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT		X		ACM ELBOWS	
2ND FLOOR		X		WIRE SOCK	
				15 LF	
				235 LF	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APX 10	
City, State ELIZABETH, NJ		Disposal Date TAD		Name of Registered Landfill GROWS NORTH	
City, State MORRISVILLE, PA		Completed by CAROL RAIMO		Title OFFICE MGR	
Signature Carol Raimo		Date 5/17/17			

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



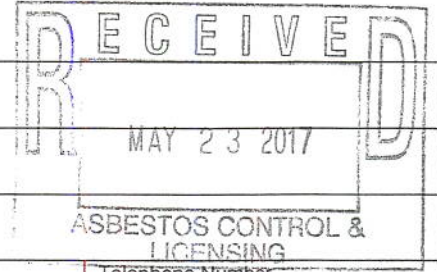
Date of Notification (1) 5/11/17		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068							
		Name of Contact KEITH RETTAS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 341 MOUNT PLEASANT AVE.		Square Feet 7200	# of Floors 2						
City (5) WEST ORANGE		Bldg. Age Appx 96 yrs							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 5/22/17	Scheduled Completion Date (11) 5/23/17	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary operations only		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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		X		ACM ELBOWS	15 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 2	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TAD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 5/11/17			

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



Date of Notification (1) <u>5-22-2017</u>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
Agencies Notified	Type Notification	Street Address 30 CHURCH STREET							
<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 PENNSVILLE, NJ 08070							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENN BEACH ELEMENTARY 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 96 KANSAS ROAD		Square Feet .50,000	# of Floors Bldg. Age						
City (5) PENNSVILLE		Current Use (Prior if being demolished)							
County (6) SALEM	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) PENNON ASSOCIATES		ASCM No. 102	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 515 GROVE STREET SUITE 1B		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 215 322-2900	License No. 00783						
Start Date (10) <u>6-3-2017</u>	Scheduled Completion Date (11) <u>7-31-2017</u>	Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Mon-Sat</u>		Street Address 400 STREET ROAD							
		City, State, Zip Code BENSALEM, PA 19020							
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							
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
ROOM 123		X		PIPE INSULATION	6LF	X			
ROOM 124		X		PIPE INSULATION	6LF	X			
ROOM 125		X		PIPE INSULATION	6LF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed by CHRISTINE DEL VISCIO		Title ASST. ADMIN	Signature <i>Christine DelViscio</i>		Date 5-22-2017				

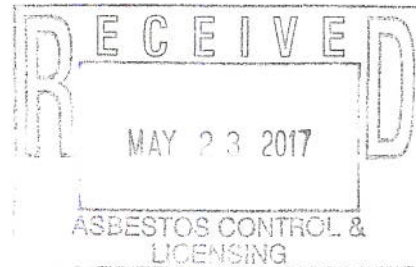
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/22/17		Name of Building Owner/Operator (2) Genesis Health Care, Inc.						
Agencies Notified	Type Notification	Street Address 1700 Wynwood Drive						
<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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cinnaminson, NJ 08077						
		Name of Contact Bill Jeune						
<div style="text-align: right;">Telephone Number</div>								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Cinnaminson Center		Type of Facility (4)						
Street Address 1700 Wynwood 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) Cinnaminson		Square Feet 35,000	# of Floors 1					
County (6) Burlington		Bldg. Age 50+/-						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Rehabilitation Center						
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.						
Street Address 700 Turner Industrial Way		Name of Abatement Contractor (9) ecoservices, LLC						
City, State, Zip Code Aston, PA 19104		Street Address 303 B National Road						
Project Manager for Monitoring Firm Dave Turotsy		City, State, Zip Code Exton, PA 19341	Telephone No. 484-872-8884					
Telephone No. 610-558-8902		License No. 01161						
Start Date (10) May 15, 2017	Scheduled Completion Date (11) July 31, 2017	Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North						
<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: Hours will be 7 am to 3:30 pm		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 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) <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
See Attached								
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15	Name of Registered Landfill GROWS				
City, State Camden, NJ			Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>		Date 5/22/17			

Location	Normally Used Solely by Custodial Staff		Description of Material		Amount	Removal	Repair	Encapsulate	Enclosure
Room 43		No	x	VAT & Mastic	225 SF	x			
Room 47			x	VAT & Mastic	225 SF	x			
Room 54			x	VAT & Mastic	225 SF	x			
Room 53			x	VAT & Mastic	225 SF	x			
Room 56			x	VAT & Mastic	225 SF	x			
Room 57			x	VAT & Mastic	225 SF	x			

1700 Wynwood Drive, Cinnaminson, NJ 08077



CK 5292

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

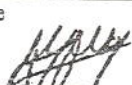


Date of Notification (1) 5/3/17		Name of Building Owner/Operator (2) Genesis Health Care, Inc.							
Agencies Notified	Type Notification	Street Address 1700 Wynwood Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Cinnaminson, NJ 08077							
		Name of Contact Bill Jeune							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cinnaminson Center		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 1700 Wynwood Drive		Square Feet 35,000							
City (5) Cinnaminson		# of Floors 1	Bldg. Age 50+/-						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Rehabilitation Center							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		Name of Abatement Contractor (9) ecoservices, LLC							
Street Address 700 Turner Industrial Way		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19104		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Tirotty		Telephone No. 610-558-8902	Telephone No. 484-872-8884						
Start Date (10) May 15, 2017		Scheduled Completion Date (11) July 31, 2017	License No. 01161						
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: Hours will be 7 am to 3:30 pm		Name of OSHA Monitor EMSL							
		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 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) <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									
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15	Name of Registered Landfill GROWS					
City, State Camden, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>ack Bally</i>				Date May 3, 2017	

CK 2842

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

RECEIVED	MAY 23 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1)		Name of Building Owner/Operator (2) COPETITIVE ALUMINUM	
Agency Notified x EPA x DEP x DOL x DOH x DCA	Type Notification Initial Amended xxx Amended # Emergency (including Justification) Cancellation	Street Addresses 2508 PLAINFIELD AVENUE	
		City, State, Zip SCOTH PLAINS	
		Name of Contact GARY PUPA	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) x Other (i.e. private & commercial Buildings,	
Street Addresses 555 CUMBERLAND ST			
City(5) WETSFIELD		Sq4000uare Feet	# of Floors 1-2 Bldg. Age 36
County (6) UNION	County Code (7) (STATE USE ONLY) NJ	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) Pezo Inc
Street Address 2333 Route 22 West		Street Address: 4 Beaverbrook Rd., #150	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm	Telephone No. 908-206-0073	Telephone No. 973-628-7829	License No 01141
Start Date (10) 05/20/17	Scheduled Completion Data (11) 05/23/17	Name of OSHA Monitor IRIS Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe		Street Address 2333 Route 22 West City, State, Zip Code Union NJ 07083	
Scope of Work (Check all apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> xx > 160 sf or > 260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of	Is Location Normally	Description of	Abatement Type
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SF or LF) Removal Repair Encapsulate Enclosure
ASBESTOS DEBRIS 1ST FLOOR	x	PLASTER	2000
ASBESTOS DEBRIS		PLASTER	2000
Name of registered Waste Hauler Pezo Inc.	NJDEP Waste Huler CS 6224	Cubic Yards of Waste 01	Name of Registered Landfield Waste Management of Pennsylvania
City, State Lincoln Park, NJ 07035	Disposal Date 06/17/17	City, State Morrisville Pennsylvania	
Completed By GUSTAVO ORDON MANAGER	Title V. President	Signature 	Date 05/19/17

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)

DOL - 10 DAY

MAY 18 2017

WAIVER APPROVED

RECEIVED

MAY 23 2017

ASBESTOS CONTROL & TESTING

Date of Notification (1) CK2844		Name of Building Owner/Operator (2) A- ABSOLUTE	
Agency Notified x EPA X DEP X DOL X DOH DCA		Type Notification xx Initial Amended Amended # X Emergency (including Justification) Cancellation	
Street Addresses 115 East 11 Avenue		City, State, Zip Roselle NJ	
Name of Contact GIL ANDONI		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 114 CACCIOLA PLACE		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) x Other (i.e. private & commercial Buildings,	
Street Addresses 114 CACCIOLA PLACE		Square Feet 700	
City(5) WESTFIELD		# of IFloors 1	
County (6) UNION		Bldg. Age 37	
County Code (7) (STATE USE ONLY)NJ		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental Laboratories, LLC		ASCM No.	
Street Address 2333 Route 22 West		Name of Abatement Contractor (9) Pezo Inc	
City, State, Zip Code Union NJ 07083		Street Address: 4 Beaverbrook Rd., #150	
Project Manager for Monitoring Firm		City, State, Zip Code Lincoln Park, NJ 07035	
Telephone No. 908-206-0073		Telephone No. 973-628-7829	
Start Date (10) 05/19/17		License No 01141	
Scheduled Completion Data (11) 05/30/17		Name of OSHA Monitor IRIS Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe		Street Address 2333 Route 22 West	
Scope of Work (Check all apply) x Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable procedure		City, State, Zip Code Union NJ 07083	
x 3 sf or > 3 lf xx > 160 sf or > 260 lf		Renovation X Demolition	
Location of	Is Location Normally	Description of	Abatement Type
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SP or LF)
1st Floor Bedroom	Yes No N/A	120 sq ft	700 SQ.FT
1st Floor	x	PLASTER 300	X
2nd Floor Living Room		300 sq ft	
3 Floor Bedroom		250 sq ft	
Name of registered Waste Hauler Pezo Inc.	NJDEP Waste Hauler CS 6224	Cubic Yards of Waste	Name of Registered Landfield Waste Management of Pennsylvania
City, State Lincoln Park, NJ 07035	Disposal Date 05/28/17	City, State Morrisville Pennsylvania	
Completed by GUSTAVO ORDON MANAGER	Title V. President	Signature	Data 05/18/17

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CK 2843

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

DOL - 10 DAY

MAY 18 2017

WAIVER APPROVED

Date of Notification (1)		Name of Building Owner/Operator (2) A- ABSOLUTE	
Agency Notified	Type Notification	Street Addresses 115 East 11 Avenue	
x EPA x DEP x DOL x DOH DCA	xx Initial Amended Amended # X Emergency (including Justification) Cancellation	City, State, Zip Roselle NJ	
		Name of Contact GIL ANDONI	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Addresses 116 CACCIOLA PLACE		School (K-12) Subchapter 8 (Other than (K-12)) x Other (i.e. private & commercial Buildings,	
City(5) WESTFIELD		Square Feet 240	# of Floors Bldg. Age 37
County (6) UNION	County Code (7) (STATE USE ONLY) NJ	Current Use (Prior if being demolished) ASBESTOS CONTROL & LICENSING	
Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) Pezo Inc
Street Address 2333 Route 22 West		Street Address: 4 Beaverbrook Rd., #150	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm	Telephone No. 908-206-0073	Telephone No. 973-628-7829	License No 01141
Start Date (10) 05/19/17	Scheduled Completion Data (11) 05/30/17	Name of OSHA Monitor IRIS Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe		Street Address 2333 Route 22 West City, State, Zip Code Union NJ 07083	
Scope of Work (Check all apply)			
<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			
<input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> xx > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
Location of	Is Location Normally	Description of	Abatement Type
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SF or LF)
	Ycs No N/A		Removal Repair Encapsulate Enclosure
	x	PLASTER	240 SQ.FT
Kitchen 1st Floor		Kitchen	
Name of registered Waste Hauler Pezo Inc.		NJDEP Waste Huler CS 6224	Cubic Yards of Waste
City, State Lincoln Park, NJ 07035		Disposal Date 05/28 /17	Name of Registered Landfield Waste Management of Pennsylvania Morrisville Pennsylvania
Completed by GUSTAVO ORDON MANAGER	Title V. President	Signature <i>[Signature]</i>	Date 05/18/17

Do not Use this form for asbestos licensure exempted activities

CK 2845

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

Date of Notification (1)		Name of Building Owner/Operator (2) A- ABSOLUTE		DOL - 10 DAY MAY 18 2017 <i>Acting</i> WAIVER APPROVED	
Agency Notified x EPA x DEP x DOL x DOH DCA	Type Notification xx Initial Amended Amended # X Emergency (including Justification) Cancellation	Street Addresses 115 East 11 Avenue			
		City, State, Zip Roselle NJ			
		Name of Contact GIL ANDONI			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) x Other (i.e. private & commercial Buildings)		
Street Addresses 112 A CACCIOLA PLACE			Square Feet 3000 # of Floors 1 Bldg Age 37		
City(5) WESTFIELD			Current Use (Prior if being demolished) ASBESTOS CONTAMINATED LICENSING		
County (6) UNION		County Code (7) (STATE USE ONLY) NJ			
Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental Laboratories, LLC		ASCM No.		Name of Abatement Contractor (9) Pezo Inc	
Street Address 2333 Route 22 West				Street Address: 4 Beaverbrook Rd., #150	
City, State, Zip Code Union NJ 07083				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Telephone No. 908-206-0073		Telephone No. 973-628-7829 License No 01141	
Start Date (10) 05/19/17		Scheduled Completion Data (11) 05/30/17		Name of OSHA Monitor IRIS Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe		Street Address 2333 Route 22 West			
		City, State, Zip Code Union NJ 07083			
Scope of Work (Check all apply)					
<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					
<input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> xx > 160 sf or > 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
Location of	Is Location Normally	Description of	Amount (Specify SF or LF)	Abatement Type	
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)		Removal	Repair Encapsulate Enclosure
	Yes No N/A				
1st Floor	x	PLASTER	3000 SQ.FT	x	
2nd Floor		Floor tile	190 SQ.FT	x	
Name of registered Waste Hauler Pezo Inc.		NJDEP Waste Huler CS 6224	Cubic Yards of Waste	Name of Registered Landfield Waste Management of Pennsylvania	
City, State Lincoln Park, NJ 07035		Disposal Date 05/28/17	City, State Morrisville Pennsylvania		
Completed by GUSTAVO ORDON MANAGER		Title V. President	Signature <i>[Signature]</i>	Date 05/18/17	

Do not Use this form for asbestos licensure exempted activities

CX 2841

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

DOL - 10 DAY

MAY 18 2017

Date of Notification (1)		Name of Building Owner/Operator (2) Robert Manson	
Agency Notified x EPA X DEP X DOL X DOH DCA	Type Notification Initial Amended Amended # X Emergency (including Justification) Cancellation	Street Address 1350 Birch Hill RD City, State, Zip Mountainside NJ Name of Contact 908 337 1922	
<div style="text-align: right;"> <p>WAIVER APPROVED</p> <p>RECEIVED</p> <p>MAY 23 2017</p> <p>ASBESTOS CONTROL & LICENSING</p> </div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) x Other (i.e. private & commercial buildings, etc.)	
Street Addresses 1350 birch hill RD		Square Feet 200	
City(5) Mountainside NJ		Bldg. Age 36	
County (6) UNION	County Code (7) (STATE USE ONLY) NJ	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)- IRIS Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) Pezo Inc
Street Address 2333 Route 22 West		Street Address: 4 Beaverbrook Rd., #150	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm	Telephone No. 908-206-0073	Telephone No. 973-628-7829	License No 01141
Start Date (10) 5/22/2017	Scheduled Completion Data (11) 05/22/17	Name of OSHA Monitor IRIS Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe		Street Address 2333 Route 22 West City, State, Zip Code Union NJ 07083	
Scope of Work (Check all apply) <input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> xx > 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 type="checkbox"/> Non-Exempted (*) and Non-Friable procedure			
Location of	Is Location Normally	Description of	Abatement Type
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		Removal Repair Encapsulate Enclosure
	x	PIPE INSULATION	140 LN FEETS
		BASEMENT	
Name of registered Waste Hauler Pezo Inc.		NJDEP Waste Huler CS 6224	Cubic Yards of Waste 2
City, State Lincoln Park, NJ 07035		Disposal Date	Name of Registered Landfield Waste Management of Pennsylvania
Completed GUSTAVO ORDON MANAGER		Title V. President	Signature Data 05/18/1705

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