

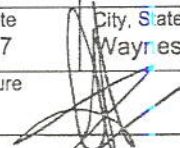
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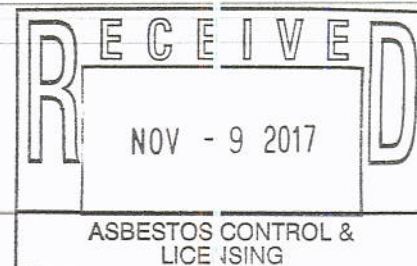
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

PAL JOB# 17-1620 Add Material

|                              |   |   |   |            |
|------------------------------|---|---|---|------------|
| R                            | E | C | E | Print Form |
|                              |   |   |   |            |
| NOV - 9 2017                 |   |   |   |            |
| ASBESTOS CONTROL & LICENSING |   |   |   |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                |                                                                                                                             |                           |                |        |                    |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|--------------------|-----------|
| Date of Notification (1)<br>11/06/2017                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>Seritage SRC Finance LLC                                                                                                                                                           |                                                                |                                                                                                                             |                           |                |        |                    |           |
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                          | Type Notification                                                                                                                                                                                                | Street Address<br>489 Fifth Avenue 18th Floor                                                                                                                                                                             |                                                                |                                                                                                                             |                           |                |        |                    |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                                                                                                                                                                                                                               | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>New York, NY 10017                                                                                                                                                                               |                                                                |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  | Name of Contact<br>Colin Stirrat                                                                                                                                                                                          |                                                                |                                                                                                                             |                           |                |        |                    |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                |                                                                                                                             |                           |                |        |                    |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Sears Auto Center Unit#6434                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                |                                                                                                                             |                           |                |        |                    |           |
| Street Address<br>50 Route 46                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                  | Square Feet<br>80,000                                                                                                                                                                                                     | # of Floors<br>2                                               |                                                                                                                             |                           |                |        |                    |           |
| City (5)<br>Wayne                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                  | Bldg. Age<br>10+                                                                                                                                                                                                          |                                                                |                                                                                                                             |                           |                |        |                    |           |
| County (6)<br>Passaic                                                                                                                                                                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                              | Current Use (Prior if being demolished)<br>Commercial                                                                                                                                                                     |                                                                |                                                                                                                             |                           |                |        |                    |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Omega Environmental Services                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  | ASCM No.<br>00120                                                                                                                                                                                                         | Name of Abatement Contractor (9)<br>PAL Environmental Services |                                                                                                                             |                           |                |        |                    |           |
| Street Address<br>280 Huyler Street                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  | Street Address<br>11-02 Queens Plaza South                                                                                                                                                                                |                                                                |                                                                                                                             |                           |                |        |                    |           |
| City, State, Zip Code<br>South Hackensack, NJ 07606                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  | City, State, Zip Code<br>Long Island City, NY 11101                                                                                                                                                                       |                                                                |                                                                                                                             |                           |                |        |                    |           |
| Project Manager for Monitoring Firm<br>Veronica Kero                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  | Telephone No.<br>201-489-8700                                                                                                                                                                                             | License No.<br>28675                                           |                                                                                                                             |                           |                |        |                    |           |
| Start Date (10)<br>10/30/2017                                                                                                                                                                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br>03/30/2018                                                                                                                                                                     | Name of OSHA Monitor<br>Martin McRea                                                                                                                                                                                      |                                                                |                                                                                                                             |                           |                |        |                    |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                   |                                                                                                                                                                                                                  | Street Address<br>714 Kennedy Blvd.                                                                                                                                                                                       |                                                                |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  | City, State, Zip Code<br>Bayonne, NJ 07002                                                                                                                                                                                |                                                                |                                                                                                                             |                           |                |        |                    |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                |                                                                                                                             |                           |                |        |                    |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Please see revised attached material breakdown                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                |                                                                                                                             |                           |                |        |                    |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |                                                                |                                                                                                                             |                           |                |        |                    |           |
| Name of Registered Waste Hauler<br>ATC                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>24310                                                                                                                                                                                        | Cubic Yards of Waste<br>50 Yards                               | Name of Registered Landfill<br>Minerva Enterprises                                                                          |                           |                |        |                    |           |
| City, State<br>Shirley, NY 11967                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                  | Disposal Date<br>11/02/2017                                                                                                                                                                                               |                                                                | City, State<br>Waynesburg, OH 44688                                                                                         |                           |                |        |                    |           |
| Completed by<br>Ann A. Ali                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                  | Title<br>Compliance Admin                                                                                                                                                                                                 |                                                                | Signature<br>                           |                           |                |        | Date<br>11/06/2017 |           |

| LOCATION | DESCRIPTION             | QUANTITY |       |
|----------|-------------------------|----------|-------|
|          |                         | SF       | LF    |
| ROOF     | EXHAUST FLASHING        | 92       |       |
| ROOF     | PITCH POCKET            | 39       |       |
| ROOF     | TAR                     | 1340     |       |
| EXTERIOR | EXPANSION JOINTS        |          | 3,200 |
| BASEMENT | PIPE FITTINGS           |          | 430   |
| BASEMENT | HOLDING TANK INSULATION | 85       |       |
| BASEMENT | BOILER INSULATION       | 350      |       |
| BASEMENT | BOILER FLUE INSULATION  | 160      |       |
| GROUND   | PIPE INSULATION         |          | 100   |
| GROUND   | MASTIC                  | 9210     |       |
|          |                         |          |       |
| TOTAL    |                         | 11276    | 3730  |





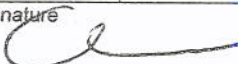
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CK6452

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

Print Form

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| RECEIVED                     |  |
| NOV - 9 2017                 |  |
| ASBESTOS CONTROL & LICENSING |  |

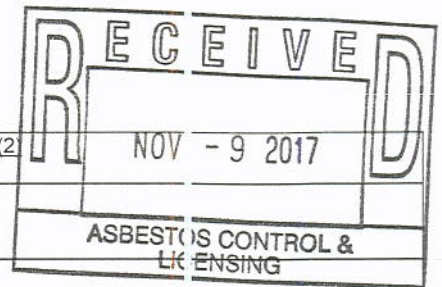
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>11/6/17                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Name of Building Owner/Operator (2)<br>Chris Halpin Private Home                                                                                                                                  |                                                  |                                                                                                                             |                           |                |                 |             |           |
| Agencies Notified                                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                                                      | Street Address<br>[REDACTED]                                                                                                                                                                      |                                                  |                                                                                                                             |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                            | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Surf City NJ 08008                                                                                                                                                       |                                                  |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Name of Contact<br>Chris                                                                                                                                                                          | Telephone Number                                 |                                                                                                                             |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Chris Halpin Private Home                                                                                                                                                            |                                                                                                                                                                                                                                        | Type of Facility (4)                                                                                                                                                                              |                                                  |                                                                                                                             |                           |                |                 |             |           |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                 |                                                                                                                                                                                                                                        | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                  |                                                                                                                             |                           |                |                 |             |           |
| City (5)<br>Surf City NJ 08008                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | Square Feet<br>1000+                                                                                                                                                                              | # of Floors<br>1                                 |                                                                                                                             |                           |                |                 |             |           |
| County (6)<br>Ocean                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                               | Current Use (Prior if being demolished)<br>house |                                                                                                                             |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                   |                                                                                                                                                                                                                                        | ASCM No.                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>Pernaco Inc. |                                                                                                                             |                           |                |                 |             |           |
| Street Address                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | Street Address<br>PO Box 329                                                                                                                                                                      |                                                  |                                                                                                                             |                           |                |                 |             |           |
| City, State, Zip Code                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                     |                                                  |                                                                                                                             |                           |                |                 |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | Telephone No.                                                                                                                                                                                     | License No.                                      |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | 856-753-9800                                                                                                                                                                                      | 00727                                            |                                                                                                                             |                           |                |                 |             |           |
| Start Date (10)<br>11/15/17                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br>11/21/17                                                                                                                                                                                             | Name of OSHA Monitor<br>Same                                                                                                                                                                      |                                                  |                                                                                                                             |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |                                                                                                                                                                                                                                        | Street Address                                                                                                                                                                                    |                                                  |                                                                                                                             |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____           |                                                                                                                                                                                                                                        | City, State, Zip Code                                                                                                                                                                             |                                                  |                                                                                                                             |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                         |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                |                 |             |           |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                |                 |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                    | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                  |                                                                                                                                                                                                   |                                                  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                                    | No                                                                                                                                                                                                | N/A                                              |                                                                                                                             |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Exterior Siding                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   | x                                                | Exterior Siding                                                                                                             | 1200 SF                   | x              |                 |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                |                 |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                                                                                                                                   |                                                  |                                                                                                                             |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>United Roll Off                                                                                                                                                                                           |                                                                                                                                                                                                                                        | NJDEP Waste Hauler ID No.<br>22459                                                                                                                                                                | Cubic Yards of Waste<br>3                        | Name of Registered Landfill<br>G.R.O.W.S.                                                                                   |                           |                |                 |             |           |
| City, State<br>Elm NJ                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | Disposal Date<br>11/21/17                                                                                                                                                                         |                                                  | City, State<br>Morrisville PA 19067                                                                                         |                           |                |                 |             |           |
| Completed by<br>Anthony T Perna                                                                                                                                                                                                              |                                                                                                                                                                                                                                        | Title<br>President                                                                                                                                                                                |                                                  | Signature<br>                           |                           |                | Date<br>11/6/17 |             |           |



PAID

CK4105924

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)



|                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                                                    |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <u>Date of Notification (1)</u><br>11/3/17                                                                                                                                                                                                                                                            |                                                                                                                     | <u>Name of Building Owner/Operator (2)</u><br>Paulsboro Refining Company                                                                           |                                                             |
| <u>Agencies Notified</u><br>( ) EPA<br>( ) DEP<br>(X) DOL<br>(X) DOH<br>( ) DCA                                                                                                                                                                                                                       | <u>Notification Type</u><br>(X) Initial Notification<br>( ) Amended Certification<br>( ) Cancelled<br>( ) Emergency | <u>Street Address</u><br>800 Billingsport Rd                                                                                                       |                                                             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                     | <u>City, State, Zip Code</u><br>Paulsboro, NJ 08066                                                                                                |                                                             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                     | <u>Name of Contact</u><br>Ravi Jarecha                                                                                                             |                                                             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                                                                                                                    |                                                             |
| <u>Name of Facility Where Abatement is Taking Place (3)</u><br>Paulsboro Refining Company                                                                                                                                                                                                             |                                                                                                                     | <u>Type of Facility (4)</u><br>( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)<br>(X) Other (i.e. private & commercial bldgs., homes, etc) |                                                             |
| <u>Street Address</u><br>800 Billingsport Rd                                                                                                                                                                                                                                                          |                                                                                                                     | <u>Sq. Feet</u> N/A <u># of Floors</u> N/A                                                                                                         |                                                             |
| <u>City (5)</u><br>Paulsboro                                                                                                                                                                                                                                                                          | <u>County (6)</u><br>Gloucester                                                                                     | <u>County Code (7)</u><br>(State Use Only)                                                                                                         |                                                             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                     | <u>Bldg. Age</u> N/A<br><u>Current Use (prior if being demolished)</u> Oil Refinery                                                                |                                                             |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u><br>ATC Associates                                                                                                                                                                                                                             |                                                                                                                     | <u>ASCM No.</u>                                                                                                                                    | <u>Name of Contractor (9)</u><br>Mansfield Industrial, Inc. |
| <u>Street Address</u><br>3 Terri Lane, Suite 4                                                                                                                                                                                                                                                        |                                                                                                                     | <u>Street Address</u><br>26 Colonial Ave                                                                                                           |                                                             |
| <u>Burlington, NJ 08016</u>                                                                                                                                                                                                                                                                           |                                                                                                                     | <u>City, State, Zip Code</u><br>Woodbury, NJ 08096                                                                                                 |                                                             |
| <u>Project Manager for Monitoring Firm</u><br>John Lutz                                                                                                                                                                                                                                               | <u>Telephone Number</u><br>609-479-8512                                                                             | <u>Telephone Number</u><br>856-224-4392                                                                                                            | <u>License Number</u><br>00857                              |
| <u>Scheduled Start Date (10)</u><br>11/20/17                                                                                                                                                                                                                                                          | <u>Scheduled Completion Date (11)</u><br>11/22/17                                                                   | <u>Name of OSHA Monitor</u><br>Mansfield Industrial, Inc.                                                                                          |                                                             |
| <u>Occupancy Status During Abatement (Check only one)</u><br>( ) Facility Closed/Vacated During Entire Period of Abatement<br>( ) Abatement Performed Outside of Normal Facility Hours -<br><br>(X) Other - Describe - Removal of ACM within restricted work area in outside area                     |                                                                                                                     | <u>Street Address</u><br>26 Colonial Ave                                                                                                           |                                                             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                     | <u>City, State, Zip Code</u><br>Woodbury NJ 08096                                                                                                  |                                                             |
| <u>Source of Work (Check all that apply)</u><br>( ) Demolition (X) Renovation<br>( ) Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM ( ) Minor Proj. (<25 SF or <10 LF ACM)<br>(X) Full Containment with Negative Pressure - ( ) Mini-Enclosure ( ) Glovebag Procedure |                                                                                                                     |                                                                                                                                                    |                                                             |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>                                                                                                                                                                                                                                | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u><br>YES NO NA                                | <u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>                                                        | <u>Amount (Specify SF or LF)</u>                            |
| <u>Abatement Type</u><br>Rem. Rep. Encap. Enclose                                                                                                                                                                                                                                                     |                                                                                                                     |                                                                                                                                                    |                                                             |
| Steam Line at Gate Entrance to Storehouse Lot                                                                                                                                                                                                                                                         | X                                                                                                                   | TSI                                                                                                                                                | Approx 50 LF                                                |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                                                    |                                                             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                                                    |                                                             |
| <u>Name of Reg. Waste Hauler</u><br>Waste Management, Inc.                                                                                                                                                                                                                                            | <u>NJDEP Waste Hauler ID #</u><br>17273                                                                             | <u>Cubic Yards of Waste</u><br>1 CY                                                                                                                | <u>Name of Reg. Landfill</u><br>Gloucester County Landfill  |
| <u>City, State</u><br>South Harrison, NJ                                                                                                                                                                                                                                                              |                                                                                                                     | <u>Disp. Date</u><br>Various                                                                                                                       | <u>City, State</u><br>South Harrison, NJ                    |
| <u>Completed by (Print or Type)</u><br>ANDREW GREEN                                                                                                                                                                                                                                                   | <u>Title</u><br>MANAGER - Mansfield Industrial, Inc                                                                 | <u>Signature</u><br><br>Site Operations Supervisor                                                                                                 | <u>Date</u><br>11-3-17                                      |

Mail to: NJDEP-DSHW-BRRT  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

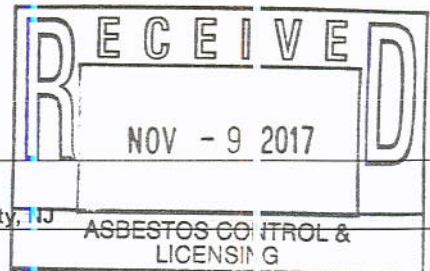
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9/18/00



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CK 6986

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



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                           |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Date of Notification (1)<br><b>11/06/17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Job #: <b>9678.01</b>                                                                                                                                                                                                                          |     | Name of Building Owner/Operator (2)<br><b>The Parish of Saint Monica, Atlantic City, NJ</b>                                                                                                                               |                                            |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                             |                                                                       | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended<br>Amendment# _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | Street Address<br><b>2651 Atlantic Avenue</b><br>City, State, Zip Code<br><b>Atlantic City, NJ 08401</b><br>Name of Contact<br><b>Father Jon Thomas</b><br>Telephone Number                                               |                                            |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                           |                                            |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Our Lady Star of the Sea</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                                                                                                |     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                            |
| Street Address<br><b>2651 Atlantic Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                                |     | Square Feet<br><b>5,000</b>                                                                                                                                                                                               |                                            |
| City (5)<br><b>Atlantic City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                |     | # of Floors<br><b>1</b>                                                                                                                                                                                                   |                                            |
| County (6)<br><b>Atlantic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                                |     | Bldg. Age<br><b>50+</b>                                                                                                                                                                                                   |                                            |
| County Code (7) (STATE USE ONLY)<br><b>Atlantic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Current Use (prior if being demo shed)<br><b>Church</b>                                                                                                                                                                                        |     |                                                                                                                                                                                                                           |                                            |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Indoor Environmental Concepts</b>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | ASCM No.<br><b>137</b>                                                                                                                                                                                                                         |     | Name of Contractor (9)<br><b>Prime Group Remediation, Inc.</b>                                                                                                                                                            |                                            |
| Street Address<br><b>286 Sunset Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | Street Address<br><b>1400 Adams Road, Suite I, P.O. Box 6</b>                                                                                                                                                                                  |     |                                                                                                                                                                                                                           |                                            |
| City, State, Zip Code<br><b>Barrington, NJ 08007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | City, State, Zip Code<br><b>Bensalem, PA 19020</b>                                                                                                                                                                                             |     |                                                                                                                                                                                                                           |                                            |
| Project Manager for Monitoring Firm<br><b>Michael Menz</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Telephone Number<br><b>856-628-6020</b>                                                                                                                                                                                                        |     | License Number<br><b>00858</b>                                                                                                                                                                                            |                                            |
| Scheduled Start Date (10)<br><b>November 15, 2017</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | Scheduled Completion (11)<br><b>November 17, 2017</b>                                                                                                                                                                                          |     | Name of OSHA Monitor<br><b>Indoor Environmental Concepts</b>                                                                                                                                                              |                                            |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                                |     | Street Address<br><b>286 Sunset Road</b>                                                                                                                                                                                  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                |     | City, State, Zip Code<br><b>Barrington, NJ 08007</b>                                                                                                                                                                      |                                            |
| Source of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> >160 sf or >260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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)<br><b>150 SF</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                                                   | No                                                                                                                                                                                                                                             | N/A |                                                                                                                                                                                                                           |                                            |
| Entrance way                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | x                                                                                                                                                                                                                                              |     | Floor Tile                                                                                                                                                                                                                |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                           |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                           |                                            |
| Name of Reg. Waste Hauler<br><b>Prime Group Remediation Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | NJDEP Waste Hauler ID #<br><b>19272</b>                                                                                                                                                                                                        |     | Cubic Yards of Waste<br><b>1</b>                                                                                                                                                                                          |                                            |
| City, State<br><b>Bensalem, PA 19020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | Disposal Date<br><b>11/17/17</b>                                                                                                                                                                                                               |     | Name of Reg. Landfill<br><b>Atlantic County Utilities Authority</b>                                                                                                                                                       |                                            |
| Completed by<br><b>Jesse Shablin</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Title<br><b>Project Manager</b>                                                                                                                                                                                                                |     | Signature<br>                                                                                                                                                                                                             |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                |     | Date<br><b>11/6/2017</b>                                                                                                                                                                                                  |                                            |

ASB-41

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



PAID

NOV 03 2017 15:31

CK4414

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:28)

NO. 803 #002

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| <b>RECEIVED</b>              |
| NOV - 9 2017                 |
| ASBESTOS CONTROL & LICENSING |

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WAIVER APPROVED

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>11 / 03 / 17                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Waterford Township                                                                                                                                                                   |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 8:23-8)                                                                                                                                                                                                                                                                                               | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Amendment #<br><input checked="" type="checkbox"/> Emergency (Including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>2131 Auburn Avenue<br>City, State, Zip Code<br>Atco, NJ 08004<br>Name of Contact<br>Kevin Sansalone                                                                                                       |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter S (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial building, homes, etc.) |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                    | Square Feet<br>1,900                                                                                                                                                                                                        | # of Floors<br>3                                                                                                             |                                                     |                |                                     |                          |                          |                          |
| City (5)<br>Atco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | County (6)<br>Camden                                                                                                                                                                                                                                               | County Code (7) (STATE USE ONLY)                                                                                                                                                                                            | Current Use (Prior to being demolished)<br>Residence                                                                         |                                                     |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                    | Name of Abatement Contractor (9)<br>Shade Environmental, LLC                                                                 |                                                     |                |                                     |                          |                          |                          |
| Street Address<br>PO Box 341                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                    | Street Address<br>823 Cutler Avenue                                                                                                                                                                                         |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| City, State, Zip Code<br>Chesterfield, NJ 08015                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                    | City, State, Zip Code<br>Maple Shade, NJ 08052                                                                                                                                                                              |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Bill Welagarber                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                    | Telephone No.<br>609-288-4070                                                                                                                                                                                               | Telephone No.<br>609-788-0099                                                                                                |                                                     |                |                                     |                          |                          |                          |
| Start Date (10)<br>11 / 04 / 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                    | Scheduled Completion Date (11)<br>11 / 06 / 17                                                                                                                                                                              |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM                                                                                                                                                                                       |                                                                                                                                                                                                                                                                    | Name of OSHA Monitor<br>EMSL Analytical, Inc.                                                                                                                                                                               |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure |                                                                                                                                                                                                                                                                    | Street Address<br>200 Route 130 North<br>City, State, Zip Code<br>Cinnaminson, NJ 08077                                                                                                                                     |                                                                                                                              |                                                     |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                                                              |                                                                                                                                                                                                                             | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                           | Abatement Type |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                                                                                                                                                                                                                | No                                                                                                                                                                                                                          |                                                                                                                              |                                                     | N/A            | Removal                             | Repair                   | Encapsulation            | Enclosure                |
| Exterior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                     | Transits                                            | 300 SF         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                     |                                                     |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                     |                                                     |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                     |                                                     |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Freehold Cartage                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                    | NJDWP Waste Hauler ID No.<br>15939                                                                                                                                                                                          | Cubic Yards of Waste<br>5                                                                                                    | Name of Registered Landfill<br>GROWS North Landfill |                |                                     |                          |                          |                          |
| City, State<br>Freehold, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                    | Disposal Date<br>11/09/2017                                                                                                                                                                                                 |                                                                                                                              | City, State<br>Morrisville, PA                      |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Christina Lynch                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                    | Title<br>Vice President of Operations                                                                                                                                                                                       |                                                                                                                              | Signature<br>                                       |                | Date<br>11/3/17                     |                          |                          |                          |

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



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| ASBESTOS CONTROL & TESTING |  |

CK1018

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

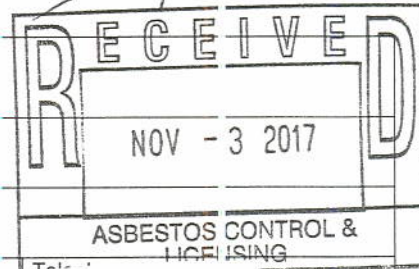
|                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (7)<br>11/03/17                                                                                                                                                                                                                                  |  | Name of Building Owner/Operator (8)<br>TECA INC.                                                                                                                                                                                                    |  |
| Agency Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DCL<br><input checked="" type="checkbox"/> DCN<br><input checked="" type="checkbox"/> DCN                                |  | Type of Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Annual<br><input checked="" type="checkbox"/> Emergency (including<br>Investigation)<br><input checked="" type="checkbox"/> Construction |  |
| Street Address<br>9 Waverly Pl                                                                                                                                                                                                                                        |  | City, State, Zip Code<br>CRANFORD, N.J. 07016                                                                                                                                                                                                       |  |
| Name of Contact<br>GEORGE                                                                                                                                                                                                                                             |  | Facility Information<br>FACILITY INFORMATION                                                                                                                                                                                                        |  |
| Name of Facility/Abatement in Title (9)<br>RESIDENCE                                                                                                                                                                                                                  |  | Type of Facility (10)<br><input checked="" type="checkbox"/> School<br><input checked="" type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.)                                                                                |  |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                          |  | Square Feet<br>1500                                                                                                                                                                                                                                 |  |
| City (9)<br>FRANKLIN                                                                                                                                                                                                                                                  |  | Bedrooms<br>2                                                                                                                                                                                                                                       |  |
| County (9)<br>SUSSEX                                                                                                                                                                                                                                                  |  | Current Use<br>Residential                                                                                                                                                                                                                          |  |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                   |  | ASAC No.                                                                                                                                                                                                                                            |  |
| Street Address                                                                                                                                                                                                                                                        |  | Name of Abatement Contractor (8)<br>AMAC Contracting Inc.                                                                                                                                                                                           |  |
| City, State, Zip Code                                                                                                                                                                                                                                                 |  | Street Address<br>185 Woodland Ave                                                                                                                                                                                                                  |  |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                   |  | City, State, Zip Code<br>Bridgewater, NJ 07432                                                                                                                                                                                                      |  |
| Telephone No.                                                                                                                                                                                                                                                         |  | Telephone No.<br>(201) 282-6841                                                                                                                                                                                                                     |  |
| Start Date (10)<br>11/03/17                                                                                                                                                                                                                                           |  | Scheduled Completion Date (11)<br>11/10/17                                                                                                                                                                                                          |  |
| Name of OSHA Monitor<br>Omega Environmental Services Inc.                                                                                                                                                                                                             |  | License No.<br>00106                                                                                                                                                                                                                                |  |
| Street Address<br>200 Hyster Street                                                                                                                                                                                                                                   |  | City, State, Zip Code<br>Hickory, NJ 07800                                                                                                                                                                                                          |  |
| Emergency Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Isolated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: |  | Full Contact with Negative Pressure is Maintained in Work Areas<br>During Abatement<br>New Containment and All Other Facility Features                                                                                                              |  |
| Isolation of Work (Check All That Apply)<br><input checked="" type="checkbox"/> 20 ft or more<br><input checked="" type="checkbox"/> 100 ft or more                                                                                                                   |  | Renovation Construction                                                                                                                                                                                                                             |  |
| Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)<br>BASEMENT                                                                                                                                                                              |  | Is Isolation Necessary Used Only for Maintenance/Construction Work? (12)<br>Yes No N/A                                                                                                                                                              |  |
| Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAT, or other miscellaneous)                                                                                                                                           |  | Amount (square ft or lf)                                                                                                                                                                                                                            |  |
| PIPE INSULATION                                                                                                                                                                                                                                                       |  | 160 LF                                                                                                                                                                                                                                              |  |
| Name of Registered Waste Handler<br>Newark Carting Inc.                                                                                                                                                                                                               |  | NJ DEP Waste Handler ID No.<br>04500                                                                                                                                                                                                                |  |
| City, State<br>Newark, NJ 07105                                                                                                                                                                                                                                       |  | Cubic Yards of Waste<br>3                                                                                                                                                                                                                           |  |
| Name of Registered Landfill<br>Green Central Sanitary Landfill                                                                                                                                                                                                        |  | City, State<br>Pon Argol, PA 08702                                                                                                                                                                                                                  |  |
| Completed by<br>Joseph Vaccaro                                                                                                                                                                                                                                        |  | Title<br>Vice President                                                                                                                                                                                                                             |  |
| Date<br>11/03/17                                                                                                                                                                                                                                                      |  | Date<br>11/03/17                                                                                                                                                                                                                                    |  |



PAID

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


CHECK # 111



|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>11 / 02 / 17                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Santander Bank, N.A.                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                  | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>75 State Street<br>City, State, Zip Code<br>Boston, MA<br>Name of Contact<br>Susan Peck                                                                                                                                                                                                                             |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Santander Bank                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Street Address<br>1 Union Square                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | Square Feet<br>2,000                                                                                                                                                                                                                                                                                                                  | # of Floors<br>2                    |                                                                                                                                 |                           |                                     |                          |                          |                          |
| City (5)<br>Elizabeth, NJ 07201                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Bldg. Age<br>45                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| County (6)<br>Union                                                                                                                                                                                                                                                                                                  | County Code (7) (STATE USE ONLY)                                                                                                                                                                                                   | Current Use (Prior if being demolished)                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Hillmann Consulting                                                                                                                                                                                                                                           | ASCM No.<br>62252                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>JVN Restoration Inc                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Street Address<br>1600 Route 22 East                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Street Address<br>47 Foster Road                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br>Union NJ 07083                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                    | City, State, Zip Code<br>Staten Island NY 10309                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Tammy Lomax                                                                                                                                                                                                                                                                   | Telephone No.<br>908-577-6171                                                                                                                                                                                                      | Telephone No.<br>718-605-6256                                                                                                                                                                                                                                                                                                         | License No.<br>00774                |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Start Date (10)<br>11 / 03 / 17                                                                                                                                                                                                                                                                                      | Scheduled Completion Date (11)<br>11 / 17 / 17                                                                                                                                                                                     | Name of OSHA Monitor<br>Testor Tech                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 9:00 AM-6:00 PM / _____ PM-_____ AM |                                                                                                                                                                                                                                    | Street Address<br>10 59 Jackson Avenue<br>City, State, Zip Code<br>LIC NY 11101                                                                                                                                                                                                                                                       |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)                                                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                       |                                     | Description of Asbestos Containing Material (ACM)<br>(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"/>            | Pipe Insulation and Fittings.                                                                                                   | 96 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<br>Newark Carting                                                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br>NJ-566                                                                                                                                                                                                | Cubic Yards of Waste<br>10                                                                                                                                                                                                                                                                                                            | Name of Registered Landfill<br>IESI |                                                                                                                                 |                           |                                     |                          |                          |                          |
| City, State<br>Newark, NJ                                                                                                                                                                                                                                                                                            | Disposal Date<br>11/07/17                                                                                                                                                                                                          | City, State<br>Bethlehem, PA                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                 |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Ralph Barnhardt                                                                                                                                                                                                                                                                      | Title<br>Project Manager                                                                                                                                                                                                           | Signature<br>                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                 |                           | Date<br>11-02-2017                  |                          |                          |                          |



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

|                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                              |                                                |                                     |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>11 / 06 / 17</b>                                                                                                                                                                                                                                                                 |                                                                       | Name of Building Owner/Operator (2)<br><b>New Jersey Turnpike Authority</b>                                                                                                                                                        |                          | original hat<br>Check # 3:034                                                                                                                                                                                                                |                                                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                              |                                                                       | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          | Street Address<br><b>P O Box 335</b><br>City, State, Zip Code<br><b>Hightstown, NJ 08520</b><br>Name of Contact<br><b>Rich Treglown</b>                                                                                                      |                                                |                                     |                          |                          |                          |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                              |                                                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>New Jersey Turnpike Authority-Maintenance Garage</b>                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                    |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                                |                                     |                          |                          |                          |
| Street Address<br><b>Maintenance District 1, Mile Post 13.0</b>                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                    |                          | Square Feet<br><b>1200 sf</b>                                                                                                                                                                                                                |                                                |                                     |                          |                          |                          |
| City (5)<br><b>Swedesboro</b>                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                    |                          | # of Floors<br><b>1</b>                                                                                                                                                                                                                      |                                                |                                     |                          |                          |                          |
| County (6)<br><b>Gloucester</b>                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                    |                          | County Code (7) (STATE USE ONLY)<br><b></b>                                                                                                                                                                                                  |                                                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                    |                          | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                        |                                                |                                     |                          |                          |                          |
| Street Address<br><b>1889 Rte. 9, Unit 61</b>                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                    |                          | Street Address<br><b>1889 Route 9, Unit 61</b>                                                                                                                                                                                               |                                                |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                    |                          | City, State, Zip Code<br><b>Toms River, New Jersey 03755</b>                                                                                                                                                                                 |                                                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                |                                                                       | Telephone No.<br><b>732-349-9932</b>                                                                                                                                                                                               |                          | License No.<br><b>00624</b>                                                                                                                                                                                                                  |                                                |                                     |                          |                          |                          |
| Start Date (10)<br><b>11 / 2 / 17</b>                                                                                                                                                                                                                                                                           |                                                                       | Scheduled Completion Date (11)<br><b>11 / 10 / 17</b>                                                                                                                                                                              |                          | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>                                                                                                                                                                                           |                                                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |                                                                       |                                                                                                                                                                                                                                    |                          | Street Address<br><b>1056 Stelton</b><br>City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>                                                                                                                                        |                                                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                              |                                                |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                               |                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                              |                          | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                    |                          | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                                              | Amount (Specify SF or LF)                      | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                 | Yes                                                                   | No                                                                                                                                                                                                                                 | N/A                      |                                                                                                                                                                                                                                              |                                                | Remove                              | Repair                   | Encapsulate              | Enclosure                |
| exterior                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/> | window caulk                                                                                                                                                                                                                                 | 580 lf                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| kitchen                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/> | sink undercoating                                                                                                                                                                                                                            | 1 sf                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| generator room                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                                | <input type="checkbox"/> | black caulk-generator                                                                                                                                                                                                                        | 38 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<br><b>Guardian Contracting, Inc.</b>                                                                                                                                                                                                                                            |                                                                       | NJDEP Waste Hauler ID No.<br><b>20223</b>                                                                                                                                                                                          |                          | Cubic Yards of Waste<br><b>3</b>                                                                                                                                                                                                             | Name of Registered Landfill<br><b>T.R.R.F.</b> |                                     |                          |                          |                          |
| City, State<br><b>Toms River, New Jersey</b>                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                    |                          | Disposal Date<br><b>11/13/17</b>                                                                                                                                                                                                             | City, State<br><b>Tullytown, Pennsylvania</b>  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>                                                                                                                                                                                                                                                       |                                                                       | Title<br><b>Project Manager</b>                                                                                                                                                                                                    |                          | Signature<br>                                                                                                                                            |                                                | Date<br><b>11/6/17</b>              |                          |                          |                          |



CC# 33073

PAID

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

|                              |  |
|------------------------------|--|
| RECEIVED                     |  |
| NOV - 1 2017                 |  |
| 33073                        |  |
| ASBESTOS CONTROL & LICENSING |  |

|                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>11 / 6 / 17                                                                                                                                                                                                                                                           |                                                                       | Name of Building Owner/Operator (2)<br>Tradewinds Builders, LLC                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation                                                                                                    |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Street Address<br>34 West Sailboat Lane                                                                                                                                                                                                                                                           |                                                                       | City, State, Zip Code<br>Peahala Park, NJ 08008                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Name of Contact<br>Travis Leply                                                                                                                                                                                                                                                                   |                                                                       | Telephone Number                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Residence                                                                                                                                                                                                                                 |                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                                                                                                          |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                      |                                                                       | Square Feet<br>2000                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| City (5)<br>Long Beach Twp.                                                                                                                                                                                                                                                                       |                                                                       | # of Floors<br>2                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| County (6)<br>Ocean                                                                                                                                                                                                                                                                               |                                                                       | Bldg. Age<br>65                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                  |                                                                       | Current Use (Prior if being demolished)<br>Residence                                                                                                                                                                                                                                                                                  |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                                        |                                                                       | ASCM No.                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.                                                                                                                                                                                                                                    |                                                                       | Street Address<br>1889 Route 9, Unit 61                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                    |                                                                       | City, State, Zip Code<br>Toms River, New Jersey 08755                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                             |                                                                       | Telephone No.<br>732-349-9932                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                               |                                                                       | License No.<br>00624                                                                                                                                                                                                                                                                                                                  |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Start Date (10)<br>11 / 17 / 17                                                                                                                                                                                                                                                                   |                                                                       | Scheduled Completion Date (11)<br>11 / 20 / 17                                                                                                                                                                                                                                                                                        |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Name of OSHA Monitor<br>E.M.S.L. Analytical                                                                                                                                                                                                                                                       |                                                                       | Street Address<br>1056 Stelton                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM |                                                                       | City, State, Zip Code<br>Piscataway, New Jersey 08854                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                      |                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                 |                                        |                                         |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)                                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                                                                                                       | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)              | Abatement Type                          |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                   | Yes                                                                   | No                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                 |                                        | N/A                                     | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| exterior                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                        | asbestos siding                        | 300 sf                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| exterior                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                              | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                        | flue pipe                              | 20 lf                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                        |                                        |                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                        |                                        |                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                                                                                                                                                                                                                                     |                                                                       | NJDEP Waste Hauler ID No.<br>20223                                                                                                                                                                                                                                                                                                    |                                                                                                                                 | Cubic Yards of Waste<br>3              | Name of Registered Landfill<br>T.R.R.F. |                                     |                          |                          |                          |
| City, State<br>Toms River, New Jersey                                                                                                                                                                                                                                                             |                                                                       | Disposal Date<br>11/21/17                                                                                                                                                                                                                                                                                                             |                                                                                                                                 | City, State<br>Tullytown, Pennsylvania |                                         |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Nicholas Fernicola                                                                                                                                                                                                                                                |                                                                       | Title<br>Project Manager                                                                                                                                                                                                                                                                                                              |                                                                                                                                 | Signature<br>[Signature]               |                                         |                                     | Date<br>11/6/17          |                          |                          |



11/03/2017 15:48 FAX

**PAID**

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

**RECEIVED**  
NOV - 9 2017

UC# 5047

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| Date of Notification (1)<br>11 / 03 / 17 |  | Name of Building Owner/Operator (2)<br>Palisades Park Board of Education |  | Check for 10 DAY<br>Check for 60 DAY<br>Check for 90 DAY<br>Check for 180 DAY<br>Check for 360 DAY<br>Check for 720 DAY<br>Check for 1440 DAY<br>Check for 2880 DAY<br>Check for 5760 DAY<br>Check for 11520 DAY<br>Check for 23040 DAY<br>Check for 46080 DAY<br>Check for 92160 DAY<br>Check for 184320 DAY<br>Check for 368640 DAY<br>Check for 737280 DAY<br>Check for 1474560 DAY<br>Check for 2949120 DAY<br>Check for 5898240 DAY<br>Check for 11796480 DAY<br>Check for 23592960 DAY<br>Check for 47185920 DAY<br>Check for 94371840 DAY<br>Check for 188743680 DAY<br>Check for 377487360 DAY<br>Check for 754974720 DAY<br>Check for 1509949440 DAY<br>Check for 3019898880 DAY<br>Check for 6039797760 DAY<br>Check for 12079595520 DAY<br>Check for 24159191040 DAY<br>Check for 48318382080 DAY<br>Check for 96636764160 DAY<br>Check for 193273528320 DAY<br>Check for 386547056640 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Amended

Superwork error  
on Date

PAID

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

Print Form

|                              |
|------------------------------|
| RECEIVED                     |
| NOV - 9 2017                 |
| ASBESTOS CONTROL & LICENSING |

|                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>11/31/17 <i>10/31/17</i>                                                                                                                                                                          |  | Name of Building Owner/Operator (2)<br>Robert Dole Private Home                                                                                                                                                                                  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>[REDACTED]                                                                                                                                                                                                  |  | City, State, Zip Code<br>Barnegat Light NJ 08006                                                                                                                                                                                                 |  |
| Name of Contact<br>Robert                                                                                                                                                                                                     |  | Telephone Number                                                                                                                                                                                                                                 |  |

## FACILITY INFORMATION

|                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                                                                           |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Robert Dole Private Home                                                                                                                                                                                                         |                                            | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                 |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                             |                                            | Square Feet<br>1000+                                                                                                                                                                                                      | # of Floors<br>1                                |
| City (5)<br>Barnegat Light NJ 08006                                                                                                                                                                                                                                                      |                                            | Bldg Age<br>35+                                                                                                                                                                                                           |                                                 |
| County (6)<br>Ocean                                                                                                                                                                                                                                                                      | County Code (7)<br>(STATE USE ONLY)        | Current Use (Prior if being demolished)<br>house                                                                                                                                                                          |                                                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                               |                                            | ASCM No.                                                                                                                                                                                                                  | Name of Abatement Contractor (9)<br>Pernaco Inc |
| Street Address                                                                                                                                                                                                                                                                           |                                            | Street Address<br>PO Box 329                                                                                                                                                                                              |                                                 |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                            | City, State, Zip Code<br>West Berlin NJ 08091                                                                                                                                                                             |                                                 |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                            | Telephone No.<br>856-753-9800                                                                                                                                                                                             | License No.<br>00727                            |
| Start Date (10)<br>11/13/17                                                                                                                                                                                                                                                              | Scheduled Completion Date (11)<br>11/17/17 | Name of OSHA Monitor<br>Same                                                                                                                                                                                              |                                                 |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                            | Street Address                                                                                                                                                                                                            |                                                 |
|                                                                                                                                                                                                                                                                                          |                                            | City, State, Zip Code                                                                                                                                                                                                     |                                                 |

## Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----|-----|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|-----------|
|                                                                                              | Yes                                                                   | No | N/A |                                                                                                                                |                           | Removal        | Repair | Encapsulate | Enclosure |
| Exterior Siding                                                                              |                                                                       |    | x   | Exterior Siding                                                                                                                | 1100 SF                   | x              |        |             |           |
|                                                                                              |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |
|                                                                                              |                                                                       |    |     |                                                                                                                                |                           |                |        |             |           |
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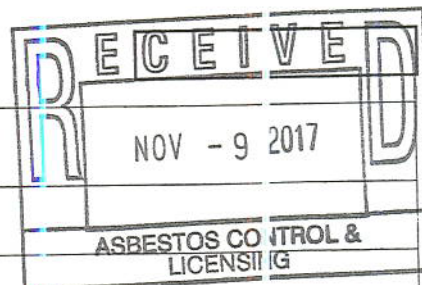
|                                                      |                                    |                                     |                                           |
|------------------------------------------------------|------------------------------------|-------------------------------------|-------------------------------------------|
| Name of Registered Waste Hauler<br>United Containers | NJDEP Waste Hauler ID No.<br>22459 | Cubic Yards of Waste<br>3           | Name of Registered Landfill<br>G.R.O.W.S. |
| City, State<br>Elm NJ                                | Disposal Date<br>11/17/17          | City, State<br>Morrisville PA 19067 |                                           |
| Completed by<br>Anthony T Perna                      | Title<br>President                 | Signature<br><i>[Signature]</i>     | Date<br>11/31/17                          |



Check#2911

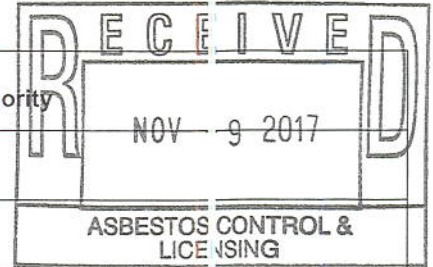
PAID

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



| Date of Notification (1)<br>11 / 06 / 17                                                                                                                                                                                                                                                                                                                                             |                                                                       | Name of Building Owner/Operator (2)<br>Tabare Borbon                                                                                                                                                                               |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                          |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                         |                                                                       | City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                       |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Name of Contact<br>Tabare Borbon                                                                                                                                                                                                                                                                                                                                                     |                                                                       | Telephone Number                                                                                                                                                                                                                   |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Private house                                                                                                                                                                                                                                                                                                                |                                                                       | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 3 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)      |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Square Feet # of Floors Bldg. Age                                                                                                                                                                                                  |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| City (5)<br>Fair Lawn, NJ 07410                                                                                                                                                                                                                                                                                                                                                      |                                                                       | County Code (7) (STATE USE ONLY)<br>Bergen                                                                                                                                                                                         |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Current Use (Prior if being demolished)                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                                                                                                  |                                                                       | ASCM No.                                                                                                                                                                                                                           |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Street Address                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Name of Abatement Contractor (9)<br>Gr Tech LLC                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Street Address<br>576 Valley Rd #283                                                                                                                                                                                               |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                  |                                                                       | City, State, Zip Code<br>Wayne, NJ 07470                                                                                                                                                                                           |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Telephone No.                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Telephone No.<br>973-638-1777                                                                                                                                                                                                      |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| License No.<br>01127                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Start Date (10)<br>11 / 16 / 17                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Scheduled Completion Date (11)<br>11 / 17 / 17                                                                                                                                                                                     |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Name of OSHA Monitor<br>Envirovision Consultants, Inc                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM                                                                         |                                                                       | Street Address<br>20-21 Wagaraw Road, Bldg # 35E                                                                                                                                                                                   |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| City, State, Zip Code<br>Fair Lawn, NJ 07410                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                                                          |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| <input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                    |                                     |                                                                                                                                 |                                             |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)                                                                                                                                                                                                                                                                                                | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                    |                                     | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SIF or LF)               | Abatement Type                      |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                      | Yes                                                                   | No                                                                                                                                                                                                                                 | N/A                                 |                                                                                                                                 |                                             | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement-boiler room                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                              | <input type="checkbox"/>                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | Pipe insulation                                                                                                                 | 12 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<br>Gr Tech LLC                                                                                                                                                                                                                                                                                                                                       |                                                                       | NJDEP Waste Hauler ID No.<br>0033785                                                                                                                                                                                               |                                     | Cubic Yards of Waste<br>TBD                                                                                                     | Name of Registered Landfill<br>T.R.R.F. Inc |                                     |                          |                          |                          |
| City, State<br>Wayne, NJ 07470                                                                                                                                                                                                                                                                                                                                                       |                                                                       | Disposal Date<br>TBD                                                                                                                                                                                                               |                                     | City, State<br>Tullytown, PA                                                                                                    |                                             |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>N.Jevtic                                                                                                                                                                                                                                                                                                                                             |                                                                       | Title<br>Owner                                                                                                                                                                                                                     |                                     | Signature<br><i>N. Jevtic</i>                                                                                                   |                                             | Date<br>11/06/17                    |                          |                          |                          |

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



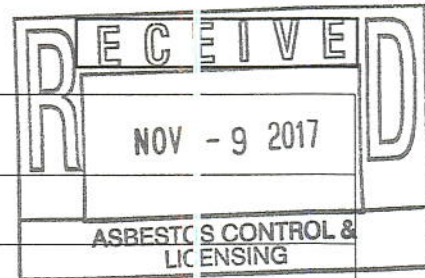
|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>11</u> / <u>3</u> / <u>17</u>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                       | Name of Building Owner/Operator (2)<br><b>New Jersey Schools Development Authority</b> |                                                                                                                                                                                                                              | <div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             NOV 9 2017           </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-weight: bold;">             ASBESTOS CONTROL &amp; LICENSING           </div> |                            |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                      | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>32 E. Front St.</b>                                               | City, State, Zip Code<br><b>Trenton, NJ 08625-0991</b>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | Name of Contact<br><b>Andrew Oakley</b>                                                |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       | Telephone Number                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Camden High School</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       |                                                                                        | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| Street Address<br><b>1700 Park Blvd.</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                       |                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| City (5)<br><b>Camden</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |                                                                                        | Square Feet<br><b>175,000</b>                                                                                                                                                                                                | # of Floors<br><b>3</b>                                                                                                                                                                                                                                                                                                                                                                             | Bldg. Age<br><b>+/- 50</b> |                                     |                          |                          |                          |
| County (6)<br><b>Camden</b>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       | County Code (7) (STATE USE ONLY)                                                       | Current Use (Prior if being demolished)<br><b>Vacant</b>                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Brinkerhoff Environmental Services Inc.</b>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                       | ASCM No.                                                                               | Name of Abatement Contractor (9)<br><b>USA Environmental Management, Inc.</b>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| Street Address<br><b>1805 Atlantic Avenue</b>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       | Street Address<br><b>8436 Enterprise Avenue</b>                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Manasquan NJ 08736</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       | City, State, Zip Code<br><b>Philadelphia, PA 19153</b>                                 |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Gary Fleming</b>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                       | Telephone No.<br><b>732-223-2225</b>                                                   | Telephone No.<br><b>215-365-5810</b>                                                                                                                                                                                         | License No.<br><b>001156</b>                                                                                                                                                                                                                                                                                                                                                                        |                            |                                     |                          |                          |                          |
| Start Date (10)<br><u>10</u> / <u>05</u> / <u>17</u>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | Scheduled Completion Date (11)<br><u>01</u> / <u>26</u> / <u>18</u>                    |                                                                                                                                                                                                                              | Name of OSHA Monitor<br><b>USA Environmental Management, Inc.</b>                                                                                                                                                                                                                                                                                                                                   |                            |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7:00</u> AM- <u>5:30</u> PM/ <u>      </u> PM- <u>      </u> AM |                                                                                                                                                                                                                                       |                                                                                        | Street Address<br><b>8436 Enterprise Avenue</b>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |                                                                                        | City, State, Zip Code<br><b>Philadelphia, PA 19153</b>                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |                                                                                                                                                                                                                              | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                                                                                                                                  |                            |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><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>Main Building Crawlspace and Chase</b>                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>Air Cell Insulation Debris</b>                                                                                                                                                                                                                                                                                                                                                                   | <b>40,000 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Main Building Chase</b>                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>Air Cell Pipe insulation</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>180 LF</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Throughout Building</b>                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>Floor Tile and Mastic</b>                                                                                                                                                                                                                                                                                                                                                                        | <b>79,670 SF</b>           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Room 127, 127 A, 128 B, 128 C&amp;D</b>                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                                                                              | <input type="checkbox"/>                                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                          | <b>Plaster Ceiling</b>                                                                                                                                                                                                                                                                                                                                                                              | <b>1,900 SF</b>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Service Transport Group</b>                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       | NJDEP Waste Hauler ID No.                                                              | Cubic Yards of Waste<br><b>200</b>                                                                                                                                                                                           | Name of Registered Landfill<br><b>Minerva Landfill</b>                                                                                                                                                                                                                                                                                                                                              |                            |                                     |                          |                          |                          |
| City, State<br><b>New Castle, DE</b>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |                                                                                        | Disposal Date<br><b>1/26/18</b>                                                                                                                                                                                              | City, State<br><b>Minerva, OH</b>                                                                                                                                                                                                                                                                                                                                                                   |                            |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Kevin Meldrum</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       | Title<br><b>Project Manager</b>                                                        |                                                                                                                                                                                                                              | Signature                                                                                                                                                                                                                                                                                                                                                                                           | Date                       |                                     |                          |                          |                          |



Check#2912

**PAID**

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



|                                                                                                                                                                                             |                                                                                                                                                                                                                                    |                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1)<br>11 / 06 / 17                                                                                                                                                    |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br>Seema Kizhakkey                                                             |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>Fair Lawn, NJ 07410<br>Name of Contact<br>Seema Kizhakkey |  |

**FACILITY INFORMATION**

|                                                                       |                                  |                                                                                                                                                                                                                               |             |
|-----------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Private house |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-1 2)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |             |
| Street Address<br>[REDACTED]                                          |                                  | Square Feet                                                                                                                                                                                                                   | # of Floors |
| City (5)<br>Fair Lawn, NJ 07410                                       |                                  | Bldg. Age                                                                                                                                                                                                                     |             |
| County (6)<br>Bergen                                                  | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished)                                                                                                                                                                                       |             |

|                                                                                                                                                                                                                                                                                                             |                                                |                                                                                                   |                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                         |                                                | ASCM No.                                                                                          | Name of Abatement Contractor (9)<br>Gr Tech LLC |  |
| Street Address                                                                                                                                                                                                                                                                                              |                                                | Street Address<br>576 Valley Rd #283                                                              |                                                 |  |
| City, State, Zip Code                                                                                                                                                                                                                                                                                       |                                                | City, State, Zip Code<br>Wayne, NJ 07470                                                          |                                                 |  |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                         | Telephone No.                                  | Telephone No.<br>973-638-1777                                                                     | License No.<br>01127                            |  |
| Start Date (10)<br>11 / 17 / 17                                                                                                                                                                                                                                                                             | Scheduled Completion Date (11)<br>11 / 18 / 17 | Name of OSHA Monitor<br>Envirovision Consultants, Inc                                             |                                                 |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM |                                                | Street Address<br>20-21 Wagaraw Road, Bldg. # 35E<br>City, State, Zip Code<br>Fair Lawn, NJ 07410 |                                                 |  |

|                                                                                                    |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Scope of Work (Check all that apply)                                                               |                                                                                       | <input type="checkbox"/> Clean up and decontamination with negative pressure<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| <input checked="" type="checkbox"/> >3 sf or >3 lf<br><input type="checkbox"/> > 160 sf or >260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition |                                                                                                                                                                                                                                                                                                                                                                                   |  |

| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SIF or LF) | Abatement Type                      |                          |                          |                          |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                                    | Yes                                                                   | No                       | N/A                                 |                                                                                                                              |                            | Remove                              | Repair                   | Encapsulate              | Enclosure                |
| Basement-utility room                                                              | <input type="checkbox"/>                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation                                                                                                              | 12 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<br>Gr Tech LLC |                | NJDEP Waste Hauler ID No.<br>0033785 | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>T.R.R.F. Inc |  |
| City, State<br>Wayne, NJ 07470                 |                | Disposal Date<br>TBD                 | City, State<br>Tullytown, PA |                                             |  |
| Completed By (Print or Type)<br>N.Jevtic       | Title<br>Owner | Signature<br><i>N. Jevtic</i>        | Date<br>11/06/17             |                                             |  |

# PAID

CK#3075

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

|                              |  |
|------------------------------|--|
| RECEIVED                     |  |
| NOV - 9 2017                 |  |
| ASBESTOS CONTROL & LICENSING |  |

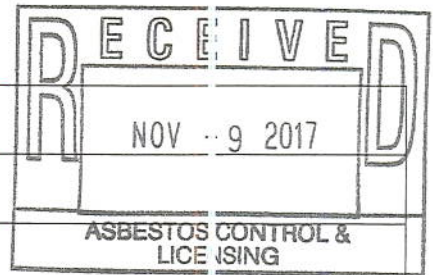
| Date of Notification (1)<br>Nov-2-2017                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Check #3075                                                                                                                                                                                                                                           |     | Name of Building Owner/Operator (2)<br>OUR LADY OF LOURDES CHURCH                                                                                                                                                         |                                                    |                |                   |             |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------|-------------------|-------------|-----------|
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                                   |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     | Street Address<br>1 EAGLE ROCK AVENUE<br><br>City, State, Zip Code<br>WEST ORANGE, NJ 07052<br><br>Name of Contact<br>Fr James Ferry                                                                                      |                                                    |                |                   |             |           |
| FACILITY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                                                    |                |                   |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Mt. Carmel Guild Academy                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                       |     | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                    |                |                   |             |           |
| Street Address<br>100 Valley Way                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                                       |     | Square Feet                                                                                                                                                                                                               | # of Floors                                        |                |                   |             |           |
| City (5)<br>West Orange                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                                       |     | Bldg. Age<br>60+                                                                                                                                                                                                          |                                                    |                |                   |             |           |
| County (6)<br>ESSEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                                   |     | Current Use (Prior if being demolished)<br>School                                                                                                                                                                         |                                                    |                |                   |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | ASCM No.                                                                                                                                                                                                                                              |     | Name of Abatement Contractor (9)<br>EA Services Corp                                                                                                                                                                      |                                                    |                |                   |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                                                                                                                                                                       |     | Street Address<br>426 69th Street                                                                                                                                                                                         |                                                    |                |                   |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                                                                                                       |     | City, State, Zip Code<br>Guttenberg, NJ 07093                                                                                                                                                                             |                                                    |                |                   |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Telephone No.                                                                                                                                                                                                                                         |     | Telephone No.<br>201-295-1700                                                                                                                                                                                             | License No.<br>01074                               |                |                   |             |           |
| Start Date (10)<br>11/11/17                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Scheduled Completion Date (11)<br>11/13/17                                                                                                                                                                                                            |     | Name of OSHA Monitor<br>Same as above                                                                                                                                                                                     |                                                    |                |                   |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                                                                                                                                                                                           |                                                                       |                                                                                                                                                                                                                                                       |     | Street Address                                                                                                                                                                                                            |                                                    |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                       |     | City, State, Zip Code                                                                                                                                                                                                     |                                                    |                |                   |             |           |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                                                    |                |                   |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                                                                                                                                                                                                                                                                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                                       |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                               | Amount (Specify SF or LF)                          | Abatement Type |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                                   | No                                                                                                                                                                                                                                                    | N/A |                                                                                                                                                                                                                           |                                                    | Removal        | Repair            | Encapsulate | Enclosure |
| Basement                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | x                                                                                                                                                                                                                                                     |     | Pipe Insulation                                                                                                                                                                                                           | 1 LF                                               |                | x                 |             |           |
| Hallway #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                                                                                                       | x   | Ceiling Plaster                                                                                                                                                                                                           | 3 SF                                               |                | x                 |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                                                    |                |                   |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                           |                                                    |                |                   |             |           |
| Name of Registered Waste Hauler<br>Tri-State Transfer Assoc                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | NJDEP Waste Hauler ID No.<br>19551                                                                                                                                                                                                                    |     | Cubic Yards of Waste<br>tbd                                                                                                                                                                                               | Name of Registered Landfill<br>Minerva Enterprises |                |                   |             |           |
| City, State<br>Bronx, NY                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Disposal Date<br>tbd                                                                                                                                                                                                                                  |     | City, State<br>Waynesburg, OH                                                                                                                                                                                             |                                                    |                |                   |             |           |
| Completed by<br>Gina Betances                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Title<br>Office Manager                                                                                                                                                                                                                               |     | Signature<br><i>[Signature]</i>                                                                                                                                                                                           |                                                    |                | Date<br>11/2/2017 |             |           |



CW#3079

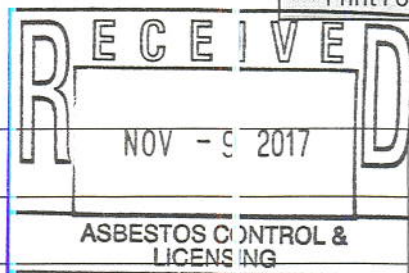
PAID

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



| Date of Notification (1)<br>Nov 02-2017 Check #3079                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>All Saints Catholic Academy                                                                                                                                |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                          | Type Notification                                                                                                                                                                                                                | Street Address<br>19 W 13th Street                                                                                                                                                                |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Bayonne, NJ 07002                                                                                                                                                        |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  | Name of Contact<br>AI                                                                                                                                                                             | Telephone Number                                     |                                                                                                                                |                                                        |                    |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>All Saints Catholic Academy                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Type of Facility (4)                                                                                                                                                                              |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| Street Address<br>19 W. 13th Street                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| City (5)<br>Bayonne                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Square Feet<br>50,000                                                                                                                                                                             | # of Floors<br>3                                     |                                                                                                                                |                                                        |                    |        |             |           |
| County (6)<br>HUDSON                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                               | Bldg. Age<br>50+                                     |                                                                                                                                |                                                        |                    |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                  | ASCM No.                                                                                                                                                                                          | Name of Abatement Contractor (9)<br>EA Services Corp |                                                                                                                                |                                                        |                    |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                  | Street Address<br>426 69th Street                                                                                                                                                                 |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | City, State, Zip Code<br>Guttenberg, NJ 07093                                                                                                                                                     |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Telephone No.                                                                                                                                                                                     | License No.                                          |                                                                                                                                |                                                        |                    |        |             |           |
| Start Date (10)<br>11/11/2017                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Scheduled Completion Date (11)<br>11/13/2017                                                                                                                                                      | Name of OSHA Monitor<br>Same as above                |                                                                                                                                |                                                        |                    |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  | Street Address                                                                                                                                                                                    |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Startin 11 AM                                                                                                                                                                                      |                                                                                                                                                                                                                                  | City, State, Zip Code                                                                                                                                                                             |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                  |                                                                                                                                                                                                   |                                                      |                                                                                                                                |                                                        |                    |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                                                                                                                                                                               | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                                            |                                                                                                                                                                                                   |                                                      | Description of Asbestos Containing Material (ACM)<br>(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 |
| Second Floor-Room #1                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | x                                                                                                                                                                                                 |                                                      | Ceiling Plaster                                                                                                                | 3 SF                                                   |                    |        | x           |           |
| Second Floor-Room #24                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | x                                                                                                                                                                                                 |                                                      | Ceiling Plaster                                                                                                                | 2 SF                                                   |                    |        | x           |           |
| Second Floor-Room #14                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                  | x                                                                                                                                                                                                 |                                                      | Ceiling Plaster                                                                                                                | 2 SF                                                   |                    |        | x           |           |
| Kindergarden-Pre-K 3                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                  | x                                                                                                                                                                                                 |                                                      | Ceiling Plaster                                                                                                                | 3 SF                                                   |                    |        | x           |           |
| Name of Registered Waste Hauler<br>Tri-State Transfer Assoc                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.<br>19551                                                                                                                                                                |                                                      | Cubic Yards of Waste<br>tbd                                                                                                    | Name of Registered Landfill<br>Minerva Enterprises Inc |                    |        |             |           |
| City, State<br>Bronx, NY                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                  | Disposal Date<br>tbd                                                                                                                                                                              |                                                      | City, State<br>Waynesburg, OH                                                                                                  |                                                        |                    |        |             |           |
| Completed by<br>Gina Betances                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Title<br>Office Manager                                                                                                                                                                           |                                                      | Signature<br>                                                                                                                  |                                                        | Date<br>11/11/2017 |        |             |           |

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



| Date of Notification (1)<br><b>NO CK</b>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>2 Paragon Dr. LLC                                                                                                                                                                                     |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                                                                                   | Type Notification                                                                                                                                                                                             | Street Address<br>1 Paragon Dr.                                                                                                                                                                                                              |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                                              | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Montvale, NJ                                                                                                                                                                                                        |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | Name of Contact<br>Mark Schaevitz                                                                                                                                                                                                            | Telephone Number _____                                                    |                                                                                                                                |                                               |                 |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Former A&P Headquarters                                                                                                                                                                                                                     |                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| Street Address<br>2 Paragon Way                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | Square Feet<br>200,000                                                                                                                                                                                                                       | # of Floors<br>3                                                          |                                                                                                                                |                                               |                 |        |             |           |
| City (5)<br>Montvale, NJ                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | Bldg. Age<br>50+                                                                                                                                                                                                                             |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| County (6)<br>Passaic                                                                                                                                                                                                                                                                               | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>Abandoned                                                                                                                                                                                         |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | ASCM No. _____                                                                                                                                                                                                                               | Name of Abatement Contractor (9)<br>Yannuzzi Environmental Services, Inc. |                                                                                                                                |                                               |                 |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Street Address<br>135 Kinnelon Rd.                                                                                                                                                                                                           |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               | City, State, Zip Code<br>Kinnelon, NJ 07405                                                                                                                                                                                                  |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | Telephone No. _____                                                                                                                                                                                                                          | Telephone No. 908-218-0880                                                |                                                                                                                                |                                               |                 |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | License No. 01228                                                                                                                                                                                                                            |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| Start Date (10)<br>11/15/17                                                                                                                                                                                                                                                                         | Scheduled Completion Date (11)<br>12-1-17                                                                                                                                                                     | Name of OSHA Monitor<br>Yannuzzi Environmental Services, Inc.                                                                                                                                                                                |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>ABANDONED</u> |                                                                                                                                                                                                               | Street Address<br>135 Kinnelon Rd. Suite 102                                                                                                                                                                                                 |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | City, State, Zip Code<br>Kinnelon, NJ 07405                                                                                                                                                                                                  |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                                   |                                                                                                                                                                                                               | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                        |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                           |                                                                                                                                |                                               |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)                                                                                                                                                                                                           | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                                                                                                                                                                              |                                                                           | Description of Asbestos Containing Material (ACM)<br>(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 |
| Elevators                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | x                                                                         | VAT                                                                                                                            | 400 SF                                        | x               |        |             |           |
| Computer Room                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | x                                                                         | Mastic                                                                                                                         | 900 SF                                        | x               |        |             |           |
| Roof                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | x                                                                         | Field roof "A"                                                                                                                 | 44,000 SF                                     | x               |        |             |           |
| Roof Flashing                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | x                                                                         | Roof perimeters                                                                                                                | 1,900 lf                                      | x               |        |             |           |
| Name of Registered Waste Hauler<br>Yannuzzi Group, Inc.                                                                                                                                                                                                                                             |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>17467                                                                                                                                                                                                           |                                                                           | Cubic Yards of Waste<br>200                                                                                                    | Name of Registered Landfill<br>GROWS/Fairless |                 |        |             |           |
| City, State<br>Kinnelon, NJ                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Disposal Date<br>Dec 1/2017                                                                                                                                                                                                                  |                                                                           | City, State<br>Morrisville/ Fairless Hills NJ                                                                                  |                                               |                 |        |             |           |
| Completed by<br>John Mucha                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Title<br>AHERA Project Designer                                                                                                                                                                                                              |                                                                           | Signature<br>                                                                                                                  |                                               | Date<br>11-1-17 |        |             |           |



PAID

CH 119

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

|                                         |  |
|-----------------------------------------|--|
| <b>RECEIVED</b>                         |  |
| NOV - 9 2017                            |  |
| <b>ASBESTOS CONTROL &amp; LICENSING</b> |  |

|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                          |                                                                                                                                |                           |                |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|-------------|
| Date of Notification (1)<br>11/6/2017                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>Tilcon New York Inc.                                                                                                                                                                                  |                                                          |                                                                                                                                |                           |                |        |             |
| Agencies Notified                                                                                                                                                                                                                                                                        | Type Notification                                                                                                                                                                                             | Street Address<br>9 Bergen Turnpike                                                                                                                                                                                                          |                                                          |                                                                                                                                |                           |                |        |             |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                        | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Little Ferry, NJ 07643                                                                                                                                                                                              |                                                          |                                                                                                                                |                           |                |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Name of Contact<br>Marko Stankovic, Project Manager                                                                                                                                                                                          |                                                          |                                                                                                                                |                           |                |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                          |                                                                                                                                |                           |                |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>N/A                                                                                                                                                                                                                              |                                                                                                                                                                                                               | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                          |                                                                                                                                |                           |                |        |             |
| Street Address<br>9 Bergen Turnpike                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Square Feet<br>10,000                                                                                                                                                                                                                        | # of Floors<br>1                                         |                                                                                                                                |                           |                |        |             |
| City (5)<br>Little Ferry                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | Bl g. Age<br>6)                                                                                                                                                                                                                              |                                                          |                                                                                                                                |                           |                |        |             |
| County (6)<br>Bergen                                                                                                                                                                                                                                                                     | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                                     | Current Use (Prior if being demolished)<br>unoccupied                                                                                                                                                                                        |                                                          |                                                                                                                                |                           |                |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Checkmark Industrial |                                                                                                                                |                           |                |        |             |
| Street Address                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | Street Address<br>54 Morgan Dr                                                                                                                                                                                                               |                                                          |                                                                                                                                |                           |                |        |             |
| City, State, Zip Code                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | City, State, Zip Code<br>Sparta NJ 07871                                                                                                                                                                                                     |                                                          |                                                                                                                                |                           |                |        |             |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Telephone No.<br>973-570-2645                                                                                                                                                                                                                | License No.<br>01334                                     |                                                                                                                                |                           |                |        |             |
| Start Date (10)<br>11/17/2017                                                                                                                                                                                                                                                            | Scheduled Completion Date (11)<br>11/22/2017                                                                                                                                                                  | Name of OSHA Monitor<br>Checkmark Industrial                                                                                                                                                                                                 |                                                          |                                                                                                                                |                           |                |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                               | Street Address<br>54 Morgan Dr                                                                                                                                                                                                               |                                                          |                                                                                                                                |                           |                |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | City, State, Zip Code<br>Sparta NJ 07871                                                                                                                                                                                                     |                                                          |                                                                                                                                |                           |                |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                          |                                                                                                                                |                           |                |        |             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                        |                                                                                                                                                                                                               | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                        |                                                          |                                                                                                                                |                           |                |        |             |
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                          |                                                                                                                                |                           |                |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                                                                             | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                                                                                                                                                                              |                                                          | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |
|                                                                                                                                                                                                                                                                                          | Yes                                                                                                                                                                                                           | No                                                                                                                                                                                                                                           | N/A                                                      |                                                                                                                                |                           | Removal        | Repair | Encapsulate |
| shop & electrical building                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               | X                                                                                                                                                                                                                                            |                                                          | roof flashing                                                                                                                  | 240 & 76 LF               | X              |        |             |
| trailer                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | X                                                                                                                                                                                                                                            |                                                          | floor tiles                                                                                                                    | 288 SF                    | X              |        |             |
| control house                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                               | X                                                                                                                                                                                                                                            |                                                          | floor tiles                                                                                                                    | 112 SF                    | X              |        |             |
| shop                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | X                                                                                                                                                                                                                                            |                                                          | floor tiles                                                                                                                    | 240 SF                    | X              |        |             |
| Name of Registered Waste Hauler<br>Atlantic Carting                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.                                                                                                                                                                                                                    | Cubic Yards of Waste                                     | Name of Registered Landfill<br>Waste Management                                                                                |                           |                |        |             |
| City, State<br>Wayne NJ                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              | Disposal Date                                            | City, State<br>Tullytown PA                                                                                                    |                           |                |        |             |
| Completed by<br>Corey Stankovic                                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Title<br>CEO                                                                                                                                                                                                                                 | Signature<br><i>Corey Stankovic</i>                      | Date<br>11/6/2017                                                                                                              |                           |                |        |             |



PAID

CH118

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

|                              |            |   |
|------------------------------|------------|---|
| R                            | RECEIVED   | D |
|                              | Print Form |   |
| NOV - 9 2017                 |            |   |
| ASBESTOS CONTROL & LICENSING |            |   |

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                             |                                                 |                   |         |        |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|---------|--------|-------------|
| Date of Notification (1)<br>11/6/2017                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | Name of Building Owner/Operator (2)<br>New Brunswick Urban Renewal, LLC                                                                                                                                                                      |                                                                                                                             |                                                 |                   |         |        |             |
| Agencies Notified                                                                                                                                                                                                                                                                  | Type Notification                                                                                                                                                                                                                | Street Address<br>1970 Brunswick Ave                                                                                                                                                                                                         |                                                                                                                             |                                                 |                   |         |        |             |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                                  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Lawrenceville NJ 08648                                                                                                                                                                                              |                                                                                                                             |                                                 |                   |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Name of Contact<br>Marko Stankovic, Project Manager                                                                                                                                                                                          |                                                                                                                             |                                                 |                   |         |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                             |                                                 |                   |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>North Brunswick Crescent Apartments                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |                                                                                                                             |                                                 |                   |         |        |             |
| Street Address<br>400 Crescent Court                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  | Square Feet<br>10,000                                                                                                                                                                                                                        | # of Floors<br>2                                                                                                            |                                                 |                   |         |        |             |
| City (5)<br>North Brunswick                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                  | Bldg. Age<br>60                                                                                                                                                                                                                              |                                                                                                                             |                                                 |                   |         |        |             |
| County (6)<br>Mercer                                                                                                                                                                                                                                                               | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                              | Current Use (Prior if being demolished)<br>unoccupied                                                                                                                                                                                        |                                                                                                                             |                                                 |                   |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | ASCM No.                                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br>Checkmark Industrial                                                                    |                                                 |                   |         |        |             |
| Street Address                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                  | Street Address<br>54 Morgan Dr                                                                                                                                                                                                               |                                                                                                                             |                                                 |                   |         |        |             |
| City, State, Zip Code                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                  | City, State, Zip Code<br>Sparta NJ 07871                                                                                                                                                                                                     |                                                                                                                             |                                                 |                   |         |        |             |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | Telephone No.<br>973-570-2445                                                                                                                                                                                                                | License No.<br>01334                                                                                                        |                                                 |                   |         |        |             |
| Start Date (10)<br>11/15/2017                                                                                                                                                                                                                                                      | Scheduled Completion Date (11)<br>11/20/2017                                                                                                                                                                                     | Name of OSHA Monitor<br>Checkmark Industrial                                                                                                                                                                                                 |                                                                                                                             |                                                 |                   |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |                                                                                                                                                                                                                                  | Street Address<br>54 Morgan Dr                                                                                                                                                                                                               |                                                                                                                             |                                                 |                   |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | City, State, Zip Code<br>Sparta NJ 07871                                                                                                                                                                                                     |                                                                                                                             |                                                 |                   |         |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                             |                                                 |                   |         |        |             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                                                  |                                                                                                                                                                                                                                  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                                             |                                                 |                   |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Exterior Building                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  | X                                                                                                                                                                                                                                            | window caulking                                                                                                             | 400 LF                                          | X                 |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                             |                                                 |                   |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                             |                                                 |                   |         |        |             |
|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                             |                                                 |                   |         |        |             |
| Name of Registered Waste Hauler<br>Atlantic Carting                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  | NJDEP Waste Hauler ID No.                                                                                                                                                                                                                    | Cubic Yards of Waste                                                                                                        | Name of Registered Landfill<br>Waste Management |                   |         |        |             |
| City, State<br>Wayne NJ                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                  | Disposal Date                                                                                                                                                                                                                                |                                                                                                                             | City, State<br>Tullytown PA                     |                   |         |        |             |
| Completed by<br>Corey Stankovic                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  | Title<br>CEO                                                                                                                                                                                                                                 | Signature<br>C Stankovic                                                                                                    |                                                 | Date<br>11/6/2017 |         |        |             |

PAID

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

chk # 3288

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                              |                                                 |                                                         |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>11 / 6 / 17                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Name of Building Owner/Operator (2)<br>Verizon                                                                                                                                                                                     |                          | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED<br/> NJ - 9 2017<br/> ASBESTOS CONTROL &amp; LICENSING </div>                                                                              |                                                 |                                                         |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA (NJAC 5:23-8)                                                                                                                                                                                                                                        |                                                                       | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |                          |                                                                                                                                                                                                                              |                                                 | Street Address<br>15 East Montgomery Place, Lower Level |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | City, State, Zip Code<br>Pittsburgh, PA 15212                                                                                                                                                                                      |                          |                                                                                                                                                                                                                              |                                                 | Name of Contact<br>Anthony Porta                        |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                              |                                                 | Telephone Number                                        |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                              |                                                 |                                                         |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Verizon Hackettstown CO                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                          | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                 |                                                         |                          |                          |                          |
| Street Address<br>114 Valentine St.                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                    |                          | Square Feet                                                                                                                                                                                                                  |                                                 |                                                         |                          |                          |                          |
| City (5)<br>Hackettstown                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                                                                                    |                          | # of Floors                                                                                                                                                                                                                  |                                                 |                                                         |                          |                          |                          |
| County (6)<br>Warren                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                    |                          | Bldg. Age                                                                                                                                                                                                                    |                                                 |                                                         |                          |                          |                          |
| County Code (7) (STATE USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Current Use (Prior if being demolished)                                                                                                                                                                                            |                          |                                                                                                                                                                                                                              |                                                 |                                                         |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>USA Environmental Management                                                                                                                                                                                                                                                                                                                                                        |                                                                       | ASCM No.                                                                                                                                                                                                                           |                          | Name of Abatement Contractor (9)<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                              |                                                 |                                                         |                          |                          |                          |
| Street Address<br>8436 Enterprise Ave                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                                                                                                                                                                    |                          | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                         |                                                 |                                                         |                          |                          |                          |
| City, State, Zip Code<br>Philadelphia, PA 19153                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                          | City, State, Zip Code<br>BRISTOL, PA 19007                                                                                                                                                                                   |                                                 |                                                         |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Mark Jenkins                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Telephone No.<br>215-365-5810                                                                                                                                                                                                      |                          | License No.<br>00509                                                                                                                                                                                                         |                                                 |                                                         |                          |                          |                          |
| Start Date (10)<br>11 / 29 / 17                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | Scheduled Completion Date (11)<br>12 / 8 / 17                                                                                                                                                                                      |                          | Name of OSHA Monitor<br>BRISTOL ENVIRONMENTAL, INC.                                                                                                                                                                          |                                                 |                                                         |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM                                                                                                                                                |                                                                       |                                                                                                                                                                                                                                    |                          | Street Address<br>1123 BEAVER STREET                                                                                                                                                                                         |                                                 |                                                         |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                                                                                                                                                                                                    |                          | City, State, Zip Code<br>BRISTOL, PA 19007                                                                                                                                                                                   |                                                 |                                                         |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                              |                                                 |                                                         |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                       |                                                                                                                                                                                                                                    |                          |                                                                                                                                                                                                                              |                                                 |                                                         |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)                                                                                                                                                                                                                                                                                                                                                      | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                                                                                                                                                                                                                    |                          | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)                                                                                              | Amount (Specify SF or LF)                       | Abatement Type                                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                                                                   | No                                                                                                                                                                                                                                 | N/A                      |                                                                                                                                                                                                                              |                                                 | Demolition                                              | Repair                   | Encapsulate              | Enclosure                |
| Basement AC Equipment Room #2                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> | Floor tile and Mastic                                                                                                                                                                                                        | 50 SF                                           | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement HSB Room                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> | Floor tile and Mastic                                                                                                                                                                                                        | 200 SF                                          | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement AC Equipment Room #1                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                   | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/> | Floor tile and Mastic                                                                                                                                                                                                        | 500 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"/> | Floor tile and Mastic                                                                                                                                                                                                        | 235 SF                                          | <input checked="" type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>SERVICE TRANSPORT GROUP, INC.                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | NJDEP Waste Hauler ID No.<br>20990                                                                                                                                                                                                 |                          | Cubic Yards of Waste                                                                                                                                                                                                         | Name of Registered Landfill<br>MINERVA LANDFILL |                                                         |                          |                          |                          |
| City, State<br>NEW CASTLE, DE 19720                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                                                                                    |                          | Disposal Date                                                                                                                                                                                                                | City, State<br>WAYNESBURG, OH 44688             |                                                         |                          |                          |                          |
| Completed By (Print or Type)<br>Brian Scafiro                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | Title<br>Estimator                                                                                                                                                                                                                 |                          | Signature<br>Brian Scafiro / JS                                                                                                                                                                                              |                                                 | Date<br>11-6-17                                         |                          |                          |                          |

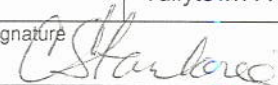


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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

|                              |            |  |   |
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| ASBESTOS CONTROL & LICENSING |            |  |   |

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>11/6/2017                                                                                                                                                                                                                   |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>NRG Energy Inc                                                                                                                                             |                                                                                                                             |
| Agencies Notified                                                                                                                                                                                                                                       | Type Notification                                                                                                                                                                                             | Street Address<br>315 Riegelsville Rd, Rt 627                                                                                                                                                     |                                                                                                                             |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                       | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Milford NJ 08848                                                                                                                                                         |                                                                                                                             |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Name of Contact<br>Marko Stankovic, Project Manager                                                                                                                                               | Telephone Number _____                                                                                                      |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                             |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                                                                             |
| Name of Facility Where Abatement is Taking Place (3)<br>N/A                                                                                                                                                                                             |                                                                                                                                                                                                               | Type of Facility (4)                                                                                                                                                                              |                                                                                                                             |
| Street Address<br>Route 31 & Rocky Run Road (CT's #A-1 thru #B-8) identical units                                                                                                                                                                       |                                                                                                                                                                                                               | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                                                                                                             |
| City (5)<br>Lebanon                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | Square Feet<br>8,000                                                                                                                                                                              | # of Floors<br>1                                                                                                            |
| County (6)<br>Hunterdon                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | County Code (7)<br>(STATE USE ONLY) _____                                                                                                                                                         | Edg. Age<br>'5                                                                                                              |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                                     |                                                                                                                                                                                                               | ASCM No. _____                                                                                                                                                                                    | Name of Abatement Contractor (9)<br>Checkmark Industrial                                                                    |
| Street Address                                                                                                                                                                                                                                          |                                                                                                                                                                                                               | Street Address<br>54 Morgan Dr                                                                                                                                                                    |                                                                                                                             |
| City, State, Zip Code                                                                                                                                                                                                                                   |                                                                                                                                                                                                               | City, State, Zip Code<br>Sparta NJ 07871                                                                                                                                                          |                                                                                                                             |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                     |                                                                                                                                                                                                               | Telephone No.                                                                                                                                                                                     | Telephone No.<br>973-570-2645                                                                                               |
| Start Date (10)<br>11/20/2017                                                                                                                                                                                                                           |                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>12/11/2017                                                                                                                                                      | License No.<br>01334                                                                                                        |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                                      |                                                                                                                                                                                                               | Name of OSHA Monitor<br>Checkmark Industrial                                                                                                                                                      |                                                                                                                             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____                      |                                                                                                                                                                                                               | Street Address<br>54 Morgan Dr                                                                                                                                                                    |                                                                                                                             |
|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | City, State, Zip Code<br>Sparta NJ 07871                                                                                                                                                          |                                                                                                                             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                                                                             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                                                                             |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                                                                             |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                                                                                                                                                                                                |                                                                                                                             |
| Interior                                                                                                                                                                                                                                                |                                                                                                                                                                                                               | X                                                                                                                                                                                                 | Electrical wire insulation                                                                                                  |
| Turbine units                                                                                                                                                                                                                                           |                                                                                                                                                                                                               | X                                                                                                                                                                                                 | gasket materials                                                                                                            |
| Exterior Unit & Oil Pipes                                                                                                                                                                                                                               |                                                                                                                                                                                                               | X                                                                                                                                                                                                 | cloth wrap & tar pipe wrap                                                                                                  |
| Motor Control Cabinets                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | X                                                                                                                                                                                                 | transite chutes                                                                                                             |
| Amount (Specify SF or LF)                                                                                                                                                                                                                               |                                                                                                                                                                                                               | Abatement Type                                                                                                                                                                                    |                                                                                                                             |
| +/- 1500 LF                                                                                                                                                                                                                                             |                                                                                                                                                                                                               | Removal                                                                                                                                                                                           | Repair                                                                                                                      |
| 20 SF                                                                                                                                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                                                                                                                   | Encapsulate                                                                                                                 |
| 280SF&120LF                                                                                                                                                                                                                                             |                                                                                                                                                                                                               |                                                                                                                                                                                                   | Enclosure                                                                                                                   |
| 2 SF                                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                                                                             |
| Name of Registered Waste Hauler<br>Atlantic Carting                                                                                                                                                                                                     |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No. _____                                                                                                                                                                   | Cubic Yards of Waste _____                                                                                                  |
| City, State<br>Wayne NJ                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | Name of Registered Landfill<br>Waste Management                                                                                                                                                   |                                                                                                                             |
| Disposal Date _____                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | City, State<br>Tullytown PA                                                                                                                                                                       |                                                                                                                             |
| Completed by<br>Corey Stankovic                                                                                                                                                                                                                         | Title<br>CEO                                                                                                                                                                                                  | Signature<br>                                                                                                 | Date<br>11/6/2017                                                                                                           |

PAID

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

chk # 3287

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>11 / 6 / 17</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    | Name of Building Owner/Operator (2)<br><b>Verizon</b>                                                                                                                                                                        |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)                                                                                                                                                                                                                                     | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>15 East Montgomery Place, Lower Level</b>                                                                                                                                                               |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>Pittsburgh, PA 15212</b>                                                                                                                                                                         |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | Name of Contact<br><b>Anthony Porta</b>                                                                                                                                                                                      | Telephone Number                                                                                                             |                                                        |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Verizon Ramsey CO</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                    | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| Street Address<br><b>36 N Franklin Turnpike</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| City (5)<br><b>Ramsey</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    | Square Feet                                                                                                                                                                                                                  | # of Floors                                                                                                                  |                                                        |                |                                     |                          |                          |                          |
| County (6)<br><b>Bergen</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    | County Code (7) (STATE USE ONLY)                                                                                                                                                                                             | Current Use (Prior if being demolished)                                                                                      |                                                        |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>USA Environmental Management</b>                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | ASCM No.                                                                                                                                                                                                                     | Name of Abatement Contractor (9)<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                       |                                                        |                |                                     |                          |                          |                          |
| Street Address<br><b>8436 Enterprise Ave</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Philadelphia, PA 19153</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mark Jenkins</b>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | Telephone No.<br><b>215-365-5810</b>                                                                                                                                                                                         | Telephone No.<br><b>215-788-6040</b>                                                                                         |                                                        |                |                                     |                          |                          |                          |
| License No.<br><b>00509</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| Start Date (10)<br><b>11 / 20 / 17</b>                                                                                                                                                                                                                                                                                                                                                                                                     | Scheduled Completion Date (11)<br><b>11 / 29 / 17</b>                                                                                                                                                                              | Name of OSHA Monitor<br><b>BRISTOL ENVIRONMENTAL, INC.</b>                                                                                                                                                                   |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM <b>5:00 PM-1:30 AM</b>                                                                                                                                       |                                                                                                                                                                                                                                    | Street Address<br><b>1123 BEAVER STREET</b>                                                                                                                                                                                  |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | City, State, Zip Code<br><b>BRISTOL, PA 19007</b>                                                                                                                                                                            |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |                                                                                                                              |                                                        |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><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                |
| Basement Mechanical Room                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                                                                          | Duct Insulation                                        | 800 SF         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Mechanical Room                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                                                                          | Pipe Insulation                                        | 120 LF         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                     |                                                        |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                     |                                                        |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>SERVICE TRANSPORT GROUP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    | NJDEP Waste Hauler ID No.<br><b>20990</b>                                                                                                                                                                                    | Cubic Yards of Waste                                                                                                         | Name of Registered Landfill<br><b>MINERVA LANDFILL</b> |                |                                     |                          |                          |                          |
| City, State<br><b>NEW CASTLE, DE 19720</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | Disposal Date                                                                                                                | City, State<br><b>WAYNESBURG, OH 44688</b>             |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Brian Scafiro</b>                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | Title<br><b>Estimator</b>                                                                                                                                                                                                    | Signature<br><i>Brian Scafiro /gr</i>                                                                                        |                                                        |                | Date<br><b>11-6-17</b>              |                          |                          |                          |

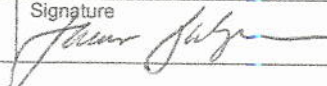


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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| ASBESTOS CONTROL & LICENSING |                            |   |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|--------------------|--------|-------------|
| Date of Notification (1)<br>11/02/2017                                                                                                                                                                                             |                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>Watchung Borough                                                                                                                                                                                      |                                                                                                                                |                                                                                                   |                |                    |        |             |
| Agencies Notified                                                                                                                                                                                                                  | Type Notification                                                                                                                                                                                             | Street Address<br>15 Mountain Boulevard                                                                                                                                                                                                      |                                                                                                                                |                                                                                                   |                |                    |        |             |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                             | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Watchung, NJ 07069                                                                                                                                                                                                  |                                                                                                                                |                                                                                                   |                |                    |        |             |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | Name of Contact<br>Tom Herits                                                                                                                                                                                                                | Telephone Number                                                                                                               |                                                                                                   |                |                    |        |             |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                                   |                |                    |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Abandoned Farm House                                                                                                                                                       |                                                                                                                                                                                                               | Type of Facility (4)                                                                                                                                                                                                                         |                                                                                                                                |                                                                                                   |                |                    |        |             |
| Street Address<br>666 Mountain Boulevard                                                                                                                                                                                           |                                                                                                                                                                                                               | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                            |                                                                                                                                |                                                                                                   |                |                    |        |             |
| City (5)<br>Watchung                                                                                                                                                                                                               |                                                                                                                                                                                                               | Square Feet<br>2000                                                                                                                                                                                                                          | # of Floors<br>2                                                                                                               |                                                                                                   |                |                    |        |             |
| County (6)<br>Somerset                                                                                                                                                                                                             |                                                                                                                                                                                                               | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                          | Bldg. Age<br>80                                                                                                                |                                                                                                   |                |                    |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RK Occupational & Environmental Analysis Inc                                                                                                                                |                                                                                                                                                                                                               | ASCM No.<br>0090                                                                                                                                                                                                                             | Name of Abatement Contractor (9)<br>Bako Construction & Restoration, Inc                                                       |                                                                                                   |                |                    |        |             |
| Street Address<br>401 St. James Avenue                                                                                                                                                                                             |                                                                                                                                                                                                               | Street Address<br>265A Route 46 Suite 3D                                                                                                                                                                                                     |                                                                                                                                |                                                                                                   |                |                    |        |             |
| City, State, Zip Code<br>Phillipsburg, NJ 08865                                                                                                                                                                                    |                                                                                                                                                                                                               | City, State, Zip Code<br>Totowa, NJ 07512                                                                                                                                                                                                    |                                                                                                                                |                                                                                                   |                |                    |        |             |
| Project Manager for Monitoring Firm<br>Jon Gilbert                                                                                                                                                                                 |                                                                                                                                                                                                               | Telephone No.<br>908-434-6316                                                                                                                                                                                                                | License No.<br>0666                                                                                                            |                                                                                                   |                |                    |        |             |
| Start Date (10)<br>11/16/2017                                                                                                                                                                                                      |                                                                                                                                                                                                               | Scheduled Completion Date (11)<br>11/18/2017                                                                                                                                                                                                 | Name of OSHA Monitor<br>Bako Construction & Restoration, Inc                                                                   |                                                                                                   |                |                    |        |             |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                 |                                                                                                                                                                                                               | Street Address<br>265A Route 46 Suite 3D                                                                                                                                                                                                     |                                                                                                                                |                                                                                                   |                |                    |        |             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |                                                                                                                                                                                                               | City, State, Zip Code<br>Totowa, NJ 07512                                                                                                                                                                                                    |                                                                                                                                |                                                                                                   |                |                    |        |             |
| Scope of Work (Check All That Apply)                                                                                                                                                                                               |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                                   |                |                    |        |             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf                                                                                                                                  |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition                                                                                                                                                        |                                                                                                                                |                                                                                                   |                |                    |        |             |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                |                                                                                                   |                |                    |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)                                                                                                                                       | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                                                                                                                         |                                                                                                                                                                                                                                              | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                                                         | Abatement Type |                    |        |             |
|                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                                           | No                                                                                                                                                                                                                                           |                                                                                                                                |                                                                                                   | N/A            | Removal            | Repair | Encapsulate |
| Basement                                                                                                                                                                                                                           |                                                                                                                                                                                                               | X                                                                                                                                                                                                                                            |                                                                                                                                | Pipe Insulation                                                                                   | 100 LF         | X                  |        |             |
| Basement                                                                                                                                                                                                                           |                                                                                                                                                                                                               | X                                                                                                                                                                                                                                            |                                                                                                                                | Furnace insulation                                                                                | 16 SF          | X                  |        |             |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                                   |                |                    |        |             |
|                                                                                                                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                                   |                |                    |        |             |
| Name of Registered Waste Hauler<br>Bako Construction & Restoration Inc                                                                                                                                                             |                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>20889                                                                                                                                                                                                           | Cubic Yards of Waste<br>15                                                                                                     | Name of Registered Landfill<br>Tullytown Resource Recovery Facility                               |                |                    |        |             |
| City, State<br>Totowa, NJ                                                                                                                                                                                                          |                                                                                                                                                                                                               | Disposal Date<br>11/18/2017                                                                                                                                                                                                                  |                                                                                                                                | City, State<br>Tullytown, PA                                                                      |                |                    |        |             |
| Completed by<br>Damir Valjevac                                                                                                                                                                                                     |                                                                                                                                                                                                               | Title<br>Project Manager                                                                                                                                                                                                                     |                                                                                                                                | Signature<br> |                | Date<br>11/02/2017 |        |             |



**PAID**

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

B & G proj. #: 2017-156Check # 8679

|                                                            |                                             |                                                  |  |                                                                                                                                                                               |
|------------------------------------------------------------|---------------------------------------------|--------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br><u>11/10/16</u> / <u>11/17</u> |                                             | Name of Building Owner/Operator (2)<br>Lee Tracy |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/>         NOV - 9 2017<br/>         ASBESTOS CONTROL &amp; LICENSING       </div> |
| Agencies Notified                                          | Type Notification                           | Street Address<br>[REDACTED]                     |  |                                                                                                                                                                               |
| <input type="checkbox"/> EPA                               | <input checked="" type="checkbox"/> Initial | City, State, Zip Code<br>Midland Park, NJ 07432  |  |                                                                                                                                                                               |
| <input type="checkbox"/> DEP                               | <input type="checkbox"/> Amendment          | Name of Contact<br>Lee Tracy                     |  |                                                                                                                                                                               |
| <input checked="" type="checkbox"/> DOL                    | <input type="checkbox"/> Cancellation       | Telephone Number                                 |  |                                                                                                                                                                               |
| <input checked="" type="checkbox"/> DOH                    |                                             |                                                  |  |                                                                                                                                                                               |
| <input type="checkbox"/> DCA                               |                                             |                                                  |  |                                                                                                                                                                               |

## FACILITY INFORMATION

|                                                                                                                                                                                                                                                                                                          |                      |                                           |                                                                                                                                                                                                                |  |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>Lee Tracy                                                                                                                                                                                                                                        |                      |                                           | Type of Facility (4)<br><input type="checkbox"/> School (K - 2)<br><input type="checkbox"/> Subchapter ε (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Home, etc.) |  |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                             |                      |                                           | Square Feet    # of Floors    Bldg. Age                                                                                                                                                                        |  |                         |
| City (5)<br>Midland Park, NJ 07432                                                                                                                                                                                                                                                                       | County (6)<br>Bergen | County Code (7)<br>(State use only)       | Current Use (Prior if being demolished)<br>residential                                                                                                                                                         |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)                                                                                                                                                                                                                                                         |                      | ASCM No.<br>n/a                           | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.                                                                                                                                                    |  |                         |
| Street Address                                                                                                                                                                                                                                                                                           |                      |                                           | Street Address<br>105 Ryerson Road                                                                                                                                                                             |  |                         |
| City, State, Zip Code                                                                                                                                                                                                                                                                                    |                      |                                           | City, State, Zip Code<br>Lincoln Park, NJ 07035                                                                                                                                                                |  |                         |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                      |                      | Phone Number                              | Telephone Number<br>(973)696-6869                                                                                                                                                                              |  | Licence Number<br>00378 |
| Scheduled Start Date (10)<br>11/17/2017                                                                                                                                                                                                                                                                  |                      | Sched. Completion Date (11)<br>11/18/2017 | Name of OSHA Monitor<br>B & G Restoration, Inc.                                                                                                                                                                |  |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |                      |                                           | Street Address<br>105 Ryerson Road                                                                                                                                                                             |  |                         |
|                                                                                                                                                                                                                                                                                                          |                      |                                           | City, State, Zip Code<br>Lincoln Park, NJ 07035                                                                                                                                                                |  |                         |

## Scope of Work (check all that apply)

- |                                                    |                                             |                                                               |                                                        |
|----------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Demolition                | <input type="checkbox"/> Renovation         | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glib bag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> No friable procedure          |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove                              | Repair                   | Encap                    | Encl                     |
|------------------------------------------------------------------------|----------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                                        | Yes                                                                  | No | N/A                                 |                                                   |                           |                                     |                          |                          |                          |
| Basement                                                               |                                                                      |    | <input checked="" type="checkbox"/> | pipe Insulation                                   | 66 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"/> |

|                                                    |                              |                                  |                                                                     |
|----------------------------------------------------|------------------------------|----------------------------------|---------------------------------------------------------------------|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>1        | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>11/20/2017  | City, State<br>Tullytown, PA     |                                                                     |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> | Date<br>11/06/2017                                                  |



PAID

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

B &amp; G proj. #: 2017-133

Check # 8678

|                                                                                                                                                                                                         |  |                                                       |  |                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1)<br>11/10/17                                                                                                                                                                    |  | Name of Building Owner/Operator (2)<br>Jack Van Orden |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED<br/>NOV - 9 2017<br/>ASBESTOS CONTROL &amp; REMEDIATION </div> |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA |  | Street Address<br>[REDACTED]                          |  |                                                                                                                                                  |
| Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amendment<br><input type="checkbox"/> Cancellation                                                         |  | City, State, Zip Code<br>Morris Plains, NJ 07950      |  |                                                                                                                                                  |
|                                                                                                                                                                                                         |  | Name of Contact<br>Jack Van Orden                     |  |                                                                                                                                                  |

## FACILITY INFORMATION

|                                                                                                                                                                                                                                                                                                          |                      |                                           |                                                                                                                                                                                                                |  |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| Name of facility where abatement is taking place (3)<br>Jack Van Orden                                                                                                                                                                                                                                   |                      |                                           | Type of Facility (4)<br><input type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter (Other than K-12)<br><input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |  |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                             |                      |                                           | Square Feet    # of Floors    Bldg. Age                                                                                                                                                                        |  |                         |
| City (5)<br>Morris Plains                                                                                                                                                                                                                                                                                | County (6)<br>Morris | County Code (7)<br>(State use only)       | Current Use (Prior if being demolished)<br>residential                                                                                                                                                         |  |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>[REDACTED]                                                                                                                                                                                                                                           |                      | ASCM No.<br>n/a                           | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.                                                                                                                                                    |  |                         |
| Street Address<br>[REDACTED]                                                                                                                                                                                                                                                                             |                      |                                           | Street Address<br>105 Ryerson Road                                                                                                                                                                             |  |                         |
| City, State, Zip Code<br>[REDACTED]                                                                                                                                                                                                                                                                      |                      |                                           | City, State, Zip Code<br>Lincoln Park, NJ 07035                                                                                                                                                                |  |                         |
| Project Manager for Monitoring Firm<br>[REDACTED]                                                                                                                                                                                                                                                        |                      | Phone Number<br>[REDACTED]                | Telephone Number<br>(973)696-6869                                                                                                                                                                              |  | Licence Number<br>00378 |
| Scheduled Start Date (10)<br>11/16/2017                                                                                                                                                                                                                                                                  |                      | Sched. Completion Date (11)<br>11/17/2017 | Name of OSHA Monitor<br>B & G Restoration, Inc.                                                                                                                                                                |  |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____<br><input type="checkbox"/> Other-Describe: _____ |                      |                                           | Street Address<br>105 Ryerson Road                                                                                                                                                                             |  |                         |
|                                                                                                                                                                                                                                                                                                          |                      |                                           | City, State, Zip Code<br>Lincoln Park, NJ 07035                                                                                                                                                                |  |                         |

## Scope of Work (check all that apply)

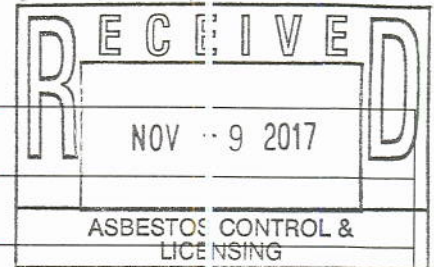
- ☐ Demolition    ☐ Renovation    ☐ Full Containment w/negative pressure    ☒ Glc webag procedure  
☒ >3 sf or >3 lf    ☐ ≥160 sf or ≥260 lf    ☒ Mini-enclosure    ☐ Non friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p    | E<br>n<br>c<br>l         |
|------------------------------------------------------------------------|----------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
|                                                                        | Yes                                                                  | No | N/A                                 |                                                   |                           |                                     |                            |                          |                          |
| boiler room, main room, hallway, bathroom & laundry rm                 |                                                                      |    | <input checked="" type="checkbox"/> | pipe insulation                                   | 110 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"/> |

|                                                    |                              |                                  |                                                                     |
|----------------------------------------------------|------------------------------|----------------------------------|---------------------------------------------------------------------|
| Registered Waste Hauler<br>B & G Restoration, Inc. | NJDEP Hauler ID#<br>19563    | Cubic Yards of Waste<br>1 1/2    | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |
| City, State<br>Lincoln Park, NJ                    | Disposal Date<br>11/20/2017  | City, State<br>Tullytown, PA     |                                                                     |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i> | Date<br>11.06/2017                                                  |



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



| Date of Notification (1)<br>11/06/2017                                                                                                                                                                                                       |                                                                                                                                                                                                                                               | Name of Building Owner/Operator (2)<br>City of Trenton                                                                                                                                            |                             |                                                                                                                             |                           |                  |        |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified                                                                                                                                                                                                                            | Type Notification                                                                                                                                                                                                                             | Street Address<br>319 E. State St.                                                                                                                                                                |                             |                                                                                                                             |                           |                  |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                                                  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input checked="" type="checkbox"/> Amendment # 1<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Trenton, NJ 08006                                                                                                                                                        |                             |                                                                                                                             |                           |                  |        |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               | Name of Contact<br>Hank Guarnieri                                                                                                                                                                 | Telephone Number            |                                                                                                                             |                           |                  |        |             |           |
| <b>FACILITY INFORMATION</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |                             |                                                                                                                             |                           |                  |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>ABANDONED HOUSE                                                                                                                                                                      |                                                                                                                                                                                                                                               | Type of Facility (4)                                                                                                                                                                              |                             |                                                                                                                             |                           |                  |        |             |           |
| Street Address<br>1026-28 Stuyvesant Ave.                                                                                                                                                                                                    |                                                                                                                                                                                                                                               | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                             |                                                                                                                             |                           |                  |        |             |           |
| City (5)<br>Trenton                                                                                                                                                                                                                          | Square Feet<br>3000                                                                                                                                                                                                                           | # of Floors<br>2                                                                                                                                                                                  | Bldg. Age<br>50+            |                                                                                                                             |                           |                  |        |             |           |
| County (6)<br>Mercer                                                                                                                                                                                                                         | County Code (7)<br>(STATE USE ONLY)                                                                                                                                                                                                           | Current Use (Prior if being demolished)<br>ABANDONED                                                                                                                                              |                             |                                                                                                                             |                           |                  |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)                                                                                                                                                                                          |                                                                                                                                                                                                                                               | ASCM No.                                                                                                                                                                                          |                             |                                                                                                                             |                           |                  |        |             |           |
| Street Address                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               | Name of Abatement Contractor (9)<br>Yannuzzi Environmental Services, Inc.                                                                                                                         |                             |                                                                                                                             |                           |                  |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                        |                                                                                                                                                                                                                                               | Street Address<br>135 Kinnelon Rd Suite 102                                                                                                                                                       |                             |                                                                                                                             |                           |                  |        |             |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                          |                                                                                                                                                                                                                                               | Telephone No.<br>908-218-0880                                                                                                                                                                     | License No.<br>01228        |                                                                                                                             |                           |                  |        |             |           |
| Start Date (10)<br>11/9/17                                                                                                                                                                                                                   | Scheduled Completion Date (11)<br>11/20/17                                                                                                                                                                                                    | Name of OSHA Monitor<br>Yannuzzi Environmental Services, Inc.                                                                                                                                     |                             |                                                                                                                             |                           |                  |        |             |           |
| Occupancy Status During Abatement (Check Only One)                                                                                                                                                                                           |                                                                                                                                                                                                                                               | Street Address<br>135 Kinnelon Rd Suite 102                                                                                                                                                       |                             |                                                                                                                             |                           |                  |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:                 |                                                                                                                                                                                                                                               | City, State, Zip Code<br>Kinnelon, NJ 07405                                                                                                                                                       |                             |                                                                                                                             |                           |                  |        |             |           |
| Scope of Work (Check All That Apply)                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |                             |                                                                                                                             |                           |                  |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition                                                                    |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |                             |                                                                                                                             |                           |                  |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |                             |                                                                                                                             |                           |                  |        |             |           |
| Location of Asbestos-Containing Material (ACM) 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 |
| RACM                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   | X                           | RACM                                                                                                                        | 3,000                     |                  |        |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |                             |                                                                                                                             |                           |                  |        |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |                             |                                                                                                                             |                           |                  |        |             |           |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                               |                                                                                                                                                                                                   |                             |                                                                                                                             |                           |                  |        |             |           |
| Name of Registered Waste Hauler<br>Yannuzzi Group, Inc.                                                                                                                                                                                      |                                                                                                                                                                                                                                               | NJDEP Waste Hauler ID No.<br>17467                                                                                                                                                                | Cubic Yards of Waste<br>100 | Name of Registered Landfill<br>GROWS/FAIRLESS                                                                               |                           |                  |        |             |           |
| City, State<br>Kinnelon, NJ                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               | Disposal Date<br>10/20/17                                                                                                                                                                         |                             | City, State<br>Fairless Hills Pa                                                                                            |                           |                  |        |             |           |
| Completed by<br>John Mucha                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               | Title<br>Project Designer                                                                                                                                                                         |                             | Signature                                                                                                                   |                           | Date<br>11/16/17 |        |             |           |