

CK# 4366

PAID

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

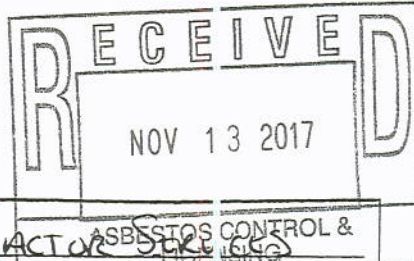
RECEIVED
NOV 13 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>11-3-17</u>		Name of Building Owner/Operator (2) <u>J.W.R. CONSTRUCTION INC.</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 36</u>	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code <u>MOORESTOWN N.J. 08057</u>	
		Name of Contact <u>MIKE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>OCEAN CITY</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	Bldg. Age <u>50+</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00414</u>
Start Date (10) <u>11-13-17</u>	Scheduled Completion Date (11) <u>11-21-17</u>	Name of OSHA Monitor <u>N/A.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>		<u>X</u>	<u>TRIAWISITE</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	Name of Registered Landfill <u>C.M.C.M.I.A.</u>
			City, State <u>WOODBINE</u>
Completed By <u>MICHAEL KLOMM</u>	Title <u>Sup.</u>	Signature <u>[Signature]</u>	Date <u>11-3-17</u>

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



Date of Notification (1) <u>11-3-17</u>		Name of Building Owner/Operator (2) <u>AMERICAN CONTRACTOR SERVICES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2547 FIRE RD. SUITE 4-1</u> City, State, Zip Code <u>EGG HARBOR TWP. N.J. 08234</u> Name of Contact <u>STAN</u> Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1000</u>	
City (5) <u>LONG PORT</u>		# of Floors <u>1</u>	
County (6) <u>ATLANTIC</u>		Bldg. Age <u>50+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>11-13-17</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>11-20-17</u>		Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>		<u>X</u>	<u>TRANSITE</u>
			<u>2500SF</u>
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Name of Registered Landfill <u>C.M.C.M.U.A</u>	
Disposal Date		City, State <u>WOODBINE</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>11-3-17</u>

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

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NOV 13 2017

Date of Notification (1) <u>11-3-17</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 7TH ST.</u>	ASBESTOS CONTROL & LICENSING				
City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>		Name of Contact <u>FRANIC</u>					
Telephone Number							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <u>1500</u>					
City (5) <u>AVALON</u>		# of Floors <u>1</u>					
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>					
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Telephone No.		Telephone No. <u>856-779-0472</u>					
Start Date (10) <u>11-13-17</u>		License No. <u>00444</u>					
Scheduled Completion Date (11) <u>11-20-17</u>		Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRIA SITE</u>	Amount (Specify SF or LF) <u>2250 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NUDEP Waste Hauler ID No. <u>19904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.H.</u>			
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>				
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>11-3-17</u>		

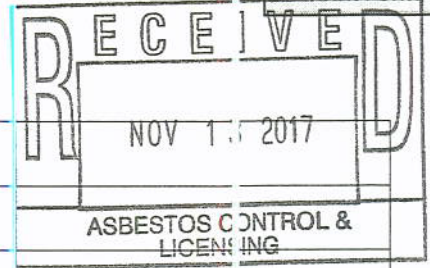
ASB-41

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

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

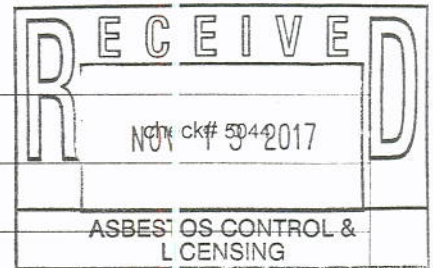
Print Form



CK # 60062

Date of Notification (1) 11/6/17		Name of Building Owner/Operator (2) Andrzej Kowal							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code DEMAREST NJ 07627							
		Name of Contact ANDRZEJ							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1344	# of Floors 2						
City (5) Demarest		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 11/20/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Siding	2000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/20/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

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



Date of Notification (1) 10/31/2017		Name of Building Owner/Operator (2) Montclair State University							
Agencies Notified	Type Notification	Street Address 1 Normal Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043							
		Name of Contact Erick Fernandez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Montclair State University, College Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)							
Street Address 1 Normal Ave		Square Feet 30,000	# of Floors 50+						
City (5) Montclair		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Ave		Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Nadine Bello		Telephone No. 201-569-6078	License No. 01104						
Start Date (10) 11/10/17	Scheduled Completion Date (11) 01/10/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>start 7 am</u>		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior-Manhole			xx	Pipe Insulation	250 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey		Disposal Date 01/10/2018		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 10/1/2017		

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CK 2833

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



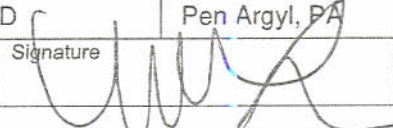
Date of Notification (1) 11/7/17		Name of Building Owner/Operator (2) Caitlin Roth		4695	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address North Union LA	
		City, State, Zip Code Atlanta, Georgia		30339	
		Name of Contact Eric Plackis		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address					
City (5) Fairview				Square Feet 1500	
County (6) Union				# of Floors 2	
County Code (7) (STATE USE ONLY)				Bldg. Age 66	
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) None	
ASCM No.				Name of Abatement Contractor (9) Brick Industries Inc.	
Street Address				Street Address P.O. Box 915	
City, State, Zip Code				City, State, Zip Code Brick, New Jersey 08723	
Project Manager for Monitoring Firm				Telephone No. (732)899-7499	
Telephone No.				License No. 01196	
Start Date (10) 11/8/17		Scheduled Completion Date (11) 11/29/17		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	N/A		
				Floor tile	300 SF
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 5	
City, State Brick, New Jersey		Disposal Date 11/29/17		Name of Registered Landfill GROWS Inc.	
City, State PA		Signature Eric Plackis		Date 11/7/17	
Completed by Eric Plackis		Title President			

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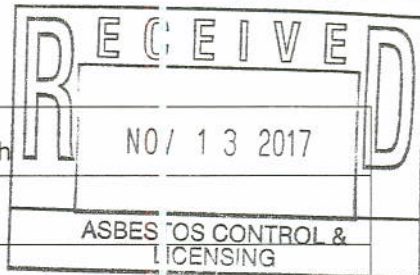
Print Form

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

RECEIVED	NOV 13 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/3/2017		Name of Building Owner/Operator (2) Jonathan Lamstein	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pamona, NY 10970	
		Name of Contact Jonathan Lamstein	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Above & Beyond Catering		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 56-74 Courtland Avenue		Square Feet 10,300	# of Floors 1
City (5) Dumont		Bldg. Age 1950's	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Catering Facility	
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.
Street Address 1130 West Chestnut Street		Street Address 1360 Clifton Avenue, Unit 365	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 01036
Start Date (10) 11/6/2017	Scheduled Completion Date (11) 11/6/2017	Name of OSHA Monitor Incinia Contracting, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Monday to Friday, 7AM - 5PM / 3PM-10PM		Street Address 1360 Clifton Avenue, Unit 365	
		City, State, Zip Code Clifton, NJ 07012	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Freezer Commissary Room		X	X
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641/JA464	Cubic Yards of Waste 40
City, State Wayne, NJ		Name of Registered Landfill Grand Central Sanitary Landfill Corp.	
		Disposal Date TBD	City, State Pen Argyl, PA
Completed by Milena Zoric	Title Director	Signature 	Date 11/1/2017

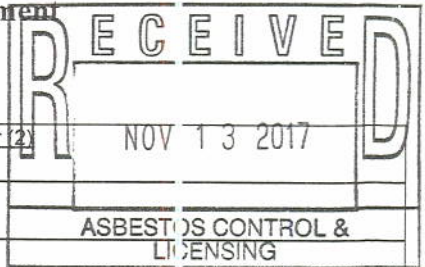
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) Nov 02-2017 Check #3080		Name of Building Owner/Operator (2) Blessed Sacrament Roman Catholic Church							
Agencies Notified	Type Notification	Street Address 1096 North Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07201							
		Name of Contact Fr. Gerardo Gallo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Blessed Sacrament Roman Catholic Church-Rectory		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1096 North Avenue		Square Feet 40,000	# of Floors 4						
City (5) Elizabeth		Bldg. Age 60+							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Rectory Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corp						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.	License No. 01074						
Start Date (10) 11/03/2017	Scheduled Completion Date (11) 11/04/2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Startin 8 AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN AREA		x		Duct Insulation-wrap & cut	16 SF	x			
				Pipe Insulation	16 LF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 			Date 11/2/2017		

PAID

State of New Jersey - Notification of Asbestos Abatement



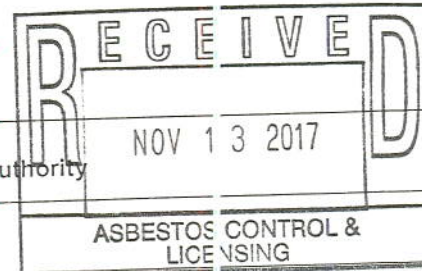
CK 3055

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)


Date of Notification (1) November 6, 2017			Name of Building Owner/Operator (2) Victoria Tafaro		
Agencies Notified X EPA DCA xDOL XDEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address [REDACTED]	
				City, State, Zip Code Bloomington, NJ 07405	
		Name of Contact Victoria Tufaro		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 80 years		
City (5) Bloomington	County (6) Passaic	County Code (7) (State Use Only)	Current Use (prior if being demolished):		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 20-21 Wagaraw Road, Bldg # 34A			Street Address 511 MAIN STREET		
City, State, Zip Code Fairlawn, NJ 07410			City, State, Zip Code Butler, NJ 07405		
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) November 15, 2017		Scheduled Completion Date (11) November 21, 2017		Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, NJ 08854		
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Basement		<input checked="" type="checkbox"/> Pipe & Fitting Insulation		70'	<input checked="" type="checkbox"/>
Attic		<input checked="" type="checkbox"/> Vermiculite		500 sf	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 15	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #				Disposal Date November 21, 2017	City, State Route 2, Box 68 Bridgeport, WVA 04-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551					
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER		Signature <i>Marin Graure</i>	
				Date November 6, 2017	

GAC # 2017-621

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



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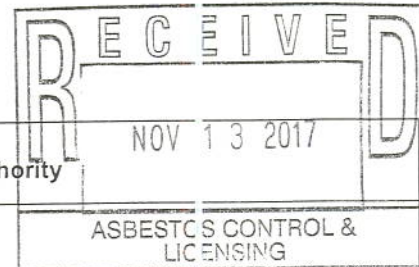
Date of Notification (1) <u>11</u> / <u>3</u> / <u>17</u>		Name of Building Owner/Operator (2) New Jersey Schools Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Front St.							
		City, State, Zip Code Trenton, NJ 08625-0991							
		Name of Contact Andrew Oakley							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Camden High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K 12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1700 Park Blvd.		Square Feet 175,000	# of Floors 3						
City (5) Camden		Bldg. Age +/- 50							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
Street Address 1805 Atlantic Avenue		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Manasquan NJ 08736		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Gary Fleming		Telephone No. 732-223-2225	License No. 001156						
Start Date (10) <u>10</u> / <u>05</u> / <u>17</u>	Scheduled Completion Date (11) <u>01</u> / <u>26</u> / <u>18</u>	Name of OSHA Monitor USA Environmental Management, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>5:30</u> PM / <u> </u> PM- <u> </u> AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specif / SF or L ²)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Building Crawlspace and Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Insulation Debris	40,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Pipe insulation	180 L ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	79,670 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 127, 127 A, 128 B, 128 C&D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Ceiling	1,900 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 1/26/18	City, State Minerva, OH						
Completed By (Print or Type) Kevin Meldrum		Title Project Manager	Signature 				Date 11-6-17		

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



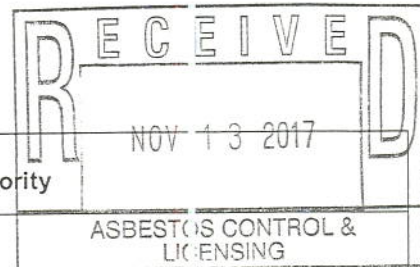
Date of Notification (1) <u>11</u> / <u>6</u> / <u>17</u>		Name of Building Owner/Operator (2) New Jersey Schools Development Authority		NOV 13 2017	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Front St. City, State, Zip Code Trenton, NJ 08625-0991 Name of Contact Andrew Oakley		ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Camden High School Street Address 1700 Park Blvd. City (5) Camden County (6) Camden				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet 175,000 # of Floors 3 Bldg. Age +/- 50 County Code (7)(STATE USE ONLY) Vacant Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc. Street Address 1805 Atlantic Avenue City, State, Zip Code Manasquan NJ 08736 Project Manager for Monitoring Firm Gary Fleming Start Date (10) <u>10</u> / <u>05</u> / <u>17</u>		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc. Street Address 8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153 Telephone No. 215-365-5810 License No. 001156		
Scheduled Completion Date (11) <u>01</u> / <u>26</u> / <u>18</u>		Name of OSHA Monitor USA Environmental Management, Inc. Street Address 8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00 AM-5:30PM</u> / <u> </u> PM - <u> </u> AM					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure	
Main Building Crawlspace and Chase	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Air Cell Insulation Debris	40,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Main Building Chase	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Air Cell Pipe insulation	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Throughout Building	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Floor Tile and Mastic	79,670 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room 127 , 127 A, 128 B, 128 C&D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Plaster Ceiling	1,900 SF	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 1/26/18	City, State Minerva, OH		
Completed By (Print or Type) Kevin Meldrum	Title Project Manager	Signature 	Date 11-6-17		

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



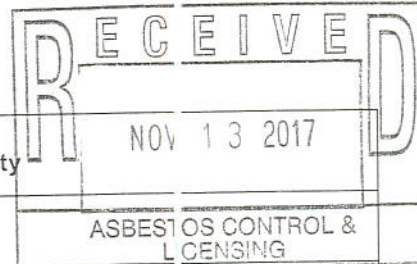
Date of Notification (1) <u>11</u> / <u>6</u> / <u>17</u>		Name of Building Owner/Operator (2) New Jersey Schools Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Front St.	ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code Trenton, NJ 08625-0991							
		Name of Contact Andrew Oakley	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Camden High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1700 Park Blvd.		Square Feet 175,000	# of Floors 3						
City (5) Camden		Bldg. Age +/- 50							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
Street Address 1805 Atlantic Avenue		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Manasquan NJ 08736		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Gary Fleming	Telephone No. 732-223-2225	Telephone No. 215-365-5810	License No. 001156						
Start Date (10) <u>10</u> / <u>05</u> / <u>17</u>	Scheduled Completion Date (11) <u>01</u> / <u>26</u> / <u>18</u>	Name of OSHA Monitor USA Environmental Management, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>5:30</u> PM / <u> </u> PM- <u> </u> AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Lining (Small & Large Boilers)	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Stop Patch	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room (Roof Top Mech. Rm)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gaskets	160 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Building Connector	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	600 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 1/26/18		City, State Minerva, OH					
Completed By (Print or Type) Kevin Meldrum	Title Project Manager	Signature 				Date 11-6-17			

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



Date of Notification (1) 11 / 6 / 17		Name of Building Owner/Operator (2) New Jersey Schools Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Front St. City, State, Zip Code Trenton, NJ 08625-0991 Name of Contact Andrew Oakley							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Camden High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1700 Park Blvd.									
City (5) Camden	Square Feet 175,000	# of Floors 3	Bldg. Age +/- 50						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
Street Address 1805 Atlantic Avenue		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Manasquan NJ 08736		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Gary Fleming	Telephone No. 732-223-2225	Telephone No. 215-365-5810	License No. 001156						
Start Date (10) 10 / 05 / 17	Scheduled Completion Date (11) 01 / 26 / 18	Name of OSHA Monitor USA Environmental Management, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-5:30 PM		Street Address 8436 Enterprise Avenue City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Doors & Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	25,760 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof (302, parapet, coping, tar patch)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	3,162 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks (102 & 104)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic Under Coating	10 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 1/26/18	City, State Minerva, OH						
Completed By (Print or Type) Kevin Meldrum	Title Project Manager	Signature 				Date 11-6-17			

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



Date of Notification (1)
11 / 06 / 17

Name of Building Owner/Operator (2)
New Jersey Schools Development Authority

Agencies Notified

☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification

☐ Initial
☒ Amended
Amendment #001
☐ Emergency (including justification)
☐ Cancellation

Street Address

32 E. Front St.

City, State, Zip Code

Trenton, NJ 08625-0991

Name of Contact

Andrew Oakley

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Former Camden High School

Street Address

1700 Park Blvd.

Type of Facility (4)

☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (i.e., private and commercial buildings, homes, etc.)

City (5)

Camden

Square Feet

72000

of Floors

2

Bldg. Age

+/- 50

County (6)

Camden

County Code (7)(STATE USE ONLY)

Current Use (Prior if being demolished)

Vacant

Name of Monitoring Firm Hired by Building Owner (8)

Brinkerhoff Environmental Services Inc.

ASCM No.

Name of Abatement Contractor (9)

USA Environmental Management, Inc.

Street Address

1805 Atlantic Avenue

Street Address

8436 Enterprise Avenue

City, State, Zip Code

Manasquan NJ 08736

City, State, Zip Code

Philadelphia, PA 19153

Project Manager for Monitoring Firm

Gary Fleming

Telephone No.

732-223-2225

Telephone No.

215-365-5810

License No.

001156

Start Date (10)

10 / 02 / 17

Scheduled Completion Date (11)

01 / 26 / 18

Name of OSHA Monitor

USA Environmental Management, Inc.

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 7:00 AM-5:30 PM / PM - AM

Street Address

8436 Enterprise Avenue

City, State, Zip Code

Philadelphia, PA 19153

Scope of Work (Check all that apply)

☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
A-Pod Throughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	7,550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-Pod Throughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	13,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-Pod Throughout Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	46,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	14,700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler

Service Transport Group

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
300

Name of Registered Landfill

Minerva Landfill

City, State

New Castle, DE

Disposal Date
1/26/18

City, State
Minerva, OH

Completed By (Print or Type)

Kevin Meldrum

Title

Project Manager

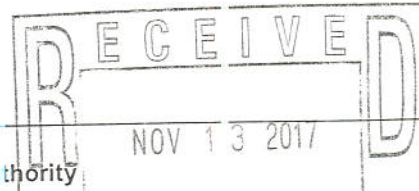
Signature

[Signature]

Date

11-6-17

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



Date of Notification (1) 11 / 06 / 17		Name of Building Owner/Operator (2) New Jersey Schools Development Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 E. Front St.	ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code Trenton, NJ 08625-0991							
		Name of Contact Andrew Oakley	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Camden High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1700 Park Blvd.		Square Feet 72000	# of Floors 2						
City (5) Camden		Bldg. Age +/- 50							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 1805 Atlantic Avenue		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Manasquan NJ 08736		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Gary Fleming	Telephone No. 732-223-2225	Telephone No. 215-365-5810	License No. 001156						
Start Date (10) 10 / 02 / 17	Scheduled Completion Date (11) 01 / 26 / 18	Name of OSHA Monitor USA Environmental Management, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-5:30 PM PM- AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 75 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing		<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 Service Transport Group		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 1/26/18	City, State Minerva, OH						
Completed By (Print or Type) Kevin Meldrum	Title Project Manager	Signature 		Date 11-6-17					

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

RECEIVED	
NOV 13 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPM)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 504 Bay Point Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/17		Scheduled Completion Date (11) 3/1/18	License No. 01172						
Name of OSHA Monitor Health & Safety Services, Inc.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			Remove	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	X			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature Ei Keys			Date 11/06/2017			

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Print Form

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

RECEIVED	
NOV 13 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 506 Bay Point Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
		License No. 01172							
Start Date (10) 11/7/17	Scheduled Completion Date (11) 31.1.18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	X			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 31.1.18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature Eric Keys			Date 11/06/2017			

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

Print Form	
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NOV 13 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street	City, State, Zip Code Trenton, NJ 08625						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 512 Bay Point Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedarville		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/7/17		Scheduled Completion Date (11) 3/1/18	License No. 01172						
Name of OSHA Monitor Health & Safety Services, Inc.									
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 365							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			Remove	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	X			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature Eric Keys			Date 11/06/2017			

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

<div>Print Form</div> <div>RECEIVED</div> <div>NOV 3 2017</div>	
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Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	33 West State Street							
		City, State, Zip Code							
		Trenton, NJ 08625							
		Name of Contact	Telephone Number						
		William Byster							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 520 Bay Point Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedarville		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
			License No. 01172						
Start Date (10) 11/1/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 365							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>vacant</u>		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	X			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/06/2017			

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

Print Form	
RECEIVED	
NOV 13 2017	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625	Telephone Number						
		Name of Contact William Byster							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 524 Bay Point Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedarville		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/17/17		Scheduled Completion Date (11) 3/1/18	License No. 01172						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Health & Safety Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	X			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township		Disposal Date 3/1/18		City, State Morrisville, PA 19067/Br dgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/06/2017			

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

RECEIVED	Print Form
	NOV 13 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 526 Bay Point Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Eridgeton, NJ					
Completed by Eric Keys		Title OM	Signature Eric Keys			Date 11/16/2017			



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

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 528 Bay Point Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 200 yd	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe					
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township		Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ						
Completed by Eric Keys		Title OM	Signature <i>E. Keys</i>				Date 11/06/2017		

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

RECEIVED	Print Form
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ASBESTOS CONTROL & LICENSING	

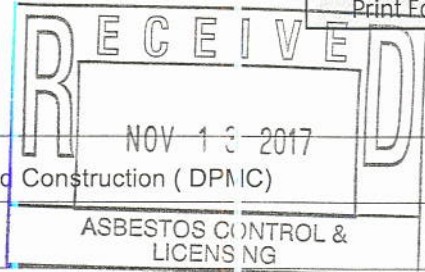
Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	33 West State Street							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 530 Bay Point Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedarville		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 365							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township		Disposal Date 3/1/18		City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM		Signature Eric Keys			Date 11/16/2017		

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

Print Form



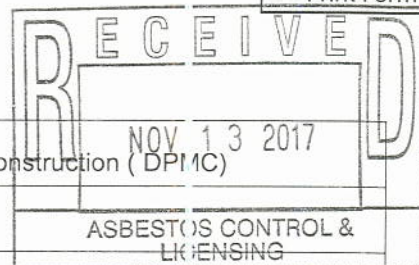
Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 536 Bay Point Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Eridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>	Date 11/06/2017					

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

Print Form



Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 538 Bay Point Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 11/1/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Eridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/16/2017			

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

RECEIVED	Print Form
NOV 13 2017	
ASBESTOS CONTROL & LICENSING	

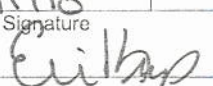
Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPM/C)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 540 Bay Point Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedarville		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		County Code (7) (STATE USE ONLY)	Bldg. Age 30+						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 365							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	X			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>E. Keys</i>			Date 11/06/2017			

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

RECEIVED	Print Form
	NOV 13 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPIMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 544 Bay Point Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedarville		Square Feet Varies	# of Floors Varies						
County (6) Cumberland		Bldg. Age 30+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 11/7/17		Scheduled Completion Date (11) 3/1/18							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Health & Safety Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Eridgeton, NJ					
Completed by Eric Keys		Title OM	Signature 	Date 11/06/2017					

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

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Print Form	
NCV 13 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DP/IC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 Paris Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/7/17		Scheduled Completion Date (11) 3/1/18	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>E. Keys</i>	Date 11/6/2017					

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

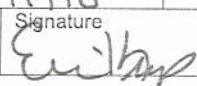
Print Form	
RECEIVED	
NOV 13 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPIMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 Paris Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/7/17		Scheduled Completion Date (11) 3/1/18	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address PO BOX 365							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Berlin, NJ 08009							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township		Disposal Date 3/1/18		City, State Morrisville, PA 19067/ Eridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/06/2017			

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

Print Form
RECEIVED
NOV 3 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 32 Paris Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cedarville		Square Feet Varies	# of Floors Varies						
		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
		License No. 01172							
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 365							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature 			Date 11/6/2017			

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

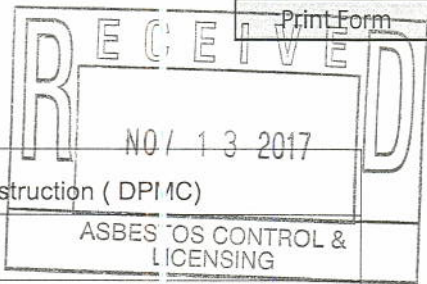
RECEIVED	Print Form
NOV 3 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPIMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 42 Paris Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/7/17		Scheduled Completion Date (11) 31/1/18	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 31/1/18	City, State Morrisville, PA 19067/ Eridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/06/2017			

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



Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPM/C)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 48 Paris Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
		License No. 01172							
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Eridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 11/06/2017			

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

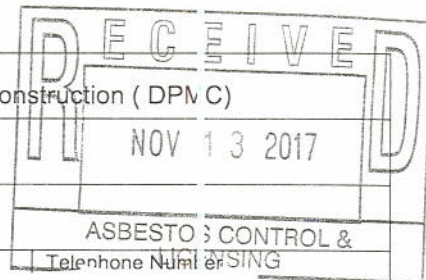
RECEIVED	
Print Form	
NOV 13 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPIMC)							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	33 West State Street							
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	William Byster							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 60 Paris Rd		<input type="checkbox"/> School (K-12)							
City (5) Cedarville		<input type="checkbox"/> Subchapter 8 (Other than K-12)							
County (6) Cumberland		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County Code (7) (STATE USE ONLY)		Square Feet Varies	# of Floors Varies						
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		Bldg. Age 30+							
Street Address PO BOX 365		Current Use (Prior if being demolished)							
City, State, Zip Code Berlin, NJ 08009		Name of Abatement Contractor (9) Site Enterprises, Inc.							
Project Manager for Monitoring Firm James Proctor		Street Address 6626 Delilah Road							
Telephone No. 856-452-1311		City, State, Zip Code Egg Harbor Township, NJ 08234							
Start Date (10) 11/7/17		Telephone No. 609-567-1250							
Scheduled Completion Date (11) 3/1/18		License No. 01172							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Health & Safety Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address PO BOX 365							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Berlin, NJ 08009							
<input checked="" type="checkbox"/> Other - Describe: vacant									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure							
		<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>E. Keys</i>			Date 11/06/2017			

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Print Form

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



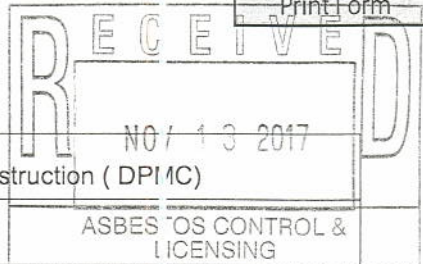
Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 68 Paris Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/7/17		Scheduled Completion Date (11) 3/1/18	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	X			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>	Date 11/6/2017					

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

Print Form

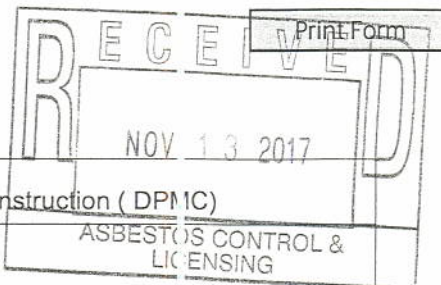


Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPI/C)							
Agencies Notified	Type Notification	Street Address 33 West State Street	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625	Telephone Number						
		Name of Contact William Byster							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 70 Paris Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
		License No. 01172							
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	x			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Bridgeton, NJ					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>	Date 11/06/2017					

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CH1518

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



Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 72 Paris Rd		Square Feet Varies	# of Floors Varies						
City (5) Cedarville		Bldg. Age 30+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO BOX 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor	Telephone No. 856-452-1311	Telephone No. 609-567-1250	License No. 01172						
Start Date (10) 11/7/17	Scheduled Completion Date (11) 3/1/18	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: vacant		Street Address PO BOX 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Houses Deemed Unsafe			X	Houses Deemed Unsafe	200 yd	X			
Name of Registered Waste Hauler Site Enterprises Inc,		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS Landfill/CCUA					
City, State Egg Harbor Township			Disposal Date 3/1/18	City, State Morrisville, PA 19067/ Eridgeton, NJ					
Completed by Eric Keys	Title OM		Signature <i>Eric Keys</i>			Date 11/06/2017			

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

check 4344

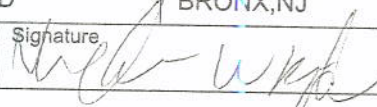
Date of Notification (1) 11-6-17		Name of Building Owner/Operator (2) J. CONNOLLY		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 5px;">NOV 13 2017</div>				
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RIDGEWOOD, NJ 07450 Name of Contact J. CONNOLLY						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) J. CONNOLLY			Type of Facility (4)					
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) RIDGEWOOD			Square Feet 1500	# of Floors 2	Bldg. Age 67 YRS			
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)					
Street Address			Best Removal Inc					
City, State, Zip Code			Street Address 450 South River Street					
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Hackensack, NJ 07601					
Start Date (10) 11-15-17		Scheduled Completion Date (11) 11-16-17	Telephone No. 201-329-7444					
Occupancy Status During Abatement (Check Only One)		License No. 00388						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM 5PM		Name of OSHA Monitor Omega Environmental						
Scope of Work (Check All That Apply)		Street Address 280 Huyler Street						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code South Hackensack, NJ 07606						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT			THERMAL INSULATION	60 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 YD	Name of Registered Landfill Minverva Enterprises, LLC				
City, State Hackensack, NJ 07601		Disposal Date 11-16-17		City, State Waynesburg, OH 44688				
Completed by Robert Veldran		Title Estimator		Signature R. Veldran		Date 11-16-17		

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Print Form

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

RECEIVED	
NOV	3 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/08/2017		Name of Building Owner/Operator (2) Gary Rasmussen							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Andover, nj							
		Name of Contact Gary Rasmussen							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Andover		Square Feet N/A	# of Floors N/A						
County (6) Sussex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) EHW ABATEMENT LLC							
City, State, Zip Code		Street Address 89 FRANKLIN STREET							
Project Manager for Monitoring Firm		City, State, Zip Code PATERSON, NJ, 07524							
Telephone No.		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 11/17/2017	Scheduled Completion Date (11) 11/18/2017	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	50 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 111946		Cubic Yards of Waste N/A	Name of Registered Landfill TRY STATE TRANSFER				
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NJ					
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER		Signature 		Date 11/08/2017			

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

B & G proj. #: 2017-167

Check # 8684

Date of Notification (1) 11/10/17		Name of Building Owner/Operator (2) Estate of Frederick Mills		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 13 2017 ASBESTOS CONTROL & REMEDIATION DIVISION </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield, NJ 07081		
		Name of Contact Jerry Dotey, Executor		
Telephone Number [REDACTED]				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Frederick Mills			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Springfield, NJ 07081			County (6) Union		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No. n/a		Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/20/2017		Sched. Completion Date (11) 11/21/2017			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
crawl space			X	duct & insulation (wrap & cut)	45 sf	X			
						X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/21/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/10/2017

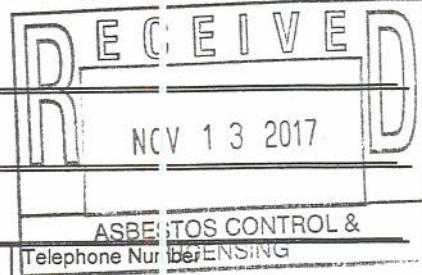
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-163

Check # 8636

Date of Notification (1) 11/11/10/17		Name of Building Owner/Operator (2) Rick Wilson	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Scotch Plains, NJ 07076	
Name of Contact Rick Wilson		Telephone Number [REDACTED]	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rick Wilson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) Scotch Plains, NJ			# of floors [REDACTED]		
County (6) Union			Bldg. Age [REDACTED]		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number (973)696-6869		
Phone Number [REDACTED]			License Number 00378		
Scheduled Start Date (10) 11/22/2017			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 11/22/2017			Street Address 105 Ryerson Road		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: [REDACTED] <input type="checkbox"/> Other-Describe: [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
hallway, storage rm, boiler rm			<input checked="" type="checkbox"/>	pipe insulation	36 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/24/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/10/2017

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B & G proj. #: 2017-162

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

Check # 8685

Date of Notification (1) 11/10/17		Name of Building Owner/Operator (2) Ross Archer-Haynes		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 13 2017 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maplewood, NJ 07040		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Ross Archer-Haynes		
<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) Ross Archer-Haynes			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Maplewood, NJ 07040	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/20/2017		Sched. Completion Date (11) 11/21/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glo-bag 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	13 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/21/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/10/2017

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B & G proj. #: 2017-168

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

Check # 8687

Date of Notification (1) 11/10/17		Name of Building Owner/Operator (2) James Greco		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 13 2017 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Bloomfield, NJ 07003		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact James Greco		
<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) James Greco			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private Commercial Bldgs./Homes etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/21/2017		Sched. Completion Date (11) 11/22/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

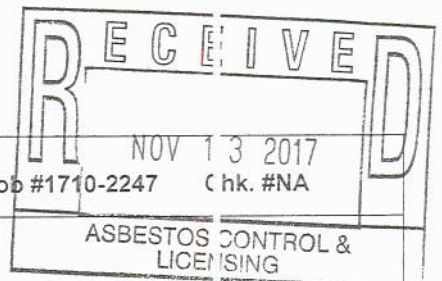
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glo-bag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

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 e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement workshop room			<input checked="" type="checkbox"/>	pipe insulation	13 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/22/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/10/2017

NO CK

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

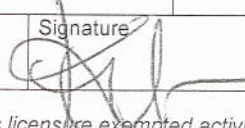


Date of Notification (1) 10 / 13 / 17		Name of Building Owner/Operator (2) Group One Automotive		Job #1710-2247 Chk. #NA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 800 Gessner, Suite 500 City, State, Zip Code Houston, TX 77024 Name of Contact Greg Murphy	
Telephone Number					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Golden Dawn Diner				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 570 Route 38				Square Feet 4800	
City (5) Maple Shade				# of Floors 1	
County (6) Burlington				Bldg. Age unknown	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant			
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800		Telephone No. 609-702-0400	
License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.			
Start Date (10) 10 / 23 / 17		Scheduled Completion Date (11) 11 / 6 / 17		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Front Soffit and Rear Storage Area		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		1,200 SF	
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		2,800 SF	
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		5,600 SF	
Roof Duct Work		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		200 SF	
Name of Registered Waste Hauler Champion		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 5	
City, State Hainesport, NJ		Disposal Date 11/6/17		Name of Registered Landfill Grand Central	
City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 11-2-17	

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

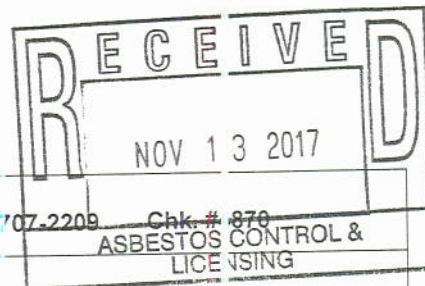
take off hold
11-8-17

NO CLK

Date of Notification (1) <div style="text-align: center;">10 / 13 / 17</div>			Name of Building Owner/Operator (2) A&H Partnership, LLC			Job #1612-2144		Chk. #NA					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 69 King Street		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 5px;">NOV 3 2017</div> <div style="text-align: center; margin-top: 5px;">ASBESTOS CONTROL & LICENSING</div>							
		City, State, Zip Code Dover, NJ 07801		Name of Contact Kirk Harpell									
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Commercial Property						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 69 King Street						Square Feet 217,800		# of Floors 4					
City (5) Dover						Bldg. Age 107							
County (6) Morris			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse								
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.								
Street Address 3370 Progress Drive, Suite J					Street Address 3859 Sylon Boulevard								
City, State, Zip Code Bensalem, PA 19020					City, State, Zip Code Hainesport, NJ 08036								
Project Manager for Monitoring Firm Mike Panepresso			Telephone No. 215-244-1300		Telephone No. 609-702-0400		License No. 00862						
Start Date (10) <div style="text-align: center;">10 / 23 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 15 / 17</div>		Name of OSHA Monitor EMSL Analytical, Inc.									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM					Street Address 200 U.S. Route 130 North								
					City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)													
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
Basement Brick Boiler			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Boiler Insulation & Debris		100 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Transite Panels on Wooden Chute		110 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management			NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central						
City, State Lafayette, NJ					Disposal Date 11/15/17		City, State Penn Argyle, PA						
Completed By (Print or Type) Kimberly A. Trumbetti			Title Office Coordinator			Signature 			Date 11-6-17				

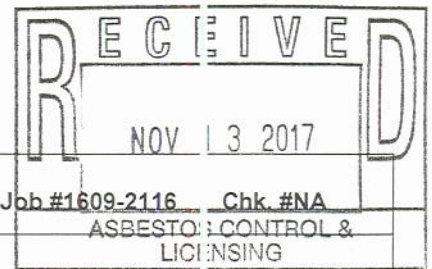
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 27 / 17		Name of Building Owner/Operator (2) Joseph A. Clarke / Job # 1707-2209		Chk. # 876					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Cherry Hill, NJ Name of Contact Joe Riggs					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1700 # of Floors 2 Bldg. Age unknown						
City (5) Collingswood		County (6) Camden		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental			ASCM No.						
Street Address 16 W Elizabeth Ave # 2			Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
City, State, Zip Code Linden, NJ 07036			Street Address 3859 Sylon Boulevard						
Project Manager for Monitoring Firm Kelly Walton			Telephone No. (908) 862-4301		License No. 00862				
Start Date (10) 11 / 7 / 17		Scheduled Completion Date (11) 11 / 7 / 17		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	asbestos paper wrap	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<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 Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 11/7/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 11-17			

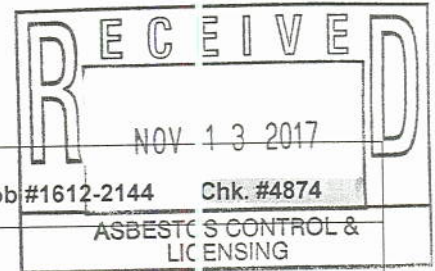
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 9 / 28 / 17		Name of Building Owner/Operator (2) HealthSouth Corporation		Job # 1609-2116 Chk. # NA					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3360 Grandview Parkway, Suite 200 City, State, Zip Code Birmingham, AL Name of Contact Elizabeth Mann Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HealthSouth Rehab Hospital of Toms River				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 14 Hospital Drive				City (5) Toms River					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Rehab Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Horizon		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address PO Box 316		City, State, Zip Code Thorofare, NJ 08086		Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800		Telephone No. 609-702-0400 License No. 00862					
Start Date (10) 10 / 17 / 17		Scheduled Completion Date (11) 11 / 10 / 17		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ceiling - Two Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Popcorn Ceiling	3,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		1st Area - 2250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2nd Area - 1500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 11/10/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 10-31-17			

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

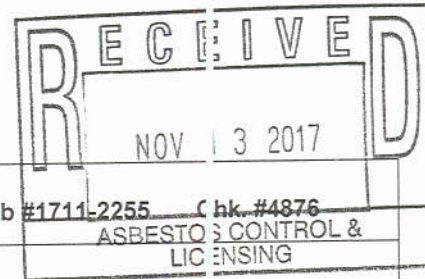


Date of Notification (1) 10 / 13 / 17			Name of Building Owner/Operator (2) A&H Partnership, LLC			/ Job # 1612-2144 Chk. # 4874							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 69 King Street			ASBESTOS CONTROL & LICENSING						
				City, State, Zip Code Dover, NJ 07801			Telephone Number						
				Name of Contact Kirk Harpell									
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Commercial Property						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 69 King Street													
City (5) Dover						Square Feet 217,800		# of Floors 4					
County (6) Morris						County Code (7) (STATE USE ONLY)		Bldg. Age 107					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories				ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 3370 Progress Drive, Suite J				Street Address 3859 Sylon Boulevard									
City, State, Zip Code Bensalem, PA 19020				City, State, Zip Code Hainesport, NJ 08036									
Project Manager for Monitoring Firm Mike Panepresso			Telephone No. 215-244-1300		Telephone No. 609-702-0400		License No. 00862						
Start Date (10) 10 / 23 / 17		Scheduled Completion Date (11) 11 / 15 / 17		Name of OSHA Monitor EMSL Analytical, Inc.									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North									
				City, State, Zip Code Cinnaminson, NJ 08077									
Scope of Work (Check all that apply)													
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <i>wrap and cut</i> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
Basement Brick Boiler			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			Boiler Insulation & Debris		100 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			Transite Panels on Wooden Chute		110 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor - Book Store			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			Pipe Insulation		20 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management			NJDEP Waste Hauler ID No. 17273			Cubic Yards of Waste 5		Name of Registered Landfill Grand Central					
City, State Lafayette, NJ						Disposal Date 11/15/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti			Title Office Coordinator			Signature 				Date 11-8-17			

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



Date of Notification (1) 11 / 10 / 17		Name of Building Owner/Operator (2) Jacqueline O'Connor		Job #1711-2255 Chk. #4876	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code Woodbury, NJ 08096		Telephone Number	
		Name of Contact Mary Carter			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) Woodbury				Square Feet 3300	# of Floors 3
				Bldg. Age 1920's	
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 400 Street Road				Street Address 3859 Sylon Boulevard	
City, State, Zip Code Bensalem, PA				City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		Telephone No. 609-702-0400	License No. 00862
Start Date (10) 11 / 20 / 17		Scheduled Completion Date (11) 11 / 21 / 17		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	N/A		
Basement & Crawlspce	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	190 LF
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Lafayette, NJ		Disposal Date 11/10/17		City, State Penn Argyle, PA	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	Date 11-10-17

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

RECEIVED
NOV 13 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">11 / 09 / 17</div>		Name of Building Owner/Operator (2) Seritage Growth Properties	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 489 Fifth Avenue, 18th Floor	
		City, State, Zip Code New York, NY 10017	
		Name of Contact Marc Curcillo	Telephone Number

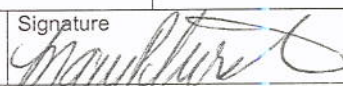
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sears Store Unit - 1284 (Auto Center)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1640 US Route 22			
City (5) Watchung	Square Feet 48,000	# of Floors 1	Bldg. Age 52
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		Name of Abatement Contractor (9) SAI Environmental Services, LLC	
Street Address 280 Huyler St.		Street Address 277 Fairfield Road, Suite 102	
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Fairfield, NJ 07004	
Project Manager for Monitoring Firm Alex Palets	Telephone No. 201-489-8700	Telephone No. (973) 852-3444	License No. 01349
Start Date (10) <div style="text-align: center;">10 / 17 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 22 / 17</div>	Name of OSHA Monitor SAI Environmental Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 277 Fairfield road, Suite 102	
		City, State, Zip Code Fairfield, NJ 07004	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	430 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile/ Mastic	6,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material/Flashing	30,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jacket on Vessel	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 500	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 12/22/2017		City, State Waynesburgh, OH	
Completed By (Print or Type) Mary Petrovski	Title Manager	Signature 			Date 11/9/17

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

R E C E I V E D
NOV 13 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10 / 05 / 17		Name of Building Owner/Operator (2) Seritage Growth Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 489 Fifth Avenue, 18th Floor City, State, Zip Code New York, NY 10017 Name of Contact Marc Curcillo Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sears Store Unit - 1284 (Auto Center)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1640 US Route 22		Square Feet 48,000	# of Floors 1						
City (5) Watchung		Bldg. Age 52							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		ASCM No.	Name of Abatement Contractor (9) SAI Environmental Services, LLC						
Street Address 280 Huyler St.		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Alex Palets	Telephone No. 201-489-8700	Telephone No. (973) 852-3444	License No. 01349						
Start Date (10) 10 / 17 / 17	Scheduled Completion Date (11) 11 / 10 / 17	Name of OSHA Monitor SAI Environmental Services, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 277 Fairfield road, Suite 102 City, State, Zip Code Fairfield, NJ 07004							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	430 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile/ Mastic	6,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material/Flashing	30,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jacket on Vessel	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 500	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 11/10/2017	City, State Waynesburgh, OH						
Completed By (Print or Type) Mary Petrovski		Title Manager	Signature <i>Mary Petrovski</i>				Date 11/15/17		

PAID

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check 2982

Date of Notification (1) 11 / 10 / 17			Name of Building Owner / Operator (2) Mondelez International			<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 13 2017 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified			Street Address						
Type of Notification			City, State, Zip Code						
Name of Contact			Telephone Number						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL			<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			2211 Route 208 North Fairlawn, New Jersey, 07410 DON KALEMBA			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mondelez International						Type of Facility (4)			
Street Address 2211 Route 208						<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)			
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +				
			Current Use (Prior if being demolished) Bakery/WAREHOUSE						
Name of Monitoring Firm Hired by Bldg. Owner (8) AET				ASCM NO. \					
Street Address 907 Doolittle Drive				NORTHSTAR CONTRACTING GROUP, INC.					
City, State, Zip Code Bridgewater, NJ 08807				Street Address 32 Williams Parkway					
Project Mngr. For Monitoring Firm Eric Houseknecht				City, State, Zip Code East Hanover, NJ 07936					
Telephone Number 908-218-1108									
Scheduled Start Date (10) 11 / 11 / 17		Sched. Completion Date (11) 11 / 12 / 17		Telephone Number 973-884-8682		License Number 00861			
Occupancy Status During Abatement (Check Only 1)				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM				Street Address 32 Williams Parkway					
				City, State, Zip Code East Hanover, NJ 07936					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R		
	YES NO N/A								
WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	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"/>		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.					
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105						
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steven Stiles</i>			Date 11/10/17			