

CK 64361
1330-02

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

PAID

RECEIVED
NOV 19 2018

Date of Notification (1) 11 / 15 / 18		Name of Building Owner/Operator (2) Pennsville School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Church Street City, State, Zip Code Pennsville, NJ 08070	
		Name of Contact Richard Davidson	Telephone Number 856 540-6200 ext 7110

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pennsville Memorial 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 110 S Broadway			
City (5) Pennsville	Square Feet 66000	# of Floors 2	Bldg. Age 68
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EPIC ENVIRONMENTAL	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 1930 BROWN ROAD		Street Address 1345 INDUSTRIAL BLVD.	
City, State, Zip Code NEWFIELD, NJ 08344		City, State, Zip Code SOUTHAMPTON PA 18966	
Project Manager for Monitoring Firm JIM EBERTS	Telephone No. 856 889-1736	Telephone No. 215 322-2900	License No. 00783

Start Date (10) 11 / 16 / 18	Scheduled Completion Date (11) 11 / 30 / 18	Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-3PM/11PM-____AM		Street Address N/A
		City, State, Zip Code N/A

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
TOILET ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	120	<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. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE NEW CASTLE DE		Disposal Date	City, State WAYNESBURG, OHIO
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title ASST. ADMINISTRATOR	Signature <i>Christine DelViscio</i>	Date 11-15-2018

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

NOV 19 2018

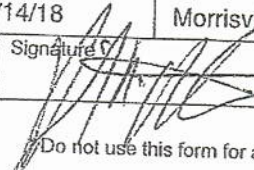
1330-02

Date of Notification (1) 11 / 15 / 18		Name of Building Owner/Operator (2) Pennsville School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Church Street City, State, Zip Code Pennsville, NJ 08070 Name of Contact Richard Davidson Telephone Number 856 540-5200 ext 7110	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pennsville Memorial High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, hospitals, etc.)	
Street Address 110 S Broadway		Square Feet 6600	
City (5) Pennsville		# of Floors 2	Bldg. Age 68
County (6) Salem		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EPIC ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC
Street Address 1830 BROWN ROAD		Street Address 1345 INDUSTRIAL BLVD.	
City, State, Zip Code NEWFIELD, NJ 08344		City, State, Zip Code SOUTHAMPTON PA. 18986	
Project Manager for Monitoring Firm JIM EBERTS		Telephone No. 856 880-1735	Telephone No. 215 322-2800
Start Date (10) 11 / 18 / 18		Scheduled Completion Date (11) 11 / 30 / 18	Licensee No. 00783
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3PM/11PM-AM		Name of OSHA Monitor N/A	
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		Street Address N/A	
City, State, Zip Code N/A			
Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	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)
TOILET ROOMS	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FLOOR TILE	120
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <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. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE NEW CASTLE DE		Disposal Date	City, State WARREN, OHIO
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title ASST. ADMINISTRATOR	Signature <i>Christine DelViscio</i>	Date 11-15-2018

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

2340970

NOV 19 2018

Date of Notification (1) <u>11-14-18</u>		Name of Building Owner/Operator (2) New Jersey Institute of Technology							
Agencies Notified	Type Notification	Street Address 161 Warren Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07103							
		Name of Contact Boris Nepomnyashchy	Telephone Number 973-596-8481						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tiernan Hall		Type of Facility (4)							
Street Address 161 Warren Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 40,000	# of Floors 4						
County (6) Essex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Laboratories							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Advanced Specialty Contractors							
City, State, Zip Code		Street Address 2400 Main Street Extension							
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Sayreville, NJ 08872						
Start Date (10) 11/14/18	Scheduled Completion Date (11) 11/14/18	Telephone No. 732-525-0100	License No. 00750						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Tiger Environmental							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 234 20th Ave							
Scope of Work (Check All That Apply)		City, State, Zip Code Brick, NJ 08724							
<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
RM 203 Lab Table Piping Fittings	X			Thermal Insulation	6 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 11/14/18		City, State Morrisville, PA					
Completed by Dan Baptista		Title Safety Agent	Signature 			Date 11/01/18			

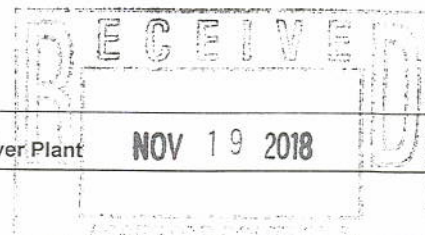
PAID

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

Check # 12009

Date of Notification (1) 11 / 15 / 18		Name of Building Owner/Operator (2) Atlantic City Electric - County Regional Office							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5100 Harding Wwy							
		City, State, Zip Code Mays Landing, NJ 08330							
		Name of Contact Mark Psizennaier	Telephone Number 609 625 6188						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lake Ave Substation		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 505 West Oak Ave									
City (5) Wildwood, NJ 08260		Square Feet 600	# of Floors 1						
County (6) Cape May		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm		Telephone No. 215 542 7000	License No. 00847						
Start Date (10) 11 / 28 / 18	Scheduled Completion Date (11) 11 / 30 / 18	Name of OSHA Monitor CES							
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: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Transite	1400	<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 Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Communtiy Landfill					
City, State Hatfield, PA		Disposal Date 11/30/18		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 11/15/18			

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



Date of Notification (1) October 29, 2018		Name of Building Owner/Operator (2) Valtris Specialty Chemicals – Delaware River Plant		NOV 19 2018				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 170 Route 180 South					
			City, State, Zip Code Bridgeport, New Jersey 08014					
			Name of Contact Lola Ogunde		Telephone Number 856.467.8272			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Valtris site Lab				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 170 Route 180 South								
City (5) Bridgeport				Square Feet 5000	# of Floors 1			
				Bldg. Age 75				
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Specialty Chemical Manufacture				
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.		Name of Contractor (9) County Environmental				
Street Address 760 Pulaski Highway				Street Address 461 New Churchmans Rd.				
City, State, Zip Code Bear, Delaware 19701				City State, Zip Code New Castle, DE 19720				
Project Manager for Monitoring Firm Chuck Styles		Telephone No. 302.326.2333		Telephone Number (302) 322-8946	License Number 00578			
Scheduled Start Date (10) November 16, 2018		Scheduled Completion Date (11) November 16, 2018		Name of OSHA Monitor County Environmental				
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 type="checkbox"/> Other – Describe: Unoccupied open roof.				Street Address 461 New Churchmans Road				
				City, State, Zip Code New Castle, DE 19720				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf								
<div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>								
Location of 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) 30 SF	Abatement Type		
						Removal	Repair	Encapsulate
Two Small Fume Hoods in Site Lab		X		Transite Fume Hood Liner	30 SF	X		
Name of Reg. Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 0.5	Name of Reg. Landfill Minerva Landfill			
City, State New Castle, Delaware 19720				Disposal Date 11/29/2018	City, State Waynesburg, OH 44688			
Completed by Dan Brown		Title Project Manager		Signature 		Date 11/14/2018		

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

check # 0006

Date of Notification (1) 11 / 06 / 18		Name of Building Owner / Operator (2) D&R HOBOKEN, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 570 COMMERCE BLVD City, State, Zip Code CARLSTADT, NJ 07072	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact NICHOLAS DINALLO	
		Telephone Number 201-487-5657	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 416 JEFFERSON STREET		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 bldgs., homes, etc.)	
Street Address 416 JEFFERSON STREET			
City (5) HOBOKEN	County (6) HUDSON	County Code (7)	
Square Feet 880		# Of Floors 1	Building Age 40 +
Current Use (Prior if being demolished) RESIDENCE/HOUSE			
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm Eric Southerland		Telephone Number 610-891-0114	
Scheduled Start Date (10) 12 / 03 / 18	Sched. Completion Date (11) 12 / 21 / 18	Telephone Number 973-884-8682	License Number 00860
Occupancy Status During Abatement (Check Only 1) <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 MON-FRI		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		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 type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos Containing 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			
				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
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF & FLASHING	880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL
City, State EAST HANOVER, NJ 07936	Disposal Date	City, State MORRISVILLE, PA 10967	

Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature 	Date 11/16/18
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PAID

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

Check # 0007

Date of Notification (1) 11 / 16 / 18		Name of Building Owner / Operator (2) FCA USA LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 19 2018 </div>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 800 CHRYSLER DRIVE City, State, Zip Code AUBURN HILLS, MI 48326 Name of Contact MELISSA MICHAELS Telephone Number 248-512-3152			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FCA ENGLEWOOD CLIFFS			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 bldgs., homes, etc.)						
Street Address 330 SYLVAN AVENUE			Square Feet 3,000 # Of Floors 1 Building Age 40 +						
City (5) ENGLEWOOD CLIFF	County (6) BERGEN	County Code (7)	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Bldg. Owner (8) GZA		ASCM NO.	Name of Abatement Contractor (9) Northstar Contracting Group Inc						
Street Address 55 Lane Road		Street Address 32 Williams Parkway							
City, State, Zip Code Fairfield NJ 07004		City, State, Zip Code East Hanover NJ 07936							
Project Mngr. For Monitoring Firm Ben Sallemi		Telephone Number 973 774 3311		License Number 00860					
Scheduled Start Date (10) 12 / 10 / 18		Sched. Completion Date (11) 02 / 28 / 19		Telephone Number 9737723660					
Occupancy Status During Abatement (Check Only 1) <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: 8AM - 4PM - MON - FRI			Name of OSHA Monitor Northstar Contracting Group Inc 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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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 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 <table border="1"> <tr> <td>R E M O V A L</td> <td>R E P A I R</td> <td>E N C A P S U L</td> <td>E N C L O S U R</td> </tr> </table>		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
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						
BLDG 330 EXTERIOR	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WINDOW CAULK	300 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"/>				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NJ		Disposal Date	City, State PEN ARGILE, PA						
Completed by (Print or Type) Paul Mast		Title VICE PRESIDENT	Signature <i>Paul Mast</i>		Date 11/16/18				

PAID

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

cb # 0008
RECEIVED

Date of Notification (1) 11 / 16 / 18		Name of Building Owner / Operator (2) FCA USA LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 800 CHRYSLER DRIVE City, State, Zip Code AUBURN HILLS, MI 48326	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact MELISSA MICHAELS Telephone Number 248-512-3152	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FCA ENGLEWOOD CLIFFS			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 bldgs., homes, etc.)		
Street Address 340 SYLVAN AVENUE			Square Feet 3,000		
City (5) ENGLEWOOD CLIFF			County (6) BERGEN		Building Age 40 +
County Code (7)			Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Bldg. Owner (8) GZA			ASCM NO		
Street Address 55 Lane Road			Name of Abatement Contractor (9) Northstar Contracting Group Inc		
City, State, Zip Code Fairfield NJ 07004			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm Ben Sallemi			City, State, Zip Code East Hanover NJ 07936		
Telephone Number 973 774 3311			Telephone Number 9737723660		
Sched. Start Date (10) 12 / 03 / 18			License Number 00860		
Sched. Completion Date (11) 02 / 28 / 19					
Occupancy Status During Abatement (Check Only 1) <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: 8AM - 4PM - MON - FRI			Name of OSHA Monitor Northstar Contracting Group Inc		
			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 checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3sf or ≥3lf | | <input type="checkbox"/> Mini - Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

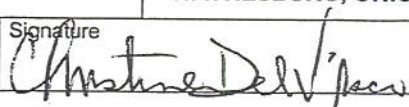
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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
BLDG 340 GARAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 340 SHOW ROOM	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	TRANSITE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<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 GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ	Disposal Date	City, State PEN ARGILE, PA	
Completed by (Print or Type) Paul Mast	Title VICE PRESIDENT	Signature <i>Paul Mast</i>	Date 11/16/18

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

1330-02


RECEIVED
NOV 19 2018

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 11 / 15 / 18 </div>		Name of Building Owner/Operator (2) Pennsville School District		NOV 19 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 30 Church Street City, State, Zip Code Pennsville, NJ 08070 Name of Contact Richard Davidson					
				Telephone Number 856 540-6200 ext 7110					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pennsville Memorial 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 110 S Broadway									
City (5) Pennsville				Square Feet 66000	# of Floors 2				
				Bldg. Age 68					
County (6) Salem		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EPIC ENVIRONMENTAL		ASCM No.		Name of Abatement Contractor (9) DELTA/BJDS, INC					
Street Address 1930 BROWN ROAD				Street Address 1345 INDUSTRIAL BLVD.					
City, State, Zip Code NEWFIELD, NJ 08344				City, State, Zip Code SOUTHAMPTON PA 18966					
Project Manager for Monitoring Firm JIM EBERTS		Telephone No. 856 889-1736		Telephone No. 215 322-2900	License No. 00783				
Start Date (10) 11 / 16 / 18		Scheduled Completion Date (11) 11 / 30 / 18		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-3PM/11PM-AM				Street Address N/A					
				City, State, Zip Code N/A					
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) 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
TOILET ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	120	<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. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE				Disposal Date	City, State WAYNESBURG, OHIO				
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR		Signature 		Date 11-15-2018			

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

1330-02 NOCK

RECEIVED
NOV 19 2018

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 11 / 15 / 18 </div>		Name of Building Owner/Operator (2) Pennsville School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Church Street							
		City, State, Zip Code Pennsville, NJ 08070							
		Name of Contact Richard Davidson	Telephone Number 856 540-6200 ext 7110						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VALLEY PARK ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 MAHONEY RD									
City (5) Pennsville		Square Feet 66000	# of Floors 2						
		Bldg. Age 68							
County (6) Salem		County Code (7) (STATE USE ONLY) 							
Name of Monitoring Firm Hired by Building Owner (8) EPIC ENVIRONMENTAL		ASCM No. 	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 1930 BROWN ROAD		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code NEWFIELD, NJ 08344		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm JIM EBERTS		Telephone No. 856 889-1736	Telephone No. 215 322-2900						
		License No. 00783							
Start Date (10) 11 / 16 / 18		Scheduled Completion Date (11) 11 / 30 / 18							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>3PM/11PM</u> - <u> </u> AM		Street Address N/A							
		City, State, Zip Code N/A							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
TOILET ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	120	<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. 20990	Cubic Yards of Waste 	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE		Disposal Date 		City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR	Signature 			Date 11-16-2018			