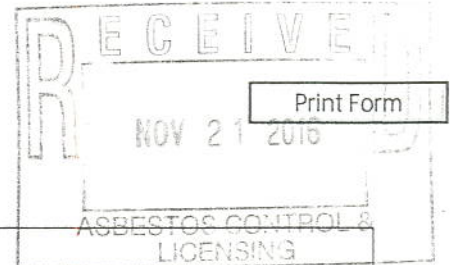


MO24020818244

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



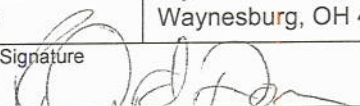
Date of Notification (1) 11-11-2016		Name of Building Owner/Operator (2) Teresa Plummer						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631						
		Name of Contact Suzette Pearl	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private 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 [REDACTED] Ave								
City (5) Englewood		Square Feet N/A	# of Floors N/A					
		Bldg. Age N/A						
County (6) bergen	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.	Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address		Street Address 89 FRANKLIN STREET						
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524						
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274					
Start Date (10) 11-21-2016	Scheduled Completion Date (11) 11-22-2016	Name of OSHA Monitor EHW ABATEMENT LLC						
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: OCCUPIE		Street Address 89 FRANKLIN STREET						
		City, State, Zip Code PATERSON, NJ, 07514						
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT		X	PIPE INSULATION	125LF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER		NJDEP Waste Hauler ID No. N/A	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA INTERPRISE				
City, State BRONX, NY		Disposal Date TBD		City, State 900 MINERVA RD WAYNESBURG OH				
Completed by VICTOR ESRITU		Title PROJECT MANAGER	Signature 	Date 11-11-2016				

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

CHECK # 23517

Date of Notification (1) 11-16-16		Name of Building Owner/Operator (2) ERNJ001, LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 21 2016 CONTROL & INSPECTION </div>	
Agencies Notified	Type Notification	Street Address 125 South Wacker Drive, Ste. 1220			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60606			
		Name of Contact Amy Tang		Telephone Number	

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address One Ericsson Drive City (5) Piscataway, NJ 08854 County (6) Middlesex			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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 64 Broad Street		City, State, Zip Code Matawan, NJ 07747		Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072					
Project Manager for Monitoring Firm Tom Geiger		Telephone No. (732) 290-2217		Telephone No. 201-939-6565 License No. 00756					
Start Date (10) 11-04-16(1)11-18-16		Scheduled Completion Date (11) 11-30-16(1)12-31-16		Name of OSHA Monitor Even-Air 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 type="checkbox"/> Other - Describe: _____				Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Building 1: Ground Floor			x	VAT	3,000SF	x			

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH 44688	
Completed by Richard Doran			Title Project Manager		Signature 		Date 11-16-16

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

Date of Notification (1) 11/15/16		Name of Building Owner/Operator (2) Willow Gardens	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601	
		Name of Contact Mr. Alex Kalos	Telephone Number [REDACTED]

CL # 026277

RECEIVED

NOV 21 2016

ASBESTOS CONTROL & REMEDIATION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Rutherford	Square Feet 5,000 +	# of Floors 3	Bldg. Age 50 +
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.
Street Address		Street Address 1141 Route 23	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-628-9200
			License No. 00408
Start Date (10) 11/28/16	Scheduled Completion Date (11) 12/03/16	Name of OSHA Monitor Enviro Vision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Bldg. #35E	
<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 Fair Lawn, NJ 07410	
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

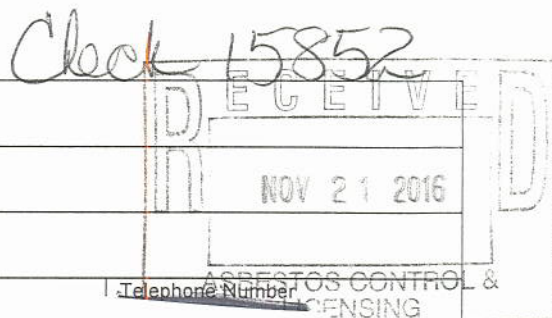
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			X	Pipe Insulation	350 LF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill	
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania	
Completed by Jerry Bijelonic		Title Project Manager	Signature 		Date 11/15/16

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

Date of Notification (1) 11/15/16		Name of Building Owner/Operator (2) Parnes Realty Co., LP		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 21 2016 ASBESTOS CONTROL & TRAINING </div>					
Agencies Notified		Type Notification				Street Address 225 Prospect Avenue, Suite 100			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Hackensack, NJ 07601			
						Name of Contact Mr. Alex Kalos			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Rutherford				Square Feet 5,000 +	# of Floors 3				
County (6) Bergen		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) J.R. Contracting & Environmental Consulting, Inc.					
Street Address				Street Address 1141 Route 23					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-628-9200	License No. 00408				
Start Date (10) 11/30/16		Scheduled Completion Date (11) 12/07/16		Name of OSHA Monitor Enviro Vision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 20-21 Wagaraw Road, Bldg. #35E					
<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 Fair Lawn, NJ 07410					
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) <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
Boiler Room			X	Pipe Insulation	350 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey				Disposal Date	City, State Penn Argyl, Pennsylvania				
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 11/15/16		

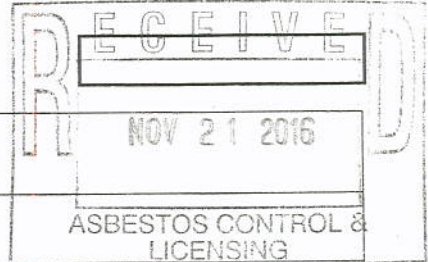
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/15/16		Name of Building Owner/Operator (2) Tayna Nellen							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rockaway, NJ 07866							
		Name of Contact Tayna Nellen							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Rockaway		Square Feet 2100	# of Floors 2						
		Bldg. Age 68							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 11/24/16	Scheduled Completion Date (11) 12/20/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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 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
basement			x	pipe insulation	100 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/15/16			

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

Check#2647



Date of Notification (1) 11 / 16 / 16		Name of Building Owner/Operator (2) Ada Rodrigez	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
	City, State, Zip Code Hillside, NJ 07205		
	Name of Contact Ada Rodrigez		
	Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Hillside, NJ 07205		# of Floors	
County (6) Union		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 11 / 25 / 16		License No. 01127	
Scheduled Completion Date (11) 11 / 26 / 16		Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

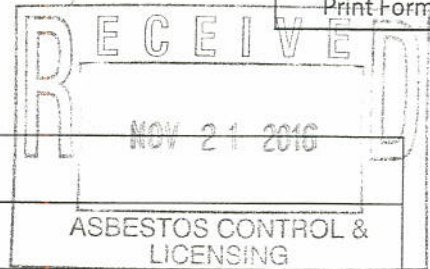
☒ >3 sf or >3 lf
☐ > 160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation-encapsulation	10 SF	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

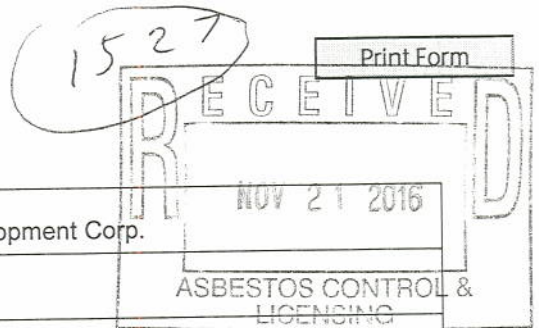
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 11/16/16	



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

Date of Notification (1) 11/15/16		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068							
		Name of Contact MATT DANDURAND	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		Type of Facility (4)							
Street Address 7272 N. CRESCENT BLVD.		<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) PENNSAUKEN		Square Feet 5280	# of Floors 2						
County (6) CAMDEN		Bldg. Age 76 YRS.							
County Code (7) CAMDEN		Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
Start Date (10) 12/1/16		Scheduled Completion Date (11) 12/5/16	License No. 01111						
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA									
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary operators only		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 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
2ND FLOOR CONTROL ROOM		X		ACM FLOOR COVERING	2520 SF	X			
" " " "		X		TRANSITE FLOOR PANELS	630 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 2.0	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date 7/3/16		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>			Date 11/15/16		

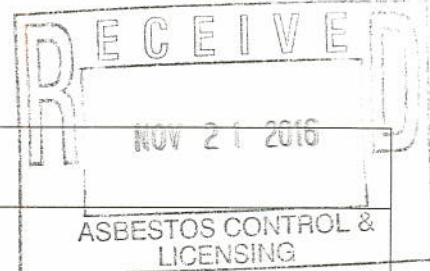
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/14/16		Name of Building Owner/Operator (2) Foster Wheeler Real Estate Development Corp.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 53 Frontage Rd. City, State, Zip Code Hampton, NJ 08827 Name of Contact William Lee						
			Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		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 2 Mark Rd.		Square Feet 18,000	# of Floors 1						
City (5) Kenilworth		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) warehouse							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107						
Start Date (10) 11/28/16	Scheduled Completion Date (11) 12/28/16	Name of OSHA Monitor Leslaw Nalodka							
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 156 maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			*	roof field	17,000sf.	*			
windows			*	window caulk	2,200lf.				
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 150	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date 12/28/16	City, State Morrisville, PA						
Completed by Leslaw Nalodka		Title President	Signature 				Date 11/14/16		

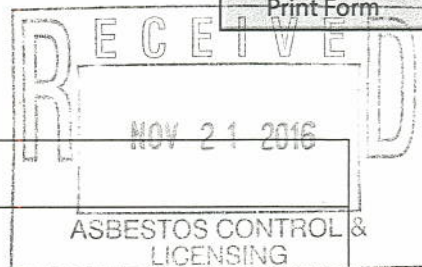
CK3519

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



Date of Notification (1) 11 / 15 / 16		Name of Building Owner/Operator (2) First Baptist Church		ASBESTOS CONTROL & LICENSING					
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 High Street City, State, Zip Code Cranford, NJ 07016 Name of Contact Doctor Dodger Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) First Baptist Church				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 100 High Street									
City (5) Cranford				Square Feet 5,000	# of Floors 3				
County (6) Union		County Code (7) (STATE USE ONLY)		Bldg. Age 70					
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 11 / 25 / 16		Scheduled Completion Date (11) 11 / 28 / 16		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 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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-On Insulation	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill				
City, State Freehold, NJ		Disposal Date 11/28/2016		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 11/15/16			

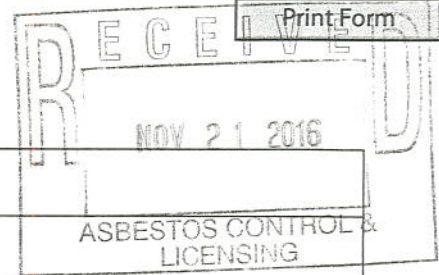
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/16/16		Name of Building Owner/Operator (2) Sue Patterson Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Mike	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sue Patterson Private Home		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 1000 +	# of Floors 1						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/29/16	Scheduled Completion Date (11) 12/5/16	Name of OSHA Monitor Same							
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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" 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) <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
bottom of house			x	Transite Board	600 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 12/5/16	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 	Date 11/16/16					

C15830

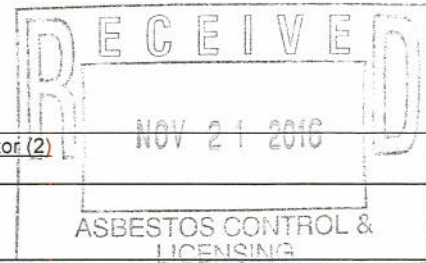
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/16/16		Name of Building Owner/Operator (2) Charles Tortorella Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Charles	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Charles Tortorella Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Manahawkin NJ 08050		Square Feet 1000 +	# of Floors 2						
		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		856-753-9800	00727						
Start Date (10) 11/29/16	Scheduled Completion Date (11) 12/5/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/5/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/16/16		

Ch 4022124

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



<u>Date of Notification (1)</u> 11/15/16		<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<u>Street Address</u> 800 Billingsport Rd
			<u>City, State, Zip Code</u> Paulsboro, NJ 08066
			<u>Name of Contact</u> Ravi Jarecha
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> 800 Billingsport Rd		<u>Sq. Feet</u> N/A <u># of Floors</u> N/A	
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> N/A <u>Current Use (prior if being demolished)</u> Oil Refinery
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Mansfield Industrial, Inc.
<u>Street Address</u>		<u>Street Address</u> 800 Billingsport Rd	
		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> 856-224-4392	<u>License Number</u> 00857
<u>Scheduled Start Date (10)</u> 11/29/16	<u>Scheduled Completion Date (11)</u> 12/15/16	<u>Name of OSHA Monitor</u> Mansfield Industrial, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> <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 - Removal of ACM within restricted work area in outside area		<u>Street Address</u> 800 Billingsport Rd	
		<u>City, State, Zip Code</u> Paulsboro NJ 08066	
<u>Source of Work (Check all that apply)</u> <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure - PDA <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> _ YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>
Pipe in Rack Between Fire House and CT #4	X	TSI	Approx 200 LF
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 2 CY	<u>Name of Reg. Landfill</u> Gloucester County Landfill
<u>City, State</u> South Harrison, NJ	<u>Disp. Date</u> Various	<u>City, State</u> South Harrison, NJ	
<u>Completed by (Print or Type)</u> ANDREW GREEN	<u>Title</u> MANAGER - KA Industrial Services	<u>Signature</u> Site Operations Supervisor	<u>Date</u> 11/15/16

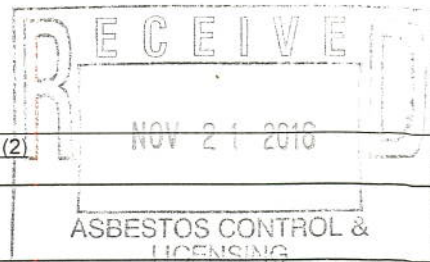
Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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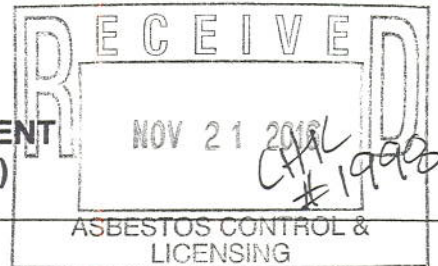
CH4022125

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



<u>Date of Notification (1)</u> 11/7/16		<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	
<u>Street Address</u> 800 Billingsport Rd		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
<u>Name of Contact</u> Ravi Jarecha		<u>Tel. Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 800 Billingsport Rd		<u>Sq. Feet</u> N/A <u># of Floors</u> N/A	
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> N/A <u>Current Use (prior if being demolished)</u> Oil Refinery
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC Associates, Inc.		<u>ASCM No.</u>	
<u>Street Address</u> 3 Terri Lane, Suite 4 Burlington, NJ 08016		<u>Name of Contractor (9)</u> Mansfield Industrial, Inc.	
<u>Project Manager for Monitoring Firm</u> John Lutz		<u>Telephone Number</u> 609-386-8800	<u>License Number</u> 00857
<u>Scheduled Start Date (10)</u> 11/21/16	<u>Scheduled Completion Date (11)</u> 12/23/16	<u>Name of OSHA Monitor</u> Mansfield Industrial, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe - Removal of ACM within restricted work area in outside area		<u>Street Address</u> 26 Colonial Ave <u>City, State, Zip Code</u> Woodbury NJ 08096	
<u>Source of Work (Check all that apply)</u> (X) Demolition (X) Renovation () Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure - FGDU () Mini-Enclosure (X) Glovebag Procedure - TBA			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> _ YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>
<u>Abatement Type</u> Rem. Rep. Encap Enclose			
TSI ON C-201 Tower at NHT	X	TSI	Approx 1,750 SF
Pipe up side of C201 Tower - NHT	X	TSI	Approx 200 LF
TSI ON D-1 at NHT	X	TSI	Approx 450 SF
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 4 CY
<u>City, State</u> South Harrison, NJ		<u>Disp. Date</u> Various	<u>Name of Reg. Landfill</u> Gloucester County Landfill
<u>City, State</u> South Harrison, NJ		<u>Signature</u> Site Operations Supervisor	<u>Date</u> 11/7/16
<u>Completed by (Print or Type)</u> ANDREW GREEN		<u>Title</u> MANAGER - KA Industrial Services	

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



Date of Notification (1) 11/8/2016		Name of Building Owner / Operator (2) Lurch Demolition	
Agencies Notified	Type Notification	Street Address PO Box 42	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Avon by the Sea, NJ 07717	
		Name of Contact Frank Lurch	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]			Square Feet 1200		
City (5) Spring Lake		County (6) Monmouth	County Code (7)	# of Floors 1	Bldg. Age 80
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Alpha Environmental Services	
Street Address			Street Address PO Box 8297		
City, State & Zip Code			City, State & Zip Code Trenton, NJ		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 609-847-2956	License Number 01222
Scheduled Start Date (10) 11/17/2016		Scheduled Completion Date (11) 11/20/2016		Name of OSHA Monitor EMSL Analytical	
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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

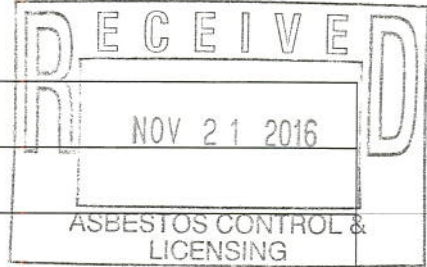
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 800sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL	NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ		Disposal Date Various	City, State Morrisville, PA
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>
		Date 11/8/2016	

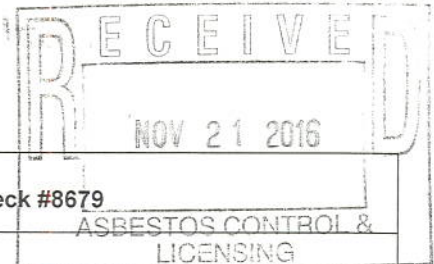
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check NO. 9662



Date of Notification (1) 11/16/2016		Name of Building Owner/Operator (2) Corning Pharmaceutical Glass, LLC							
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 563 Crystal Ave.							
		City, State, Zip Code Vineland, NJ 08360							
		Name of Contact Robert LaMastro							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Corning Pharmaceutical Glass, LLC Bldg. 106 Transite Pipe (Outside)		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 563 Crystal Avenue		Square Feet N/A	# of Floors Outside						
City (5) Vineland		Bldg. Age N/A							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 411 Southgate Court		Street Address 42 Ridge Road							
City, State, Zip Code Mickelton, NJ 08056		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856 224-0080	License No. 00836						
Start Date (10) 11/28/2016	Scheduled Completion Date (11) 11/29/2016	Name of OSHA Monitor Neuber Environmental 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: <u>Work outside in unoccupied area.</u>		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Trench Outside Bldg 106			X	Transite Pipe	115 LF	X			
Name of Registered Waste Hauler Neuber Environmental Services, Inc.		NJDEP Waste Hauler ID No. 0035969	Cubic Yards of Waste ~ 3 Cu. Yds.	Name of Registered Landfill Cumberland County Improv. Auth.					
City, State Phoenixville, PA			Disposal Date 11/2016	City, State Millville, NJ					
Completed by Patrick Larney		Title Project Manager	Signature 	Date 11/16/2016					

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

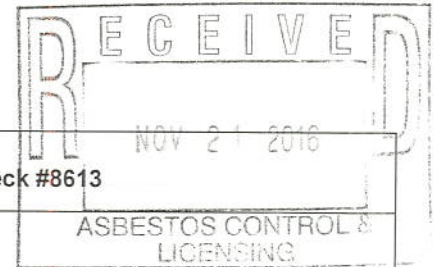


Date of Notification (1) 11 / 1 / 16		Name of Building Owner/Operator (2) South Jersey Gas / Job #1610-5079 Check #8679							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 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 1 South Jersey Plaza							
		City, State, Zip Code Folsom, NJ							
		Name of Contact Patrick Carr	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Jersey Gas		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 111 N Franklin Blvd.									
City (5) Pleasantville, NJ 08232		Square Feet	# of Floors Bldg. Age						
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former MGP Site							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	License No. 00529						
Start Date (10) 11 / 2 / 16	Scheduled Completion Date (11) 11 / 30 / 16	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	1,260 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	39 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Sealant	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill A.C.U.A. Landfill					
City, State Lumberton, NJ		Disposal Date 11/30/16		City, State Atlantic City, NJ					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>GMT</i>			Date 11/30/16		

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Date of Notification (1) <div style="text-align: center;">10 / 28 / 16</div>		Name of Building Owner/Operator (2) South Jersey Gas / Job #1609-5068 Check #8612							
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 1 South Jersey Plaza							
		City, State, Zip Code Folsom, NJ							
		Name of Contact Patrick Carr	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former SJ Gas- Block 387 Lot 1		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 304 Turnpike Road									
City (5) Atlantic City, NJ		Square Feet	# of Floors 						
County (6) Atlantic		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former SJ Gas Site						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	License No. 00529						
Start Date (10) <div style="text-align: center;">10 / 10 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 30 / 16</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please see attached highlighted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see attached highlighted	See attached	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill A.C.U.A. Landfill					
City, State Lumberton, NJ		Disposal Date 12/30/16		City, State Atlantic City, NJ					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 				Date 10/28/16	

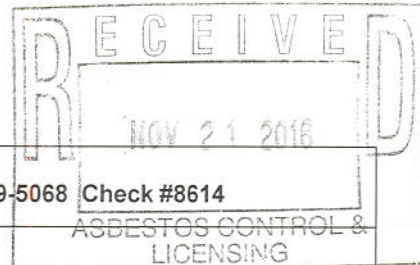
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 28 / 16		Name of Building Owner/Operator (2) South Jersey Gas / Job #1609-5068 Check #8613							
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 1 South Jersey Plaza City, State, Zip Code Folsom, NJ Name of Contact Patrick Carr Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former SJ Gas- Block 387 Lot 5 & 6		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 300/302 Turnpike Road		Square Feet # of Floors Bldg. Age							
City (5) Atlantic City, NJ		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Former SJ Gas Site							
County (6) Atlantic		Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services							
Street Address PO Box 365		ASCM No. Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Jim Proctor		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 609-839-2432		Telephone No. License No. 609-265-2107 00529							
Start Date (10) 10 / 10 / 16		Scheduled Completion Date (11) 12 / 30 / 16							
Name of OSHA Monitor EMSL Analytical		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM							
Street Address 200 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 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 type="checkbox"/> Mini-Enclosure <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
Please see attached highlighted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see attached highlighted	See attached	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill A.C.U.A. Landfill				
City, State Lumberton, NJ		Disposal Date 12/30/16		City, State Atlantic City, NJ					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>[Signature]</i>		Date 10/28/16			

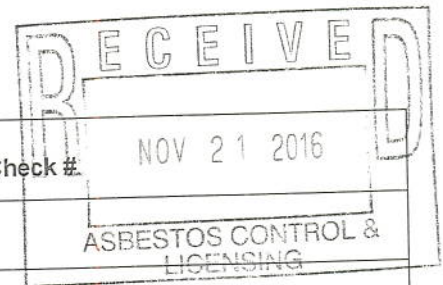
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 28 / 16		Name of Building Owner/Operator (2) Robert R. Jr. & Colleen Boselli / Job #1609-5068		Check #8614	
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 205 North Melbourne Ave. City, State, Zip Code Ventnor, NJ 08406 Name of Contact Patrick Carr	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former SJ Gas- Block 387 Lot 9 & 10				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2420/2424 Sunset Avenue					
City (5) Atlantic City, NJ				Square Feet	# of Floors
				Bldg. Age	
County (6) Atlantic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Former SJ Gas Site	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365				Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009				City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432		Telephone No. 609-265-2107	License No. 00529
Start Date (10) 10 / 10 / 16		Scheduled Completion Date (11) 12 / 30 / 16		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 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 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)
	Yes	No	N/A		
Please see attached highlighted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see attached highlighted	See attached
	<input type="checkbox"/>	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill A.C.U.A. Landfill
City, State Lumberton, NJ		Disposal Date 12/30/16		City, State Atlantic City, NJ	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	Date 10/28/16

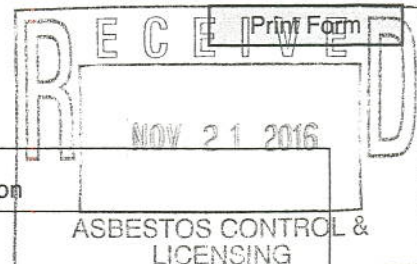
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>11</u> / <u>16</u> / <u>16</u>		Name of Building Owner/Operator (2) PSE&G / Job #1611-5082 Check #						
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 4000 Hadley Road						
		City, State, Zip Code South Plainfield, NJ 07080						
		Name of Contact Greg Marone						
Telephone Number								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE&G Control 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 and commercial buildings, homes, etc.)						
Street Address 747 Main Street		Square Feet	# of Floors					
City (5) Belleville, NJ 07109		Bldg. Age						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control House						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1011	Telephone No. 609-265-2107					
License No. 00529		Name of OSHA Monitor EMSL Analytical						
Start Date (10) <u>11</u> / <u>14</u> / <u>16</u>	Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>16</u>	Street Address 200 Route 130 North						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		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) 30 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stucco	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 11/30/16	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>			Date 11/16/16		

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



Date of Notification (1) 11/18/2016		Name of Building Owner/Operator (2) Merchantville Pennsauken Water Commission							
Agencies Notified	Type Notification	Street Address 6751 Westfield Avenue							
<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 Pennsauken, NJ 08110							
		Name of Contact Chris Kuchera	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Merchantville Pennsauken Water Commission		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 4400 Frosthoffer Avenue		Square Feet 392	# of Floors 1						
City (5) Pennsauken		Bldg. Age 62							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Water pump house							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants		ASCM No. n/a	Name of Abatement Contractor (9) Silt Asbestos Abatement LLC						
Street Address 413 N. Black Horse Pike		Street Address 1800 Federal Street							
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Camden, NJ 08105							
Project Manager for Monitoring Firm Howard Zenobi		Telephone No. 856 482 1311	Telephone No. 856 630 3288						
License No. 01303									
Start Date (10) 12/03/2016	Scheduled Completion Date (11) 12/04/2016	Name of OSHA Monitor Self 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 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 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
Pump house	x			thermal systems insulation	6 LF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill					
City, State Voorhees, NJ		Disposal Date 12/05/16		City, State Morrisville, PA					
Completed by Jeff Yekenchik		Title Owner	Signature 	Date 11/18/ 2016					

B & G proj. #: 2016-167

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

*** SUB chapter 8 ***

Check # 8116 21 2016

Date of Notification (1) 11/18/16		Name of Building Owner/Operator (2) Borough of South Bound Brook		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 21 2016 ASBESTOS CONTROL & LICENSES </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 12 Main Street		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code South Bound Brook, NJ 08880		
		Name of Contact Thomas Herits & Dennis Quinlan		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Staats House (Sub 8)			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 Von Steuben Lane			Square Feet # of Floors Bldg. Age		
City (5) South Bound Brook	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) house school district owns		
Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental Analysis		ASCM No. 0090	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 401 ST. James Ave		Street Address 105 Ryerson Road			
City, State, Zip Code Phillipsburgh, NJ 08865		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jonathan Gilbert		Phone Number 908-454-6316	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/29/2016	Sched. Completion Date (11) 11/29/2016		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 LincolnPark, NJ 07035		

Scope of Work (check all that apply)

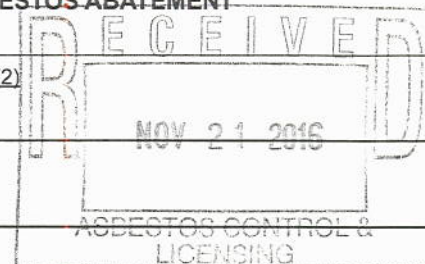
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

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						
Kitchen			<input checked="" type="checkbox"/>	pipe insulation	35 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"/>

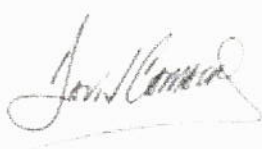
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/30/16	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/18/2016

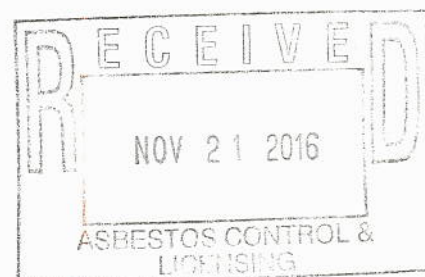
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Choi 12/4/16



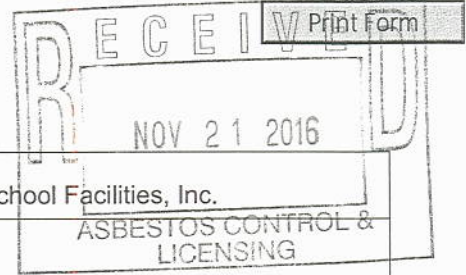
<u>Date of Notification (1)</u> 11/15/2016		<u>Name of Building Owner/Operator (2)</u> Mack Cali Realty					
<u>Agencies Notified</u> () USEPA (X) NJDEP (X) NJDOL (X) DOH () DCA	<u>Type of Notification</u> (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	<u>Street Address</u> 210 Hudson Street					
		<u>City, State, Zip Code</u> Jersey City, NJ 07311					
		<u>Name of Contact</u> Jim Dyal	<u>Tel. Number</u>				
FACILITY INFORMATION							
<u>Name of Facility Where Abatement is Taking Place (3)</u> Harborside Financial Center II		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
<u>Street Address</u> 34 Exchange Place		Sq. Feet: <u>761,200</u> # of Floors <u>9</u> Bldg. Age <u>80</u>					
<u>City (5)</u> Jersey City	<u>County (6)</u> Hudson	<u>County Code (7)</u> (State Use Only)	Current Use (if being demolished):				
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Matrix New World Engineering		<u>ASCM No.</u> N/A	<u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc.				
<u>Street Address</u> 26 Columbia Tpk. Second Floor		<u>Street Address</u> 3300 Hudson Avenue					
<u>City, State, Zip Code</u> Florham Park, NJ 07932		<u>City, State, Zip Code</u> Union City, NJ 07087					
<u>Project Manager for Monitoring Firm</u> Gavin Gilmore	<u>Telephone Number</u> 973.240.1800	<u>Telephone Number</u> (201)325-0055	<u>License Number</u> 01124				
<u>Scheduled Start Date (10)</u> 11/16/2016	<u>Scheduled Completion Date (11)</u> 12/15/2016	<u>Name of OSHA Monitor</u> ISES, Inc.					
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: work area is in floor currently unoccupied		<u>Street Address</u> 3300 Hudson Avenue					
		<u>City, State, Zip Code</u> Union City, NJ 07087					
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) () Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure with Negative Pressure (X) Glove-bag Procedure and Wrap and cut procedure () Non-Exempted (*) and Non-Friable Procedure							
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u> YES NO N/A	<u>Description of ACM</u> (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				R e m o v a l	R e p a i r	E n c a p s u l a t e	E n c l o s u r e
3rd floor	X	TSI pipe	~ 8 LFT	X			
3rd floor	X	mastic and associated cork on ceiling	~ 21000 SFT	X			

3rd floor		X		mastic on cinder block walls	~ 700 SQ FT	X			
3rd floor		X		mastic on south walls	~1300 SQ FT	X			
<u>Name of Reg. Waste Hauler #1</u> Newark Carting		<u>NJDEP Waste Hauler ID #</u> 04509		<u>Cubic Yards of Waste</u> ~ 140	<u>Name of Reg. Landfill</u> Grand Central Sanitation 1963 Pen Argyl Road				
<u>City, State</u> 369 Raymond Blvd., Newark, NJ 07105				<u>Disp. Date</u> 12/01/2016		<u>City, State</u> Pen Argyl, PA 18072			
<u>Name of Reg. Waste Hauler #2</u> Atlas Disposal Options, Inc.		<u>NJDEP Waste Hauler ID #</u> 50452		<u>Cubic Yards of Waste</u> 100	<u>Name of Reg. Landfill</u> Grand Central Sanitation 1963 Pen Argyl Road				
<u>City, State</u> 311 East Blackwell Street, Dover, NJ 07801				<u>Disp. Date</u> 12/01/2016		<u>City, State</u> Pen Argyl, PA 18072			
<u>Completed by (Print or Type)</u> David Camacho	<u>Title</u> Project Supervisor		<u>Signature</u> 			<u>Date</u> 11/15/2016			



CT4685

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



Date of Notification (1) 11-18-16		Name of Building Owner/Operator (2) Cooper Lanning Square Renaissance School Facilities, Inc.							
Agencies Notified	Type Notification	Street Address 200 Federal Street-Suite 146							
<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 Camden, NJ 08103							
		Name of Contact Dave Millman	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kipp Cooper Norcross Academy at Whittier		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 740 Chestnut St.		Square Feet 200,000	# 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		ASCM No. _____	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address 1805 Atlantic Avenue		Street Address 2251 Fraley Street							
City, State, Zip Code Manasquan, NJ 08076		City, State, Zip Code Philadelphia, PA 19137							
Project Manager for Monitoring Firm Gary Fleming		Telephone No. 732-223-2225	Telephone No. 215-533-5155						
		License No. 01166							
Start Date (10) 11-28-16	Scheduled Completion Date (11) 12-31-16	Name of OSHA Monitor Brinkerhoff Environmental							
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 1805 Atlantic Avenue							
		City, State, Zip Code Manasquan, NJ 08076							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
1st floor			x	VAT and Mastic	300sf	x			
3rd and 4th floor (7 separate areas)			x	VAT and Mastic	63sf	x			
under radiators -9 sf ea. area									
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill Minerva Landfill					
City, State Newark, DE			Disposal Date _____	City, State Libson, OH					
Completed by Jennifer Niven		Title Dir. of Operations		Signature 		Date 11-18-16			