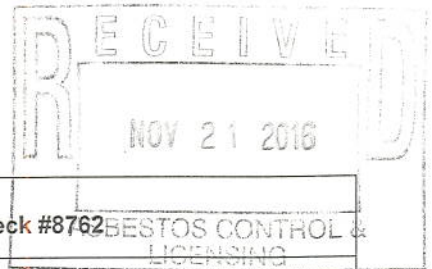


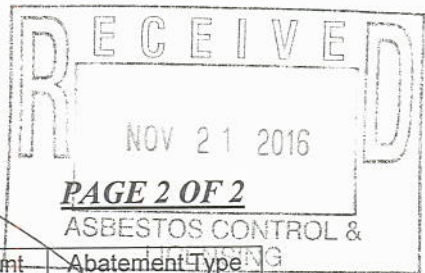
CK8762

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



Date of Notification (1) 11 / 14 / 16		Name of Building Owner/Operator (2) US Coast Guard / Job #1610-5073 Check #8762	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Coast Guard Training Center	
		City, State, Zip Code Cape May, NJ 08204	
		Name of Contact Mike Martin	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) USCG GSK Building #204		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 1 Munroe Avenue		Square Feet	# of Floors
City (5) Cape May		Bldg. Age	
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Training Center	
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) 10 / 20 / 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Transite
4 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Floor tile & Mastic
4 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Carpet
4 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe Fittings
Amount (Specify SF or LF)		Abatement Type	
230 SF		Removal	Repair
600 SF		Encapsulate	Enclosure
400 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	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 11/14/16

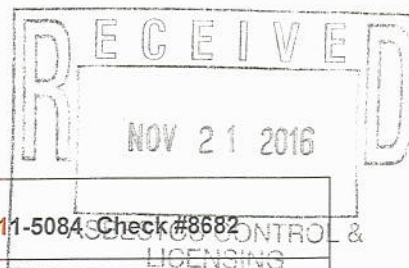
**USCG-GSK Bldg. – Notification**



Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front 3 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	68 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front 3 Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitting	1 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CK 8682

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



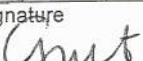
Date of Notification (1) <u>11</u> / <u>11</u> / <u>16</u>		Name of Building Owner/Operator (2) <b>Our Lady of Lourdes Health System / Job #1611-5084 - Check #8682</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1600 Haddon Avenue</b> City, State, Zip Code <b>Camden, NJ 08103</b> Name of Contact <b>Walt Wenner</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Our lady of Lourdes Medical Center</b>		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 <b>1600 Haddon Avenue</b>		Square Feet # of Floors Bldg. Age							
City (5) <b>Camden</b>		County Code (7) (STATE USE ONLY) <b>Camden</b>							
County (6) <b>Camden</b>		Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>1253 North Church Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone No. <b>856-840-8800</b>							
Start Date (10) <u>11</u> / <u>14</u> / <u>16</u>		Scheduled Completion Date (11) <u>11</u> / <u>15</u> / <u>16</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor <b>EMSL Analytical</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Stairwell behind Morgue</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>50 LF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>15</b>		Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>			
City, State <b>Lumberton, NJ</b>		Disposal Date <b>11/15/16</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>11/11/16</b>			

RECEIVED  
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6-5020 Check #8608 Pg. 1 of 2  
LICENSING

Date of Notification (1) <u>11</u> / <u>17</u> / <u>16</u>		Name of Building Owner/Operator (2) <b>Federal Aviation Administration/ Job #1606-5020</b>		Check #8608 Pg. 11 of 22 LICENSING	
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>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>FAA Technical Center</b>			
		City, State, Zip Code <b>Atlantic City International Airport, NJ 08405</b>			
		Name of Contact <b>Peter</b>		Telephone Number <b>[REDACTED]</b>	

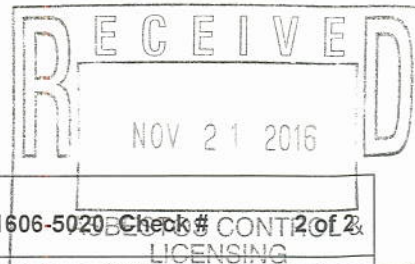
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>William J. Hughes Tech Center</b>		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 <b>Hangar B301</b>		Square Feet	# of Floors
City (5) <b>Atlantic City</b>		Bldg. Age	
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Technical Center</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>1253 North CHurch Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Jim Guilardi</b>	Telephone No. <b>609-314-1683</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <b>8 / 29 / 16</b>	Scheduled Completion Date (11) <b>12 / 30 / 16</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
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 <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	410 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"/>	Roof Mastic	115 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	20 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"/>	Roof Mastic	50 SF	<input checked="" 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 16	Name of Registered Landfill Atlantic Count Utilities Authority				
City, State Lumberton, NJ				Disposal Date 12/30/16	City, State Egg Harbor Township, NJ 08234				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11/17/16			

NOCK

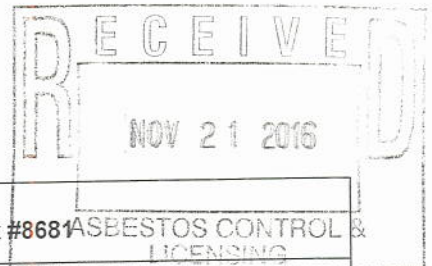
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 11 / 17 / 16		Name of Building Owner/Operator (2) Federal Aviation Administration / Job #1606-5020 Check # 2 of 2							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address FAA Technical Center City, State, Zip Code Atlantic City International Airport, NJ 08405 Name of Contact Peter Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Hangar B301		Square Feet	# of Floors Bldg. Age						
City (5) Atlantic City									
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Technical Center							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 609-314-1683	Telephone No. 609-265-2107 License No. 00529						
Start Date (10) 8 / 29 / 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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
6 Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	4 SF (24 SF total)	<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 16	Name of Registered Landfill Atlantic Count Utilities Authority					
City, State Lumberton, NJ		Disposal Date 12/30/16		City, State Egg Harbor Township, NJ 08234					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 11/17/16			

CK8681

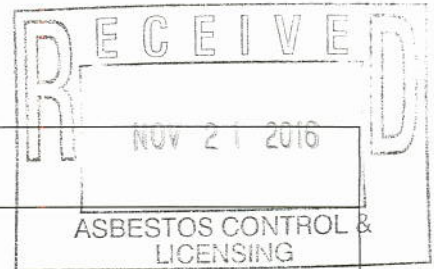
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 11 / 10 / 16		Name of Building Owner/Operator (2) PSE&G / Job #1611-5082 Check #8681		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 4000 Hadley Road		City, State, Zip Code South Plainfield, NJ 07080		Telephone Number					
Name of Contact Greg Marone									
<b>FACILITY INFORMATION</b>									
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	Bldg. Age				
City (5) Belleville, NJ 07109			Current Use (Prior if being demolished) Control House						
County (6) Camden		County Code (7) (STATE USE ONLY)							
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-		License No. 00529					
Start Date (10) 11 / 14 / 16		Scheduled Completion Date (11) 11 / 16 / 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 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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stucco	30 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 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 11/16/16		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11/10/16			

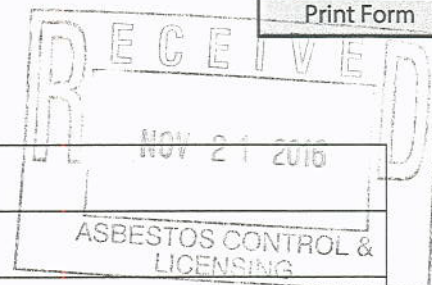
NOCK

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



Date of Notification (1) 11 / 17 / 16		Name of Building Owner/Operator (2) St. Luke's Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 185 Roseberry St. City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Ted Ruhf Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital		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 185 Roseberry St.		Square Feet 100,000+	# of Floors 2 Bldg. Age 41+						
City (5) Phillipsburg, NJ 08865		County (6) Warren							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Pennonni Assoc.		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 515 Grove St.		Street Address 550 East Union St.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Tom Adams		Telephone No. 856-547-0505	License No. 00508						
Start Date (10) 9 / 12 / 16	Scheduled Completion Date (11) 12 / 3 / 16	Name of OSHA Monitor AET							
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: 7:00AM-3:30PM/ PM- AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Sub Phases 5 & 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	5140 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 Richard Burns & Co.		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 40	Name of Registered Landfill Western Berks Community Landfill					
City, State Phila., PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark H. Griffin		Title Estimator		Signature 		Date 11/17/16			

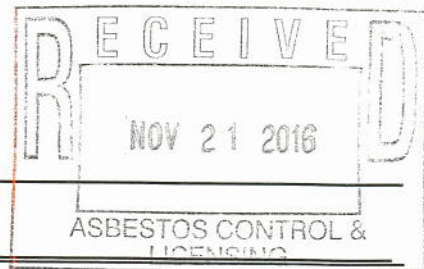
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/19/16		Name of Building Owner/Operator (2) Rosa Delucca							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 North Haledon, NJ 07508							
		Name of Contact Rosa Delucca	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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]									
City (5) North Haledon	Square Feet 2200	# of Floors 2	Bldg. Age 65+/-						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 11/29/16	Scheduled Completion Date (11) 12/1/16	Name of OSHA Monitor							
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: 8 A.M to 4 P.M		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 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
Basement		x		VAT	300 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2 CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ			Disposal Date TBD	City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President	Signature 	Date 11/19/16					

D&S Proj. #: 16-346

State of NJ  
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) alyse davidow	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Red Bank, NJ 07701	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact alyse davidow	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) alyse davidow			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Red Bank			County (6) monmouth	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 11-18-16	Sched. Completion Date (11) 11-30-16		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 11/21/16	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/14/2016	

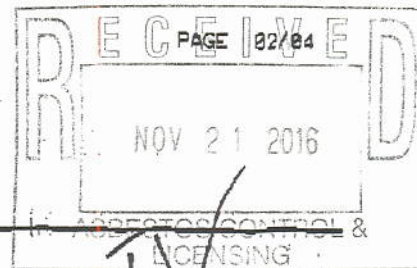
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D&amp;S Proj. #: 16-346

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) 11/14/16		Name of Building Owner/Operator (2) alyse davidow	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	[REDACTED]	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Red Bank, NJ 07701	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		alyse davidow	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) alyse davidow			Type of Facility (4)	
Street Address			<input type="checkbox"/> School (K-12)	
[REDACTED]			<input type="checkbox"/> Subchapter S (Other than K-12)	
City (5) Red Bank			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
County (6) monmouth	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Current Use (Prior if being demolished)				

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
Project Manager for Monitoring Firm		Phone Number	20 California Ave.	
Start Date (10) 11-18-16		Sched. Completion Date (11) 11-30-16	City, State, Zip Code	
Occupancy Status During Abatement (Check only one)			Paterson, NJ 07503	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Telephone Number	
<input type="checkbox"/> Abatement performed outside of normal facility hours.			License Number	
Describe:			973-345-8020 01169	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor	
Scope of Work (check all that apply)			D & S Restoration, Inc.	
<input checked="" type="checkbox"/> >3 sf or >2 lf		<input checked="" type="checkbox"/> Renovation	Street Address	
<input type="checkbox"/> ≥150 sf or ≥260 lf		<input type="checkbox"/> Demolition	20 California Avenue	
			City, State, Zip Code	
			Paterson, NJ 07503	

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remov	Repair	Encap	Encl
	Yes	No	N/A						
basement		X		PIPE INSULATION	201 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/21/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/14/2016

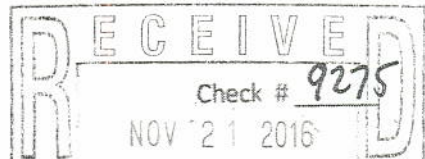
\* POSTPONED

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

RECEIVED  
Check # 9262  
NOV 21 2016

Date of Notification (1) <b>11/17/16</b>		Name of Building Owner/Operator (2) <b>CHRISTIANNE &amp; STEVEN STABLE</b>						
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Fair Lawn, N.J. 07410</b>						
		Name of Contact <b>CHRISTIANNE STABLE</b>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>Fair Lawn</b>	Square Feet <b>1,800</b>	# of Floors <b>2</b>	Bldg. Age <b>+56</b>					
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		A.MAC Contracting Inc.						
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ</b>						
Telephone No.		Telephone No. <b>(201)262-5841</b>	License No. <b>00156</b>					
Start Date (10) <b>POSTPONED</b>	Scheduled Completion Date (11)	Name of OSHA Monitor <b>Omega Environmental Services</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler St</b>						
<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 <b>Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> <3 sf or <23 lf <input checked="" type="checkbox"/> ≥150 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>800SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Basement</b>			<b>VAT</b>	<b>800SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>11/17/16</b>		City, State <b>Bethlehem, PA</b>				
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>	Signature <b>J. Vocaturo</b>	Date <b>11/17/16</b>				

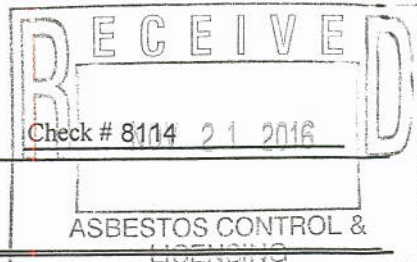
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>11/17/16</b>		Name of Building Owner/Operator (2) <b>ARTHUR MAZZACCA</b>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code <b>HAWTHORNE, N.J. 07506</b>		Telephone Number	
		Name of Contact <b>ARTHUR MAZZACCA</b>			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]					
City (5) <b>HAWTHORNE</b>			Square Feet <b>1,700</b>	# of Floors <b>2</b>	Bldg. Age <b>170</b>
County (6) <b>PASSAIC</b>			Current Use (Prior if being demolished) <b>RESIDENTIAL</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>	
Street Address				Street Address <b>185 Vreeland Ave.</b>	
City, State, Zip Code				City, State, Zip Code <b>Midland Park, NJ</b>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>(201)262-5841</b>	License No. <b>00156</b>
Start Date (10) <b>11/28/16</b>		Scheduled Completion Date (11) <b>12/10/16</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>	
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 <b>280 Huyler St</b>	
				City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 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) <b>Basement</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>/</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>PIPE INSULATION</b>	
				Amount (Specify SF or LF) <b>60LF</b>	Abatement Type Removal Repair Encapsulate Enclosure <b>✓</b>
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>11/28/16</b>		City, State <b>Bethlehem, PA</b>	
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>		Signature <b>[Signature]</b>	Date <b>11/17/16</b>

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

B & G proj. #: 2016-165



Date of Notification (1) 11/1/16		Name of Building Owner/Operator (2) Justin Boose	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Glen Ridge, NJ 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Justin Boose	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Justin Boose			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet	# of Floors	Bldg. Age
City (5) Glen Ridge, NJ 07028	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/30/2016	Sched. Completion Date (11) 12/01/2016		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

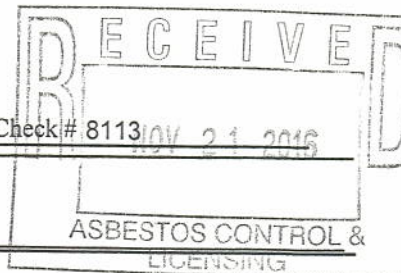
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
basement (10 locations)			<input checked="" type="checkbox"/>	thin duct insulation	12 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	duct seams	10 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"/>

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 12/01/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/16/2016

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

B & G proj. #: 2016-166

Check # 8113 NOV 21 2016



Date of Notification (1) 11/16/16		Name of Building Owner/Operator (2) Nicole Rinklin	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
	City, State, Zip Code Montclair, NJ 07042		
	Name of Contact Nicole Rinklin	Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Nicole Rinklin			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road			
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/28/2016	Sched. Completion Date (11) 11/29/2016				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> 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						
main & laundry room			X	pipe insulation	38 lf	X			
crawl space & main room			X	thin duct	23 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/29/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/16/2016

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

Chk 3123

Date of Notification (1) 11 / 18 / 16		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  NOV 21 2016  ASBESTOS CONTROL &amp; TESTING </div>					
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 200 Elm Dr			
		City, State, Zip Code Princeton, NJ 08544				Name of Contact Robert Ortego			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Engineering Quadrangle				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 Olden St				Square Feet					
City (5) Princeton				# of Floors					
County (6) MERCER				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) 11 / 29 / 16		Scheduled Completion Date (11) 11 / 30 / 16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-3:30 PM/ _____ PM-12:30 AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Maintenance Shop closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL			
City, State BRISTOL, PA 19007				Disposal Date		City, State MORRISVILLE, PA 19067			
Completed By (Print or Type) Brian Scafiro		Title Estimate		Signature Brian Scafiro / JS		Date 11-18-16			

BS16140

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

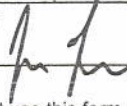
*Mr. 5121*

Date of Notification (1) <b>11/18/2016</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>NOV 21 2016</b>           Telephone Number          ASBESTOS ABATEMENT &amp;       </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<b>1032-1034 OCEAN ROAD</b> City, State & Zip Code <b>POINT PLEASANT NJ 08742</b> Name of Contact <b>ALEX BAYLOR</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>POINT PLEASANT CENTRAL OFFICE</b>			Type of Facility (4)						
Street Address <b>1032-1034 OCEAN ROAD</b>			<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) <b>POINT PLEASANT</b>	County (6) <b>OCEAN</b>	County Code (7)	Square Feet <b>21800</b>	# of Floors <b>2</b>	Bldg. Age				
			Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>						
Street Address <b>8436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>						
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>						
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>					
Scheduled Start Date (10) <b>NOVEMBER 28, 2016</b>	Scheduled Completion Date (11) <b>NOVEMBER 29, 2016</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>						
Occupancy Status During Abatement (Check only one)			Street Address <b>1123 BEAVER STREET</b>						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe:			City, State & Zip Code <b>BRISTOL, PA 19007</b>						
<input checked="" type="checkbox"/> Facility Occupied During Abatement (7AM -3:30PM)									
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT MECHANICAL EQUIP RM.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<b>26 SF</b>	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH 44688</b>						
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro / jn</i>		Date <b>11/18/16</b>				

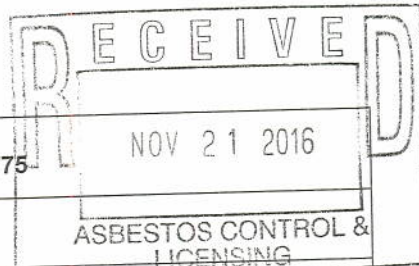
CK109

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

<b>RECEIVED</b>		Print Form
NOV 21 2016		
<b>ASBESTOS CONTROL &amp; LICENSING</b>		

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	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennsauken, NJ 08110							
		Name of Contact Chris Kuchera							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
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 2978	# 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 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) 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
Pump house	x			thermal systems insulation	32 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					

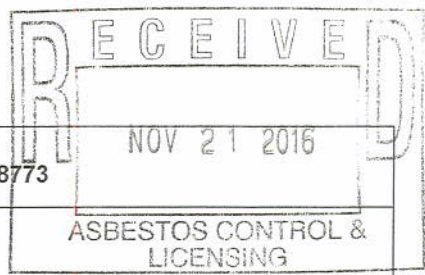
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



<b>Date of Notification (1)</b> 11 / 18 / 16		<b>Name of Building Owner/Operator (2)</b> NJTA / Job #1611-5086 Check #8775							
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	<b>Type Notification</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>Street Address</b> PO Box 5042							
		<b>City, State, Zip Code</b> Woodbridge, NJ 07095							
		<b>Name of Contact</b> John Hall	<b>Telephone Number</b> 						
<b>FACILITY INFORMATION</b>									
<b>Name of Facility Where Abatement is Taking Place (3)</b> Interhchange #5		<b>Type of Facility (4)</b> <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.)							
<b>Street Address</b> Milepost 44		<b>Square Feet</b>	<b># of Floors</b>						
<b>City (5)</b> Burlington		<b>Bldg. Age</b>							
<b>County (6)</b> Burlington	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b>							
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> Sabon Engineering	<b>ASCM No.</b>	<b>Name of Abatement Contractor (9)</b> AbateTech, Inc.							
<b>Street Address</b> 201 Stuyvesant Avenue		<b>Street Address</b> 30 Maple Ave. PO Box 25							
<b>City, State, Zip Code</b> Lyndhurst, NJ 07071		<b>City, State, Zip Code</b> Lumberton, NJ 08048							
<b>Project Manager for Monitoring Firm</b> Stephen Pharaï	<b>Telephone No.</b> 201-299-7705	<b>Telephone No.</b> 609-265-2107	<b>License No.</b> 00529						
<b>Start Date (10)</b> 11 / 28 / 16	<b>Scheduled Completion Date (11)</b> 11 / 29 / 16	<b>Name of OSHA Monitor</b> EMSL Analytical							
<b>Occupancy Status During Abatement (Check only one)</b> <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		<b>Street Address</b> 200 Route 130 North							
		<b>City, State, Zip Code</b> Cinnaminson, NJ 08077							
<b>Scope of Work (Check all that apply)</b>									
<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							
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</b>	<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b>			<b>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b>			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double layer floor tile & mastic	60 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"/>
<b>Name of Registered Waste Hauler</b> AbateTech, Inc.		<b>NJDEP Waste Hauler ID No.</b> 18750	<b>Cubic Yards of Waste</b> 12	<b>Name of Registered Landfill</b> G.R.O.W.S. Landfill					
<b>City, State</b> Lumberton, NJ			<b>Disposal Date</b> 11/29/16	<b>City, State</b> Tullytown, PA					
<b>Completed By (Print or Type)</b> Gwendolyn Trumbetti	<b>Title</b> Operations Coordinator		<b>Signature</b> 			<b>Date</b> 11/18/16			

CK8713

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



Date of Notification (1) <b>11 / 18 / 16</b>		Name of Building Owner/Operator (2) <b>NJTA / Job #1611-5086 Check #8773</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 5042</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>John Hall</b>	
		Telephone Number 	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Interhange #4</b>		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 <b>Milepost 34.6, NJ-73</b>			
City (5) <b>Camden</b>		Square Feet	# of Floors
County (6) <b>Camden</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Saban Engineering</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>201 Stuyvesant Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Stephen Phara</b>	Telephone No. <b>201-299-7705</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <b>11 / 28 / 16</b>	Scheduled Completion Date (11) <b>12 / 2 / 16</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
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 <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

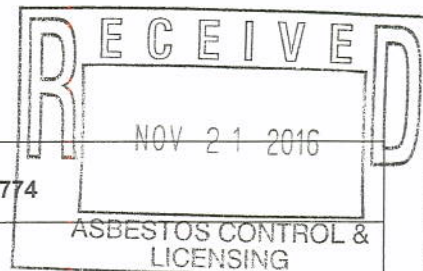
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double layer floor tile & mastic	750 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 <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>16</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/2/16</b>	City, State <b>Tullytown, PA</b>
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>11/18/16</b>

CK8774

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



Date of Notification (1) <u>11</u> / <u>18</u> / <u>16</u>			Name of Building Owner/Operator (2) <b>NJTA / Job #1611-5086 Check #8774</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>PO Box 5042</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>John Hall</b> Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Interchange #7A</b>				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 <b>Milepost 60 I-195</b>				Square Feet _____ # of Floors _____ Bldg. Age _____					
City (5) <b>Allentown</b>		County (6) <b>Monmouth</b>		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____					
Name of Monitoring Firm Hired by Building Owner (8) <b>Saban Engineering</b>		ASCM No. _____		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>201 Stuyvesant Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Stephen Pharaï</b>		Telephone No. <b>201-299-7705</b>		Telephone No. <b>609-265-2107</b> License No. <b>00529</b>					
Start Date (10) <u>12</u> / <u>5</u> / <u>16</u>		Scheduled Completion Date (11) <u>12</u> / <u>9</u> / <u>16</u>		Name of OSHA Monitor <b>EMSL Analytical</b>					
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 <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <b>TO BE ABATED</b> 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) <b>950 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & mastic		<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/9/16</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>11/18/16</b>			