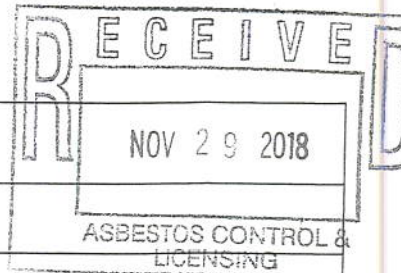
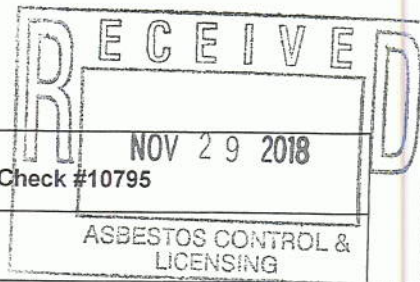


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 11 / 26 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1806-5327 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 # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ							
		Name of Contact Andrew Puk	Telephone Number 201-481-2415						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Fernwood Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 959 Lower Ferry Road									
City (5) Trenton, NJ 08628		Square Feet	# of Floors Bldg. Age						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		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. 609-704-8850	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 22 / 18	Scheduled Completion Date (11) 12 / 14 / 18	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 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 East Side North end of Bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior East Side South end of Bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Conduit	450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler VEOLIA		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Flanders, NJ		Disposal Date 12/14/18		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn-Trumbetti		Title Operations Coordinator		Signature 		Date 11-26-18			

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

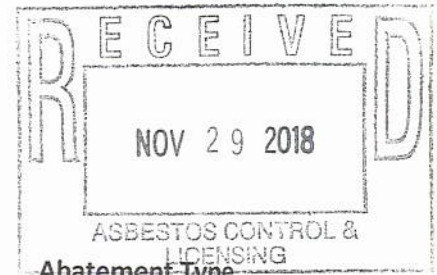


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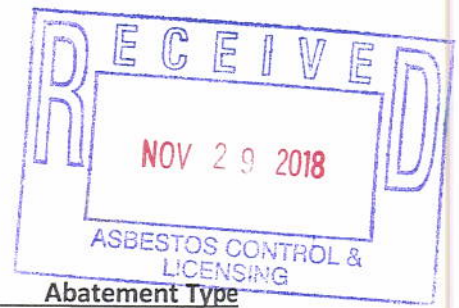
Date of Notification (1) 11 / 27 / 18		Name of Building Owner/Operator (2) Millville Public Schools / Job #1707-5179 Check #10795							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #9 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 North 3 rd Street City, State, Zip Code Millville, NJ 08332 Name of Contact Bob Ryan Telephone Number 609-858-5395							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Millville Senior High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 200 North Wade Blvd.		Square Feet 200,000 # of Floors 2 Bldg. Age 50+							
City (5) Millville		Current Use (Prior if being demolished) Education							
County (6) Cumberland	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.	ASCM No. 00100	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gary W. Fleming	Telephone No. 732-223-2225	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 4 / 2 / 18	Scheduled Completion Date (11) 12 / 31 / 18	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/3:30PM-12AM		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 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
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attached	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 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 12/31/18	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 			Date 11-27-18			

Scope of Work Cont.



Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
Room D105	NO	Transite Panels	9 SF	Removal
Room D104	NO	Transite Panels	9 SF	Removal
Room D103	NO	Transite Panels	10 SF	Removal
Room D103	NO	Cove Base Mastic	8 LF	Removal
Room D101	NO	Transite Panels	10 SF	Removal
Room D101	NO	Cove Base Mastic	8 LF	Removal
Room D102	NO	Transite Panels	19 SF	Removal
Room D102	NO	Cove Base Mastic	7 LF	Removal
Room D113/114	NO	Transite Panels	60 SF	Removal
Room D113/114	NO	Chalkboards & Mastic	50 SF	Removal
Room D113/114	NO	Transite Door Panels	30 SF	Removal
(2) Storage Rms. & Hall	NO	Floor tile & Mastic	150 SF	Removal
Throughout	NO	Door Caulk	10 SF	Removal
Auditorium	NO	Cement Panels	500 SF	Removal
Auditorium	NO	Roof Drain Fitting	1 each	Removal
Cafeteria	NO	White window glazing	2,436 LF	Removal
Cafeteria	NO	Transom Panels	30 SF	Removal
Cafeteria	NO	Window sills	228 SF	Removal
Cafeteria	NO	Floor tile & Mastic	550 SF	Removal
Cafeteria	NO	Fire Stop	9 SF	Removal
Cafeteria	NO	Interior Door Caulking	668 LF	Removal
Cafeteria	NO	Black Pipe wrap	300 LF	Removal
Cafeteria	NO	Caulk on block wall	10 LF	Removal
Cafeteria	NO	Door Caulking	50 LF	Removal
Cafeteria	NO	White window glazing	420 LF	Removal
D113/114	NO	Cove Base Mastic	640 LF	Removal

Scope of Work Cont.

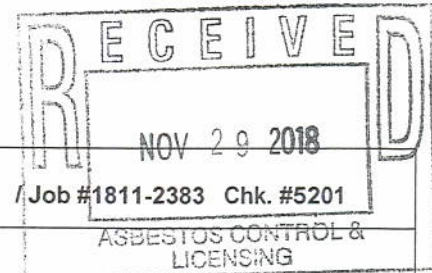


<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
D113/114	NO	Door Caulk	576 LF	Removal
D113/114	NO	Wall Caulk	180 LF	Removal
Auditorium	NO	Door Caulk	350 SF	Removal
Exterior	NO	Transite Debris	13,000 SF	Removal

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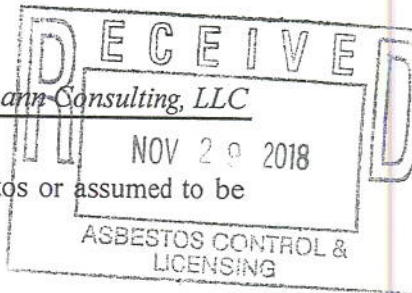
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>11</u> / <u>27</u> / <u>18</u>		Name of Building Owner/Operator (2) Terraphase Engineering		Job # 1811-2383 Chk. # 5201					
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 100 Canal Pointe Blvd., Suite 108 City, State, Zip Code Princeton, NJ 08540 Name of Contact Lily Connell Telephone Number (609) 236-8171					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Terraphase Engineering			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 201 Old York Road			Square Feet 2500 (+/-)						
City (5) Bordentown			# of Floors TBD		Bldg. Age TBD				
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential & Chicken Coop					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 1600 Route 22 East		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No.		License No. 00862					
Start Date (10) <u>12</u> / <u>6</u> / <u>18</u>		Scheduled Completion Date (11) <u>12</u> / <u>28</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
SEE ATTACHED SCOPE OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED SCOPE OF WORK	ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 12/28/2018		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 11-27-18			

Hillmann Consulting, LLC



The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

BASE BID 1: Asbestos Abatement

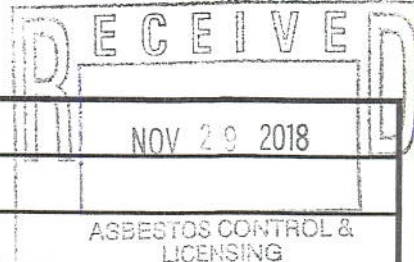
BID DOC BULLETS:

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY
First Floor Bathroom	Wall Tile Mastic	350 SF
Kitchen	Wall Tile Mastic	150 SF
Throughout Building	Joint Compound and Associated Wallboard	10,300 SF
Throughout Building	Joint Compound and Associated Wallboard (Assumed to be concealed by wood paneling)	5,950 SF
Building Exterior	Transite Siding	4,000 SF
Chicken Coop	Transite Siding	60 SF
Building Exterior	All Window Calking	415 LF

Name of Contractor: _____ Signature: _____

Printed Name: _____ Date: _____

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



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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FCA ENGLEWOOD CLIFFS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 330 SYLVAN AVENUE			Square Feet 3,000		
City (5) ENGLEWOOD CLIFF			County (6) BERGEN		Building Age 40 +
County Code (7)			Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Bldg. Owner (8) GZA			Name of Abatement Contractor (9) Northstar Contracting Group Inc		
Street Address 55 Lane Road			Street Address 32 Williams Parkway		
City, State, Zip Code Fairfield NJ 07004			City, State, Zip Code East Hanover NJ 07936		
Project Mngr. For Monitoring Firm Ben Sallemi			Telephone Number 973 774 3311		
Scheduled Start Date (10) 12 / 10 / 18		Sched. Completion Date (11) 02 / 28 / 19		Telephone Number 9737723660	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: 8AM - 4PM - MON - FRI			Name of OSHA Monitor Northstar Contracting Group Inc		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

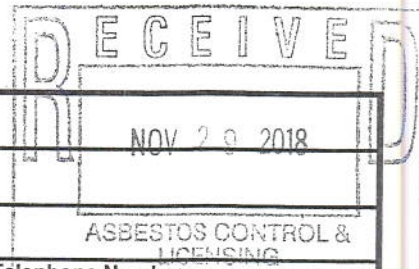
Scope of Work (Check All That Apply)

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

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
BLDG 330 EXTERIOR	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WINDOW CAULK	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ		Disposal Date	City, State PEN ARGILE, PA		
Completed by (Print or Type) Paul Mast		Title VICE PRESIDENT	Signature <i>Paul Mast</i>		Date 11/28/18

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



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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FCA ENGLEWOOD CLIFFS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 340 SYLVAN AVENUE			Square Feet 3,000		
City (5) ENGLEWOOD CLIFF	County (6) BERGEN	County Code (7)	# Of Floors 1	Building Age 40 +	
			Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Bldg. Owner (8) GZA			Name of Abatement Contractor (9) Northstar Contracting Group Inc		
Street Address 55 Lane Road			Street Address 32 Williams Parkway		
City, State, Zip Code Fairfield NJ 07004			City, State, Zip Code East Hanover NJ 07936		
Project Mngr. For Monitoring Firm Ben Sallemi			Telephone Number 973 774 3311		
Scheduled Start Date (10) 12 / 03 / 18		Sched. Completion Date (11) 02 / 28 / 19	Telephone Number 9737723660		License Number 00860
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe: 8AM - 4PM - MON - FRI			Name of OSHA Monitor Northstar Contracting Group Inc		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

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

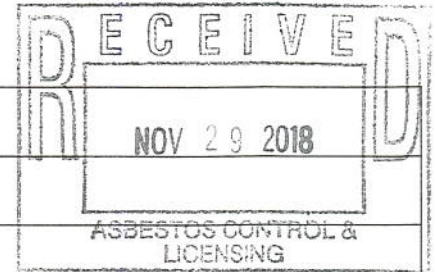
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
BLDG 340 GARAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLDG 340 SHOW ROOM	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	TRANSITE	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ	Disposal Date	City, State PEN ARGILE, PA	
Completed by (Print or Type) Paul Mast	Title VICE PRESIDENT	Signature <i>Paul Mast</i>	Date 11/28/18

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



Date of Notification (1) 11-20-18		Name of Building Owner/Operator (2) Rubenstein Properties	
Agencies Notified	Type Notification	Street Address 101 East Main St.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Little Falls, NJ 07424	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Dave Burkart	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number (973) 256-6644	
<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) Commercial Property Building # 32		Type of Facility (4)	
Street Address 20-21 Wagaraw Rd.		<input type="checkbox"/> School (K-12)	
City (5) Fair Lawn		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Bergen		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY) _____		Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished)	
ASCN No.		Name of Abatement Contractor (9) Delfa Contracting LLC.	
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206
Start Date (10) 11-21-18	Scheduled Completion Date (11) 11-30-18	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Union City NJ 07087	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

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"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

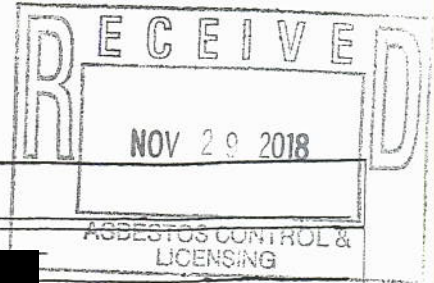
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		x		Pipe Insulation	1,050 LF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 12-03-18		City, State Tullytown, PA	
Completed by Jaime Delgado	Title Proj. Manager.	Signature 		Date 11-20-18	

CHK# 4679

PAID

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

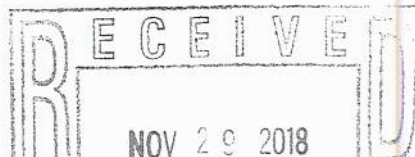


Date of Notification (1) <u>11-23-18</u>		Name of Building Owner/Operator (2) <u>ED MEYERS</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>OCEAN CITY</u>	
		Name of Contact <u>ED</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>	Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEWCO INC</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u># 01371</u>
Start Date (10) <u>12-3-18</u>	Scheduled Completion Date (11) <u>12-13-18</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> 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	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>3000 SF</u>
			Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	Name of Registered Landfill <u>CNC MUA</u>
		City, State <u>WOODBRIDGE N.J.</u>	
Completed By <u>MICHAEL KLEWCO</u>	Title <u>PRES</u>	Signature <u>[Signature]</u>	Date <u>11-23-18</u>

CK# 4679

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

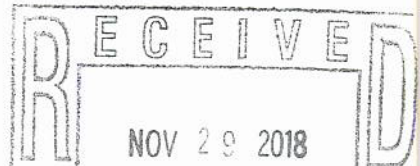


Date of Notification (1) <u>11-23-18</u>		Name of Building Owner/Operator (2) <u>D. K. C CONTRACTORS</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>661 RT 9</u>							
		City, State, Zip Code <u>CAPE MAY N.J 08204</u>							
		Name of Contact <u>KIEZ</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>WILDWOOD CREST</u>	Square Feet <u>1500</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VIA CRANIT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>12-3-18</u>	Scheduled Completion Date (11) <u>12-13-18</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) <u>1250 SF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NUDEP Waste Hauler ID No. <u>15904</u>	Cubic Yards of Waste <u>3 YDS</u>	Name of Registered Landfill <u>C.M.C. M.V.A</u>					
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>			Date <u>11-23-18</u>			

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

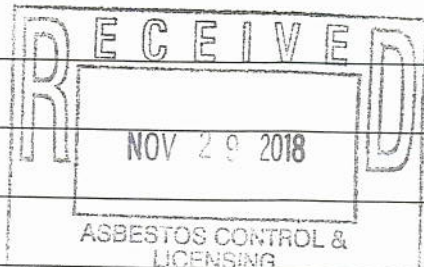


Date of Notification (1) 11-23-18		Name of Building Owner/Operator (2) MEW & MACHINES	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 225 FREMONT AVE	
		City, State, Zip Code WOODBINE N.J. 08270	
		Name of Contact LIZIA	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 1500	
City (5) STONE HARBOR		# of Floors 2	Bldg. Age 50+
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEWCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 01371
Start Date (10) 12-3-18	Scheduled Completion Date (11) 12-13-18	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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	
SIDING			TRAW SITE
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 15904	Cubic Yards of Waste 3
City, State MAPLE SHADE N.J.		Name of Registered Landfill C.M.C.M.V.A	
		Disposal Date	City, State WOODBINE
Completed By MICHAEL KLEWCO	Title SUP.	Signature [Signature]	Date 11-23-18

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



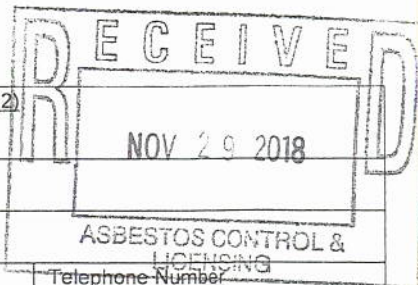
Date of Notification (1) 11-23-18		Name of Building Owner/Operator (2) Ivo Rodriguez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ							
		Name of Contact Ivo Rodriguez							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) Clifton		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
Start Date (10) 12-03-18		Scheduled Completion Date (11) 12-05-18	License No. 01206						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Delfa Contracting LLC							
<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 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
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
Garage		X		Roof	300 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 12-06-18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 11-23-18		

State of New Jersey

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Notification of Asbestos Abatement

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

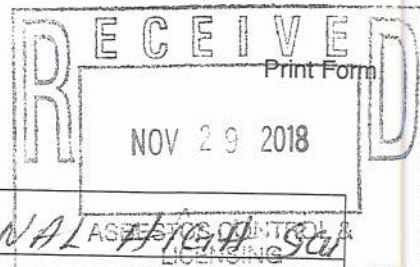


Date of Notification (1) 11/26/18 EMERGENCY NOTIFICATION		Name of Building Owner/Operator (2) Pine Hill Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	Street Address 1003 Turnerville Road City, State, Zip Code Pine Hill, NJ 08021 Name of Contact Zipporah Daniels-Browne President BOE	Telephone Number 856-783-6900
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Overbrook Highschool		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors:1 Bldg. Age: 1960's Current Use (prior if being demolished): School	
Street Address 1200 Turnerville Road			
City (5) Pine Hill	County (6) Camden	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Epic Environmental Services, LLC		ASCM No. N/A	Name of Contractor (9) Panoramic Window & Door Systems, Inc.
Street Address 1930 Brown Road		Street Address 712 Sergeantsville Road	
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Stockton, NJ 08559	
Project Manager for Monitoring Firm James Eberts	Telephone Number 856-205-1077	Telephone Number P (732)926-0900	License Number 01237
Scheduled Start Date (10) 12/1/18	Scheduled Completion Date (11) 12/2/18	Name of OSHA Monitor IAQ GURU LLC	
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 <input type="checkbox"/> Other - Describe:		Street Address 87 Main Street City, State, Zip Code Lincoln Park, NJ 07035	
Source 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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior of School	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) Transite panels above Visitors Doorway	Amount (Specify SF or LF) 20 SF
Abatement Type Remove Repair Encap Enclose		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Reg. Waste Hauler Panoramic Window & Door Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill
		Disposal Date	City, State Easton, PA
Completed by (Print or Type) Mark M Jovic	Title Environmental Projects Manager	Signature 	Date 11/26/18

MO 25399955168

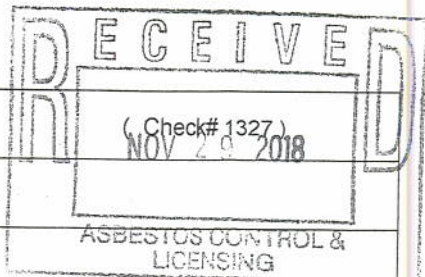
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/21/18		Name of Building Owner/Operator (2) PASCACK VALLEY REGIONAL HIGH SCHOOL						
Agencies Notified	Type Notification	Street Address 28 GRAND AVE.						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 MONTVALE, NJ, 07645						
		Name of Contact ROBERT DONAHUE	Telephone Number 201 358 7020					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PASCACK VALLEY HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 200 PIERMONT AVE, HILLSIDE, NJ, 07642		Square Feet 80,000 SF	# of Floors 2					
City (5) HILLSIDE		Bldg. Age 50 YRS						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) HSS		ASCM No.	Name of Abatement Contractor (9) ARIAI					
Street Address P.O. BOX 365		Street Address 144 MILL ST						
City, State, Zip Code BERLIN NJ 08009		City, State, Zip Code PATERSON NJ 07501						
Project Manager for Monitoring Firm JIM PROCTOR		Telephone No. 856 452 1311	Telephone No. 973 653 9652					
Start Date (10) 12/07/18		Scheduled Completion Date (11) 12/08/18	License No. 1257					
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:		Name of OSHA Monitor GORAN IGCV						
		Street Address 144 MILL ST						
		City, State, Zip Code PATERSON NJ 07501						
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) 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
CAFETERIA		<input checked="" type="checkbox"/>		VAT	24 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler ARIAI Co.		NJDEP Waste Hauler ID No. 36037	Cubic Yards of Waste 1	Name of Registered Landfill FAIRLESS				
City, State 144 MILL ST.		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by GORAN IGCV		Title CEO	Signature 		Date 11/21/18			

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



Date of Notification (1) 11/26/18		Name of Building Owner/Operator (2) Bayonne Economic Opportunity Foundation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED (Check # 1327) NOV 29 2018 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	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 555 Kennedy Boulevard			
		City, State, Zip Code Bayonne, New Jersey 07002			
		Name of Contact Samantha Howard		Telephone Number 201-688-7271	

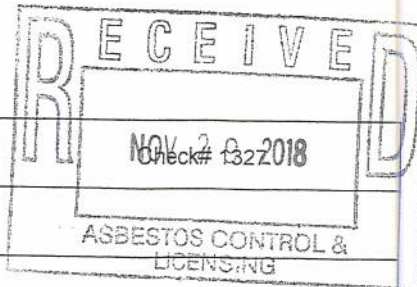
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) (Former) Holy Family Academy			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 239 Avenue A			Square Feet 30,000	# of Floors 2	Bldg. Age 50+
City (5) Bayonne, New Jersey 07002			Current Use (Prior if being demolished) (Former) Holy Family Academy		
County (6) Hudson		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 26 Columbia Turnpike		Street Address 606 McBride Ave			
City, State, Zip Code Florham Park, New Jersey 07932		City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-585-9040	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 12/07/2018		Scheduled Completion Date (11) 01/25/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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 / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and/or 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		X		Base Counter Flashing Caulk	215 LF	X			
Exterior		X		Caulk to (round) Skylight Frame	114 LF				
Main/South Corridor		X		Ceiling Plaster (Full Containment)	725 SF				

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, New Jersey		Disposal Date 12/ /18	City, State Morrisville, PA		
Completed by Adriana Olejarova		Title President	Signature 		Date 11/26/2018

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



Date of Notification (1) 11/23/18		Name of Building Owner/Operator (2) Bayonne Economic Opportunity Foundation							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 555 Kennedy Boulevard							
		City, State, Zip Code Bayonne, New Jersey 07002							
		Name of Contact Samantha Howard							
		Telephone Number 201-688-7271							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) (Former) Holy Family Academy		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 625 Summer Street		Square Feet 30,000	# of Floors 2						
City (5) Elizabeth, New Jersey 07028		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) (Former) Holy Family Academy							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 26 Columbia Turnpike		Street Address 606 McBride Ave							
City, State, Zip Code Florham Park, New Jersey 07932		City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No 973-585-9040	Telephone No 973-225-8400						
License No. 01104									
Start Date (10) 12/07/2018	Scheduled Completion Date (11) 01/25/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and/or 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		X		Base Counter Flashing Caulk	215 LF	X			
Exterior		X		Caulk to (round) Skylight Frame	114 LF				
Main/South Corridor		X		Ceiling Plaster (Full Containment)	725 SF				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, New Jersey		Disposal Date 12/ /18		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 		Date 11/23/2018			

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

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NOV 29 2018

10558

Date of Notification (1) 11-27-18		Name of Building Owner/Operator (2) Betty W. Johnson	
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 [REDACTED] City, State, Zip Code Princeton NJ 08540 Name of Contact Gary Vinch (Contractor) Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 80+-	
City (5) Hopewell NJ 08525		# of Floors 1	
County (6) Mercer		Bldg. Age 80+-	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
Start Date (10) 12-7-18		License No. 00394	
Scheduled Completion Date (11) 12-14-18		Name of OSHA Monitor EPC Technologies 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 P.O. Box 337	
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 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		City, State, Zip Code New Egypt NJ 08533	
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	
Garage Wall		X	
Exterior Walls "A"		X	
Siding Shingles		160 SF X	
Check for Shingles		200 SF? X	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 1	
Disposal Date by 12-14-18		Name of Registered Landfill Waste Management of PA	
City, State Morrisville PA		Completed by Steve Schenker	
Title President		Signature Steve Schenker	
Date 11-27-18			

11/26/2018 5:11AM FAX

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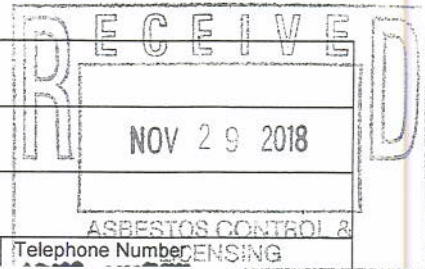
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120)

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 RECEIVED
 Check # 25733
 NOV 29 2018
 ASBESTOS CONTROL & ABATEMENT
 PAID

Date of Notification (1) 11/25/2018		Name of Building Owner/Operator (2) Lippincott					
Agencies Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Titusville, NJ 08560					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Walter Lippincott					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)					
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Titusville, NJ 08560		Square Feet 220	# of Floors 2				
County (6) Mercer		Bldg. Age 70+/-					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.				
Street Address PO Box 341		Street Address PO Box 322					
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501					
Project Manager for Monitoring Firm Bill Welsgarber		Telephone No. (609) 298-4070	Telephone No. 609 269-8888				
Start Date (10) 11/26/2018		Scheduled Completion Date (11) 11/27/2018	Name of OSHA MECS				
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Chesterfield, NJ 08515					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours							
<input checked="" type="checkbox"/> Other - Describe: 8 am - 4 pm							
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 280 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"/> Glove Bag Procedure <input checked="" type="checkbox"/> Empty ("") 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	68 lf	X			
Basement	X	Transite Board	32 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Airless Landfill			
City, State Allentown, NJ		Dispose Date 11/29/2018		City, State Louisville, GA			
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 10/26/2018			

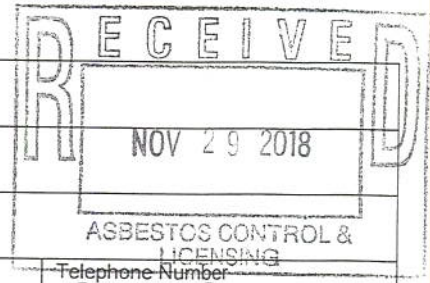
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25733



Date of Notification (1) 11/25/2018		Name of Building Owner/Operator (2) Lippincott							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
	City, State, Zip Code Titusville, NJ 08560								
		Name of Contact Walter Lippincott	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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 2200	# of Floors 2						
City (5) Titusville, NJ 08560		Bldg. Age 70+/-							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	License No. 00493						
Start Date (10) 11/26/2018	Scheduled Completion Date (11) 11/27/2018		Name of OSHA Monitor MECS						
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 am - 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	66 lf	X			
Basement		X		Transite Board	32 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 11/29/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature [Signature]			Date 10/25/2018		

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

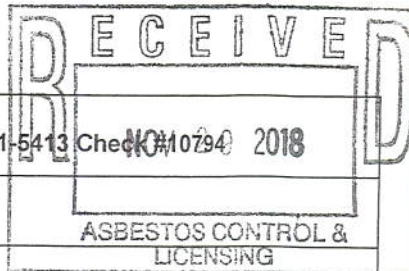


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Date of Notification (1) 11/23/2018		Name of Building Owner/Operator (2) Paul Scappaguerccio					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Nutley, NJ 07110					
Name of Contact Paul Scappaguerccio		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 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]		Square Feet N/A					
City (5) Nutley		# of Floors N/A					
County (6) Bergen		Bldg. Age N/A					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm N/A		Hired by Building Owner (8) ASCM No.					
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.					
City, State, Zip Code		Street Address 11 Rosengren Avenue					
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512					
Telephone No.		Telephone No. 973-345-8685					
License No. 01311		Name of OSHA Monitor D&S Abatement, Inc.					
Start Date (10) 12/03/2018		Scheduled Completion Date (11) 12/04/2018					
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: occupied		Street Address 11 Rosengren Avenue					
City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If <input checked="" 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			
				Removal	Repair	Encapsulate	Enclosure
Basement	Yes No N/A	Pipe Insulation	110 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ 07512	Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic	Title Project Manager	Signature 	Date 11/23/2018				

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

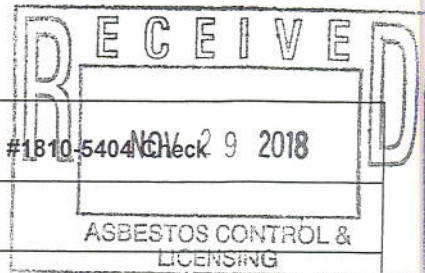


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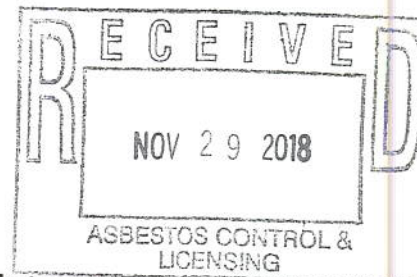
Date of Notification (1) 11 / 21 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1811-5413 Check #10794 2018									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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 10 Legion Place- Building A								
			City, State, Zip Code Morristown, NJ 07960								
		Name of Contact Irving Silverman	Telephone Number 978-490-6930								
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) JCP&L- Atlantic Highlands		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 38 Sears Avenue											
City (5) Atlantic Highlands, NJ		Square Feet	# of Floors Bldg. Age								
County (6) Monmouth	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation								
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.								
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25									
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048									
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	Telephone No. 609-265-2107 License No. 00529								
Start Date (10) 11 / 30 / 18		Scheduled Completion Date (11) 11 / 30 / 18									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 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		
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill							
City, State Lumberton, NJ		Disposal Date 11/30/18		City, State Tullytown, PA							
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 11-21-18					

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



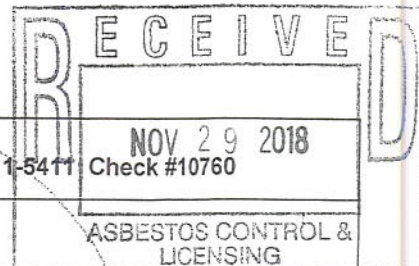
Date of Notification (1) 11 / 26 / 18		Name of Building Owner/Operator (2) State of NJ Department of Treasury / Job #1810-5404	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Barrack Street	
	City, State, Zip Code Trenton, NJ 08608		
	Name of Contact Mike Wilson	Telephone Number 609-512-2345	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Executive State House		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 and commercial buildings, homes, etc.)	
Street Address 125 West State Street		Square Feet	
City (5) Trenton, NJ		# 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) Langan Engineering		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 300 Kimball Drive		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 00529
Start Date (10) 11 / 12 / 18	Scheduled Completion Date (11) 12 / 14 / 18		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	
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		City, State, Zip Code Cinnaminson, NJ 08077	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SEE ATTACHED	<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"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 12/14/18	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbett	Title Operations Coordinator	Signature 	Date 11-26-18

Scope of Work Cont.



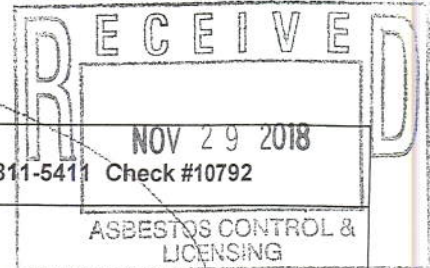
Location of ACM	Used for Maint.	Description of ACM	Amount	Abatement Type
Governor's Office	NO	Plaster	1,250 SF	Removal
Governor's Office	NO	Duct Insulation	50 SF	Removal
Governor's Office	NO	Vapor Barrier	150 SF	Removal
2 nd Floor	NO	Plaster	2,100 SF	Removal
2 nd Floor	NO	Duct Insulation	150 SF	Removal
2 nd Floor	NO	Vapor Barrier	150 SF	Removal
Building Entrance	NO	Plaster	1,900 SF	Removal
Exterior	NO	Roofing Material	600 SF	Removal
Throughout	NO	Window Caulk	200 LF	Removal

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



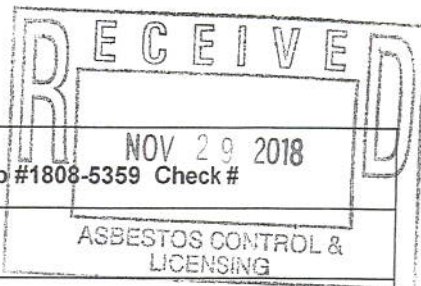
Date of Notification (1) 11 / 26 / 18		Name of Building Owner/Operator (2) Borough of Spring Lake Heights / Job #1811-5411					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 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 555 Brighton Avenue				
			City, State, Zip Code Spring Lake Heights, NJ 07762				
			Name of Contact Bryan Keeshan				
		Telephone Number 732-229-4064					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Spring Lake Heights Pump Station		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 550 Jersey Avenue		Square Feet	# of Floors				
City (5) Spring Lake		Bldg. Age					
County (6) Monmouth		Current Use (Prior if being demolished) Pump Station					
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address		Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm		Telephone No.	License No. 00529				
Start Date (10) 12 / 3 / 18		Scheduled Completion Date (11) 12 / 7 / 18					
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 EMSL Analytical					
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 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			
				Removal	Repair	Encapsulate	Enclosure
Exterior Roof	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Transite	700	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 12/7/18		City, State Tullytown, PA			
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11-26-18	

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



Date of Notification (1) 11 / 26 / 18		Name of Building Owner/Operator (2) Borough of Spring Lake Heights / Job #1811-5411		Check #10792			
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 555 Brighton Avenue City, State, Zip Code Spring Lake Heights, NJ 07762			
		Name of Contact Bryan Keeshan		Telephone Number 732-229-4064			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Spring Lake Heights Pump Station			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 506 6th Avenue			Square Feet				
City (5) Spring Lake			# of Floors		Bldg. Age		
County (6) Monmouth			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pump Station		
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.			
Street Address		Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm		Telephone No.		License No. 00529			
Start Date (10) 12 / 3 / 18		Scheduled Completion Date (11) 12 / 7 / 18		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 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) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Transite	700	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 12/7/18		City, State Tullytown, PA			
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11-26-18	

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



Date of Notification (1) 11 / 26 / 18		Name of Building Owner/Operator (2) Pinelands Regional School District / Job #1808-5359 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 #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 520 Nugentown Road
			City, State, Zip Code Little Egg Harbor, NJ
			Name of Contact Kevin MacDonald
		Telephone Number 856-662-9500	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pinelands Junior High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 590 Nugentown Road			
City (5) Little Egg Harbor, NJ		Square Feet	# of Floors
County (6) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		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. 856-840-8800	License No. 00529
Start Date (10) 8 / 22 / 18		Scheduled Completion Date (11) 12 / 14 / 18	
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 EMSL Analytical	
		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 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) Yes No N/A		
	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		
Various Bathroom/Locker Rooms	Bathroom fixture caulk		
Cafeteria	Cove Base Mastic		
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40
City, State Lumberton, NJ		Name of Registered Landfill Fairless Landfill	
		Disposal Date 12/14/18	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature
		Date 11-26-18	