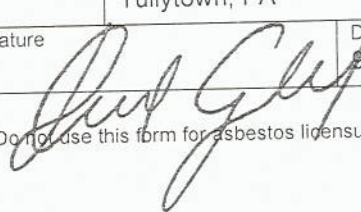


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 1548

Date of Notification (1) 9/29/16		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street, 9th Floor, (P.O. Box 034)							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact R. Ferrara	Telephone Number _____						
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 1,004	# of Floors 1						
City (5) Woodbridge		Bldg. Age 57 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 205 Route 46, Suite 7A							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 10/26/16	Scheduled Completion Date (11) 11/1/16	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35 E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Int. Forced Air Vent		X		White Thermal Paper	42 SF	X			
Int. Basement Floor		X		Red Floor Tile & Assoc. Mastic	440 SF	X			
Int. Basement Floor		X		White 9x9 Fir Tile & Assoc Mastic	440 SF	X			
Ext. Wooden Windows		X		Off-White Glazing	11 windows	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5+	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Newark, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Dimo Golcev		Title General Manager		Signature 	Date 9/29/16				

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet

[illegible]

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

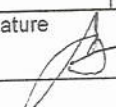
CK 724

Date of Notification (1) 09-27-16		Name of Building Owner/Operator (2) Caravella Demolition	
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 40 Deforest Ave.	
		City, State, Zip Code East Hanover NJ 07936	
		Name of Contact Jhon Caravella	Telephone Number _____

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 OCT - 4 2016


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private 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	# of Floors
City (5) Paterson		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		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. 201 216-9603	License No. 01206
Start Date (10) 09-27-16	Scheduled Completion Date (11) 09-29-16	Name of OSHA Monitor Delfa Contracting 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 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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Property		x		Demolition Asbestos Debris		x			

Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685	Cubic Yards of Waste 80	Name of Registered Landfill IESI	
City, State E. Hanover, NJ 07936		Disposal Date 09-29-16	City, State Bethlehem, PA		
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 09-27-16		

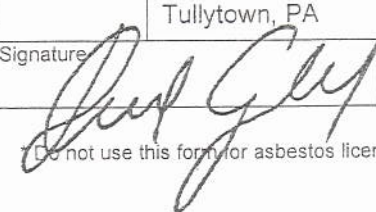
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK 3369

Date of Notification (1) 9 / 30 / 16		Name of Building Owner/Operator (2) Robert Paulson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Merchantville, NJ 08109 Name of Contact Robert Paulson							
FACILITY INFORMATION		ASBESTOS CONTROL & LICENSING							
Name of Facility Where Abatement is Taking Place (3) Paulson 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 and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet 1,100 # of Floors 3 Bldg. Age 140							
City (5) Merchantville	County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099						
Start Date (10) 10 / 13 / 16		Scheduled Completion Date (11) 10 / 14 / 16	License No. 00842						
Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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									
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	175 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 10/14/2016		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Operations Manager		Signature 			Date 9/30/16		

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

CK 1550

Date of Notification (1) 9/30/16		Name of Building Owner/Operator (2) Antony Brizuela							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07013 Name of Contact Antony Brizuela							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Clifton		Square Feet 926	# of Floors 1						
County (6) Passaic		Bldg. Age 66 yrs							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Unicorn Contracting Corp.							
City, State, Zip Code		Street Address 205 Route 46, Suite 7A							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No.		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 10/9/16	Scheduled Completion Date (11) 10/11/16	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35 E							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Bathroom in the basement		X		Asbestos Transite Wall	85 SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Dimo Golcev		Title General Manager	Signature 	Date 9/30/16					

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

CK 1991

Date of Notification (1) 09/30/16		Name of Building Owner/Operator (2) Sheldon Marx							
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 Passaic, NJ 07055							
		Name of Contact Sheldon Marx	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Passaic		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01155						
Start Date (10) 10/14/16	Scheduled Completion Date (11) 10/21/16	Name of OSHA Monitor Same as Above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	150 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>			Date 09/30/16		

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

CK 1295

Date of Notification (1) 9-26-16		Name of Building Owner/Operator (2) ROSALIND CHADWICK	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 <div style="background-color: black; width: 100px; height: 15px;"></div>	
		City, State, Zip Code MOORSTOWN NJ 08057 2016	
		Name of Contact ROSALIND	Telephone Number

FACILITY INFORMATION
LICENSING

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 <div style="background-color: black; width: 100px; height: 15px;"></div>			
City (5) MOORSTOWN	Square Feet 2500	# of Floors 3	Bldg. Age NA
County (6) BURLINGTON	County Code (7) <small>(STATE USE ONLY)</small>	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTIONS		ASCM No. 	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION
Street Address P O BOX 11625		Street Address P O BOX 11587	
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116	
Project Manager for Monitoring Firm JASON		Telephone No. 267-784-4693	Telephone No. 267-784-4694
License No. 01276			
Start Date (10) OCT 17-16	Scheduled Completion Date (11) 10-18-16	Name of OSHA Monitor EFRAIM DUA	
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 279 HENDRIX PL.	
		City, State, Zip Code PHILA PA 19116	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

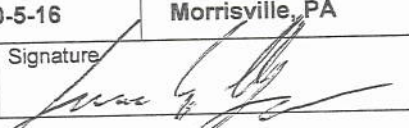
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		<input checked="" type="checkbox"/>		PIPE WRAP	100 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler ROBINSON WASTE		NJDEP Waste Hauler ID No. 	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State VOORHEES NJ		Disposal Date 		City, State TULLYTOWN PA	
Completed by EFRAIM DUA	Title V. PRES	Signature EFRAIM DUA		Date 9-26-2016	

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

Date of Notification (1) <div style="text-align: center;">9 / 29 / 16</div>		Name of Building Owner/Operator (2) Access Property Management	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 140 E. Ridgewood Avenue	
		City, State, Zip Code Paramus, NJ 07652	
		Name of Contact Mr. Sandy Dickinson	
		Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Caribbean House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1375 River Road		Square Feet 68,000	# of Floors 6 Bldg. Age 60 + yrs.
City (5) Edgewater		Current Use (Prior if being demolished) Apartment Building	
County (6) Bergen	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.	
Street Address 		Street Address 494 East 41st Street	
City, State, Zip Code 		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-0022	License No. 00507
Start Date (10) <div style="text-align: center;">9 / 30 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 5 / 16</div>	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 	
		City, State, Zip Code 	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		
	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) 		
Amount (Specify SF or LF)		Abatement Type	
Basement Pump Room 20 LF		<div style="display: flex; justify-content: space-around;"> Removal Repair Encapsulate Enclosure </div> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	
		<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	
		<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	
		<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 419	Cubic Yards of Waste 1 Name of Registered Landfill G.R.O.W.S., North W/M of PA
City, State Paterson, NJ		Disposal Date 10-5-16	City, State Morrisville, PA
Completed By (Print or Type) James Unger	Title Sr. Estimator/Project Mgr.	Signature 	Date 9-29-16


MO#19730019521

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

Date of Notification (1) 09 / 30 / 16		Name of Building Owner/Operator (2) Lise Wright							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Lise Wright							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Morristown, NJ 07960									
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 10 / 11 / 16	Scheduled Completion Date (11) 10 / 12 / 16	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/ _____ PM/ _____ PM/ _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>				Date 09/30/16			

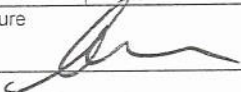
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 5725

Date of Notification (1) 9/29/16		Name of Building Owner/Operator (2) Maureen Cain Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven NJ 08008							
		Name of Contact Maureen	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maureen Cain Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/12/16	Scheduled Completion Date (11) 10/18/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Siding			x	Exterior Siding	4000 SF	x			
Name of Registered Waste Hauler United Roll off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/18/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/29/16			

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


Check 15050

Date of Notification (1) 9/29/16		Name of Building Owner/Operator (2) Michael Stanley							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sparta, NJ 07871 Name of Contact Michael Stanley 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 2200	# of Floors 2						
City (5) Sparta		Bldg. Age 63							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 10/8/16	Scheduled Completion Date (11) 11/8/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 60 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation		x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/29/16			

NO DATE CHANGE

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CHECK # 566

Date of Notification (1) 09/29/2016			Name of Building Owner/Operator (2) ADPP Enterprises, Inc.		
Agencies Notified		Notification Type		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended # 1 <input type="checkbox"/> Emergency Notification <input type="checkbox"/> Cancelled		200 Route 17 South, Suite #215	
				City, State, Zip Code Mahwah, NJ 07430	
				Name of Contact: Mike Chain	Telephone Number 732-921-9223
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) ADPP Enterprises, Inc.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12)		
Street Address 231 State Route 17 South			X Others (i.e. private & commercial buildings, homes, etc.) Sf 3800 Floors 2 Age: 79 Current Use (prior if being demolished):		
City (5) Mahwah, NJ 07450	County (6) Bergen	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) CSA, Inc.		ASCM No.		Name of Contractor (9) BL Contracting, Inc.	
Street Address 45 Marine Lane		Street Address 5 Marguerite Lane			
City, State, Zip Code Brick NJ 08724		City, State, Zip Code Towaco 07082			
Project Manager for Monitoring Firm Mike Chane		Telephone Number 732-921-9223		Telephone Number 973-901-0153	License Number 01265
Scheduled Start Date (10) 10/08/16		Scheduled Completion Date (11) 10/12/16		Name of OSHA Monitor BL Contracting Inc.	
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 5 Marguerite Lane City, State, Zip Code Towaco, NJ 07082		
Source 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"/> Non EXempted and Non Friable Procedure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint/Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)		Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Roof		Roof material		1,400 sf	<input checked="" type="checkbox"/>
Outside		Transite		200 sf	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler Waste Management of Pennsylvania					
NJDEP Waste Hauler ID # 32604		Cubic Yards of Waste 138 bags		Name of Registered Landfill T.R.R.F	
				Disposal Date	City, State Tullytown, PA
Completed by (Print or Type) Nedo Vasilic		Title President		Signature 	Date 0929/2016

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

Check#2606

Date of Notification (1) 10 / 01 / 16		Name of Building Owner/Operator (2) Robert Mazick							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Fanwood, NJ 07023 Name of Contact Robert Mazick Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Fanwood, NJ 07023 County (6) Union		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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. 973-638-1777 01127							
Start Date (10) 10 / 11 / 16	Scheduled Completion Date (11) 10 / 12 / 16	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 10/01/16			

CLIENT WORK ADDRESS
AND DATE

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

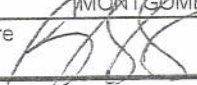
<u>Date of Notification (1)</u> 09/30/2016			<u>Name of Building Owner/Operator (2)</u> ADPP Enterprises, Inc.		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> O Initial Notification X Amended # 2 O Emergency Notification O Cancelled		<u>Street Address</u> 200 Route 17 South, Suite #215	
				<u>City, State, Zip Code</u> Mahwah, NJ 07430	
				<u>Name of Contact:</u> Mike Chain	<u>Telephone Number</u>
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> ADPP Enterprises, Inc.			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12)		
<u>Street Address</u> 231 State Route 17 North			X Others (i.e. private & commercial buildings, homes, etc. Sf 3800 Floors 2 Age: 79 Current Use (prior if being demolished)		
<u>City (5)</u> Mahwah, NJ 07450	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	OCT - 4 2016		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> CSA, Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> BL Contracting, Inc.		
<u>Street Address</u> 45 Marine Lane			<u>Street Address</u> 5 Marguerite Lane		
<u>City, State, Zip Code</u> Brick NJ 08724			<u>City, State, Zip Code</u> Towaco 07082		
<u>Project Manager for Monitoring Firm</u> Mike Chane		<u>Telephone Number</u> 732-921-9223	<u>Telephone Number</u> 973-901-0153		<u>License Number</u> 01265
<u>Scheduled Start Date (10)</u> 10/04/16		<u>Scheduled Completion Date (11)</u> 10/10/16		<u>Name of OSHA Monitor</u> BL Contracting Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> <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:			<u>Street Address</u> 5 Marguerite Lane		
			<u>City, State, Zip Code</u> Towaco, NJ 07082		
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> x Non EXempted and Non Friable Procedure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Full Containment with Negative Pressure </div> </div>					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Remove Repair Encap Enclose	
Roof		Roof material	1,400 sf	<input checked="" type="checkbox"/>	
Outside		Transite	200 sf	<input checked="" type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> Waste Management of Pennsylvania		<u>NJDEP Waste Hauler ID #</u> 32604	<u>Cubic Yards of Waste</u> 138 bags	<u>Name of Registered Landfill</u> T.R.R.F	
			<u>Disposal Date</u>	<u>City, State</u> Tuliytown, PA	
<u>Completed by (Print or Type)</u> Nedo Vasilic	<u>Title</u> President	<u>Signature</u>	<u>Date</u> 0930/2016		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

NO CK

Date of Notification (1) 9 / 30 /16		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact: Sandra M. Schenk Telephone Number: EIVE	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 9 / 6 /16 Month Day Year	Sched. Completion Date (11) 9 / 30 /16 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3 PM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo, <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND -4TH FLOORS -THROUGHOUT			X	VAT & MASTIC	13,000 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 80	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/6-3/30/16		City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 9/30/16				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

NO CK

Date of Notification (1) 8 / 25 /16		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact Sandra M. Schenk	
		Telephone Number	

FACILITY INFORMATION		RECEIVED	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	

Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	
City (5) RAHWAY		# of Floors ASBESTOS CONTROL 82	
County (6) UNION		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	
Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION			

Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500		License Number 1101	
---	--	----------------------------------	--	----------------------------------	--	------------------------	--

Expected State Date (10) 9 / 6 /16 Month Day Year		Sched. Completion Date (11) 3 / 30 /17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480			
---	--	---	--	--	--	--	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3 PM		Street Address 117 EAST 30TH STREET	
		City, State, Zip Code NEW YORK, NEW YORK 10016	

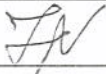
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
		<input checked="" type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
2ND -4TH FLOORS -THROUGHOUT			X	VAT & MASTIC	13,000 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 80		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/6-3/30/16		City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature <i>[Signature]</i>		Date 9/25/16	

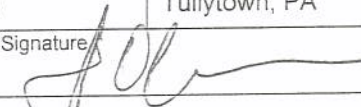
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MO 5000368626

Date of Notification (1) 09/28/2016		Name of Building Owner/Operator (2) Jack Tycher							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Jack Tycher	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	# of Floors N/A						
City (5) Montclair		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 10/11/2016	Scheduled Completion Date (11) 10/12/2016	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		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 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen and breakfast room		X		pipe insulation	70 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			Disposal Date TBD	City, State Tullytown, PA					
Completed by Ned Joksimovic		Title PM	Signature 			Date 09/28/2016			

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

CK 82333825-7

Date of Notification (1) 09/30/2016		Name of Building Owner/Operator (2) Michael Sarno							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact Michael Sarno	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	# of Floors N/A						
City (5) Chatham		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCN No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 10/10/2016	Scheduled Completion Date (11) 10/13/2016	Name of OSHA Monitor D&S Abatement, 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 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
ATTIC		X		Vermiculite	650 SF	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		Disposal Date TBD		City, State Tullytown, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 09/30/2016		

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

CK 304 20

Date of Notification (1) September 29, 2016		Name of Building Owner/Operator (2) Callan & Moeller Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address P O Box 2251		City, State, Zip Code Long Beach Twp., NJ 08008	
Name of Contact Kathy Minto		Telephone Number	

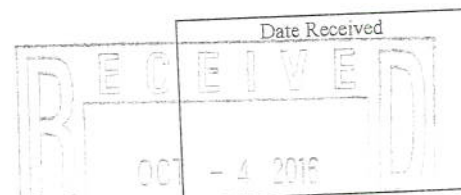
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 2500 sf	# of Floors 1	Bldg. Age 85
City LB Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		
Scheduled Start Date (10) 10/11/16		Scheduled Completion Date (11) 10/12/16	License Number 00624		
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 E.M.S.L. Analytical		
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		

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			R E M O V A L	R E P A I R	E N C A P S U L E
Exterior		X		Asbestos siding	2500 sf	X		

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/13/16	City, State Tullytown, Pennsylvania	Date 2/27/15
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	

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

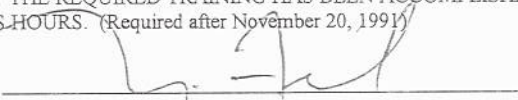
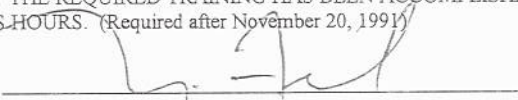
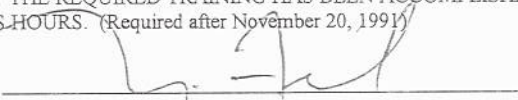



GUARDIAN CONTRACTING, INC.
889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:	Notification: ASBESTOS CONTROL
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)			
OWNER NAME: Callan & Moeller Construction			
Address: P O Box 2251			
City: Long Beach Twp.		State: New Jersey	Zip: 08008
Contact: Kathy Minto		Tel: 609-492-1102	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.		NJ License: 00624	
Address: 1889 Route 9, Unit 61			
City: Toms River		State: New Jersey	Zip: 08755
Contact: Nicholas Fernicola		Tel: 732-349-9932	
OTHER OPERATOR (if different)		NJ License:	
Address:			
City:		State:	Zip:
Contact:		Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D			
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)			
Building Name: Residence			
Address: 116 N. Ohio Avenue			
City: LB Twp.		State: New Jersey	County: Ocean
Site Location: Exterior			
Building Size: 2500 sf		# of Floors: 1	Age in Years: 85
Present Use: Residence		Prior Use: Residence	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
IS MATERIAL ASSUMED TO BE ASBESTOS?			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	LOCATION
1. Regulated ACM to be removed			Nonfriable Asbestos Material Not To Be Removed
2. Category I ACM not removed			Cat I
3. Category II ACM not removed			Cat II
Pipes (Linear feet):			
Surface Area (Square feet): 2500 sf		Asbestos siding	Exterior
RACM Off Facility Component (Cubic feet):			
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)		Start: 10/11/16	Complete: 10/12/16

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

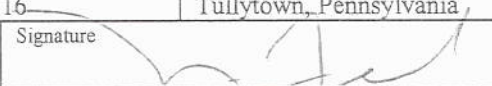
x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED								
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.								
xii.	WASTE TRANSPORTER #1 Name: <u>Guardian Contracting, Inc.</u> Address: <u>1889 Route 9, Unit 61</u> <table style="width: 100%;"> <tr> <td style="width: 33%;">City: <u>Toms River</u></td> <td style="width: 33%;">State: <u>New Jersey</u></td> <td style="width: 33%;">Zip: <u>08755</u></td> </tr> </table> Contact Person: <u>Nicholas Fernicola</u> WASTE TRANSPORTER #2 Name: Address: <table style="width: 100%;"> <tr> <td style="width: 33%;">City:</td> <td style="width: 33%;">State:</td> <td style="width: 33%;">Zip:</td> </tr> </table> Contact Person:			City: <u>Toms River</u>	State: <u>New Jersey</u>	Zip: <u>08755</u>	City:	State:	Zip:
City: <u>Toms River</u>	State: <u>New Jersey</u>	Zip: <u>08755</u>							
City:	State:	Zip:							
xiii.	WASTE DISPOSAL SITE Name: <u>T.R.R.F.</u> Location: <u>Bordentown Road</u> <table style="width: 100%;"> <tr> <td style="width: 33%;">City: <u>Tullytown</u></td> <td style="width: 33%;">State: <u>Pennsylvania</u></td> <td style="width: 33%;">Zip: <u>19007</u></td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 50%;">Telephone: <u>215-943-9732</u></td> <td style="width: 50%;">Permit #: <u>101494</u></td> </tr> </table>			City: <u>Tullytown</u>	State: <u>Pennsylvania</u>	Zip: <u>19007</u>	Telephone: <u>215-943-9732</u>	Permit #: <u>101494</u>	
City: <u>Tullytown</u>	State: <u>Pennsylvania</u>	Zip: <u>19007</u>							
Telephone: <u>215-943-9732</u>	Permit #: <u>101494</u>								
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER <table style="width: 100%;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Title:</td> </tr> <tr> <td colspan="2">Authority:</td> </tr> <tr> <td style="width: 50%;">Date of Order (MM/DD/YY):</td> <td style="width: 50%;">Date Ordered to Begin (MM/DD/YY):</td> </tr> </table>			Name:	Title:	Authority:		Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):
Name:	Title:								
Authority:									
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):								
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:								
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER								
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) <table style="width: 100%;"> <tr> <td style="width: 40%; text-align: center;"> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </td> <td style="width: 30%; text-align: center;">  (Signature of Owner/Operator) </td> <td style="width: 30%; text-align: center;"> <u>September 29, 2016</u> (Date) </td> </tr> </table>			<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>September 29, 2016</u> (Date)			
<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>September 29, 2016</u> (Date)							
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <table style="width: 100%;"> <tr> <td style="width: 40%; text-align: center;"> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </td> <td style="width: 30%; text-align: center;">  (Signature of Owner/Operator) </td> <td style="width: 30%; text-align: center;"> <u>September 29, 2016</u> (Date) </td> </tr> </table>			<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>September 29, 2016</u> (Date)			
<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>September 29, 2016</u> (Date)							

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

Date of Notification (1) September 29, 2016		Name of Building Owner/Operator (2) Walters Residential, LLC 30423	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	500 Barnegat Blvd. North	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Barnegat, NJ 08005	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Victor	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>			<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	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Barnegat Light	Ocean		1000 sf	1	60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 10/10/16		Scheduled Completion Date (11) 10/11/16			
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<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 _____			E.M.S.L. Analytical		
			Street Address		
			1056 Stelton Road		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

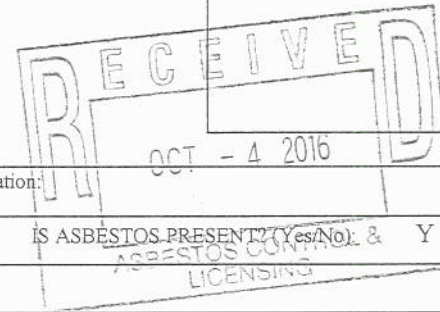
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)	YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
							R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house		X			Asbestos siding	1000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 10/12/16		City, State Tullytown, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				Date 9/29/16		

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

GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755

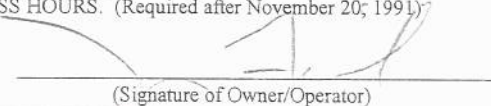
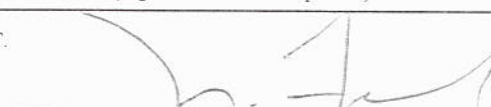
DEMOLITION / RENOVATION NOTIFICATION

Date Received



Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No) & Y			
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Walters Residential, LLC					
Address: 500 Barnegat Blvd. North					
City: Barnegat		State: New Jersey		Zip: 08005	
Contact: Victor		Tel: 609-607-9500			
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola		Tel: 732-349-9932			
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:		Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 5 E. 5 th Street					
City: Barnegat Light		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 1000 sf		# of Floors: 1		Age in Years: 60	
Present Use: Residence		Prior Use: Residence			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
Pipes (Linear feet):				Cat I Cat II	
Surface Area (Square feet): 1000 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/10/16 Complete: 10/11/16					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.		
xii.	WASTE TRANSPORTER #1 Name: <u>Guardian Contracting, Inc.</u> Address: <u>1889 Route 9, Unit 61</u> City: <u>Toms River</u> State: <u>New Jersey</u> Zip: <u>08755</u> Contact Person: <u>Nicholas Fernicola</u> WASTE TRANSPORTER #2 Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____		
xiii.	WASTE DISPOSAL SITE Name: <u>T.R.R.F.</u> Location: <u>Bordentown Road</u> City: <u>Tullytown</u> State: <u>Pennsylvania</u> Zip: <u>19007</u> Telephone: <u>215-943-9732</u> Permit #: <u>101494</u>		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: _____ Title: _____ Authority: _____ Date of Order (MM/DD/YY): _____ Date Ordered to Begin (MM/DD/YY): _____		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): _____ Description of the Sudden, Unexpected Event: _____ Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </div> <div>  (Signature of Owner/Operator) </div> <div> <u>September 29, 2016</u> (Date) </div> </div>		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </div> <div>  (Signature of Owner/Operator) </div> <div> <u>September 29, 2016</u> (Date) </div> </div>		


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

\$200.00 CK#13606

Date of Notification (1)		Name of Building Owner/Operator (2) Michael Frassetti Edward M. O'Brien							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code OLDWICK, N.J. 08858							
		Name of Contact Edward M. O'Brien	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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 1,500 # of Floors 2 Bldg. Age 50+							
City (5) OLDWICK N.J. 08858		Current Use (Prior if being demolished) RESIDENTIAL							
County (6)	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) Almond Environmental Services LLC 74536		Name of Abatement Contractor (9) PRECISION SERVICES							
Street Address 2200 Paterson Park		Street Address 165 Amboy Rd., Suite 404 Bldg D							
City, State, Zip Code North Bergen, New Jersey 07047		City, State, Zip Code Morganville N.J. 07751							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-864-6583	License No. 01308						
Start Date (10) Oct. 3rd 2016	Scheduled Completion Date (11) Nov. 28th, 2016	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
CELLAR		X	X	TSI-PIPE LAGGING	60 LF	✓			
				ROOF					
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste ?	Name of Registered Landfill Southern Alleghenese					
City, State 826 State Rt. 33, Freehold N.J. 07728		Disposal Date 10/10/16	City, State 845 Miller Pkwy RD, Dawsboro PA						
Completed by Michael Frassetti		Title Managing Partner	Signature Michael Frassetti			Date 9/26/16			

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

CK 5736

Date of Notification (1) 9/30/16		Name of Building Owner/Operator (2) Stanley Antonoff Private Home		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT - 4 2016 IOL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Beach NJ 08008							
		Name of Contact Stanley		Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stanley Antonoff Private Home				Type of Facility (4) <input checked="" type="checkbox"/> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) North Beach NJ 08008				Square Feet 1000+	# of Floors 2				
				Bldg. Age 35+					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 10/13/16		Scheduled Completion Date (11) 10/19/16		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
bottom of house & soffits			x	transite board	600 SF	x			
Name of Registered Waste Hauler United Roll off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 10/19/16	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 		Date 9/30/16			

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

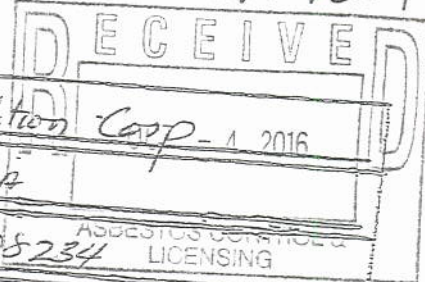
CK 4364

Date of Notification (1) 9-30-16		Name of Building Owner/Operator (2) American Demo Corp		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT - 4 2016 </div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> NYS <input checked="" type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	Type Abatement <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (striking) <input type="checkbox"/> Justification <input type="checkbox"/> Cancellation	Street Address 2 English Ln City, State, Zip Code Englewood NJ 08224		
Name of Contact Benned-S		Telephone Number 		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Resident Street Address [REDACTED] City (4) Margate NJ 08402 County (5) Atlantic			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.) Square Feet 2100 SF # of Floors 2 Bldg. Age 70 Current Use (Prior if being demolished) Resident	
Name of Monitoring Firm Hired by Building Owner (6) Street Address City, State, Zip Code		ASCM No. 	Name of Abatement Contractor (9) AMI JET LLC Street Address 1212 Burlington Ave City, State, Zip Code Delanco NJ 08025 Telephone No. 856-527-0971 License No. 01070	
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Self Street Address City, State, Zip Code		
Start Date (10) 10-11-16 Scheduled Completion Date (11) 10-20-16		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 - Reside: Demo		
Scope of Work (Check all that apply) <input type="checkbox"/> As of or 24 hr <input checked="" type="checkbox"/> As of or 24 hr		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Enclosed and Non-Flexible Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13) OUTSIDE		Is Location Normally Used Exclusively by Maintenance/Outside Staff (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous) (ACM) Siding Amount (Specify Quantity) 1750 SF	
Name of Registered Waste Hauler AMI JET LLC City, State Delanco NJ		Waste Hauler ID No. 00035625	Cubic Yards of Waste 3cy	Name of Registered Landfill 10M of PA City, State Tullytown PA
Inspected By JH11		Title VP	Signature [Signature]	Date 9-30-16

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)

CK 4364



Date of Notification (1) 9-30-16

Agency Notified (2)
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment 2
☐ Emergency (including
 Eviction/Removal)
☐ Consultation

Name of Building Owner/Operator (3) AMERICAN Demolition Corp - 1 2016

Street Address 2 English Ln

City, State, Zip Code Englewood NJ 08234

Name of Contact Bernard

Telephone Number _____

Name of Facility Where Abatement Is Taking Place (4) Resident

Street Address _____

City (5) OC

County (6) Atlantic

Name of Monitoring Firm Hired by Building Owner (8) _____

Street Address _____

City, State, Zip Code _____

Project Manager for Monitoring Firm _____

Telephone No. _____

Start Date (10) 10-9-16

Scheduled Completion Date (11) 10-19-16

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Resident

Scope of Work (Check all that apply)
☒ 25 sq ft or less
☒ 26 to 250 sq ft
☐ 251 to 2500 sq ft
☐ Repackaging
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Full Enclosure
☐ Gloving Procedure
☐ Non-Enclosed (2) and Non-Fish's Procedure

Location of Asbestos-Containing Material (ACM) (12) (3)	Is Location Normally Used Only by Maintenance/ Custodial Staff (13)			Description of Asbestos Containing Material (ACM) (14) (e.g., thermal system insulation, surfacing, VPI, or other interpenetrating)	Amount (Specify Sq. Ft. or Lin. Ft.)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
<u>OUTSIDE</u>				<u>1 ACM - Siding</u>	<u>1250 SF</u>	<input checked="" type="checkbox"/>		

Name of Registered Waste Handler ANI ducelle

City, State Delanco NJ

Volume of Waste 304

Weight of Waste 1000

Name of Registered Landfill Tullytown PA

City, State Tullytown PA

Signature [Signature]

Date 9-30-16

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

NO CK

Date of Notification (1) 8-16-16		Name of Building Owner/Operator (2) Delphi	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Abatement <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Remedial <input type="checkbox"/> Emergency (including insulation) <input type="checkbox"/> Containment	
Street Address P.O. Box 69		City, State, Zip Code Sewell NJ 08080	
Name of Contact Mike		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 7500 SF	
City (5) Millville		# of Floors 3	
County (6) Cumberland Co		Age 70	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Resident	
Name of Monitoring Firm Hired by Building Owner (8)		ASOW No.	
Street Address		Name of Abatement Contractor (9) ANI JUE LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Dulanco NJ 08055	
Telephone No.		Telephone No. 856-527-0471	
Start Date (10) 10-2-16		License No. 01070	
Scheduled Completion Date (11) 10-2-16		Name of CSRA Worker Self	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> As of or 28 ft <input checked="" type="checkbox"/> As of or 200 ft		City, State, Zip Code	
<input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Disruptive and Non-Finish Procedure	
Location of Asbestos-Containing Material (ACM) (12) TO BE ABATED BY FACILITY (13)	Is Location Normally Used Only by Maintenance/ Custodial Staff (14) Yes No N/A	Description of Asbestos Containing Material (ACM) (15) (i.e., thermal systems insulation, surfacing, VPI, or other miscellaneous)	Amount (Quantity) (16) 4000 SF
OUTSIDE		1 ACM Siding	
Name of Registered Waste Hauler ANI JUE LLC		Cubic Yards of Waste 00035625	Name of Registered Landfill WM of PA
City, State Dulanco NJ		Disposal Date	City, State Tullytown PA
Completed By JH11		Signature [Signature]	Date 8-16-16

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

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

NO CK

DECEIVE
OCT - 4 2016
STOS CONTROL &

Date of Notification (1) 8-16-16

Name of Building Owner/Operator (2) Delphi

Agency Notified (3)
☐ EPA
☐ DEP
☐ DCL
☐ DCH
☐ DCA

Type Abatement (4)
☒ Full
☐ Partial
☐ Emergency (imminent)
☐ Encapsulation
☐ Enclosure

Street Address PO Box 69

City, State, Zip Code Sewell NJ 08080

Name of Contact Mike Gray

Telephone Number

Name of Facility Where Abatement is Taking Place (5) Resident

Street Address [REDACTED]

City (6) Millville

County (7) Camdenland Co

County Code (8) (STATE USE ONLY)

Type of Facility (9)
☐ School (K-12)
☐ Senior Center (Other than K-12)
☒ Other (i.e., private & commercial buildings, houses, etc.)

Square Feet 9000 sq

of Floors 3

Age 10

Current Use (if not being demolished) Resident

Name of Monitoring Firm Hired by Building Owner (10)

ASCM No.

Name of Abatement Contractor (11)

Street Address Ami Jute LLC

City, State, Zip Code 1212 Burlington Ave

City, State, Zip Code Delanco NJ 08025

Project Manager for Monitoring Firm

Telephone No.

Telephone No. 856 570 0971

License No. 01070

Start Date (12) 10-2-16

Scheduled Completion Date (13) 10-2-16

Company Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)
☐ As of 10/1/16
☒ As of 10/2/16

☒ Removal
☐ Encapsulation
☐ Full Encapsulation with Negative Pressure
☐ Hot-Stripping
☐ Chemical Process
☐ Non-Encapsulated and Non-Field's Procedure

Location of Asbestos-Containing Material (ACM) (14)	Is Location Marked Clearly by Monitoring Firm? (15)			Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, GAT, or other substrates)	Amount (Specify Weight)	Abatement Type	
	Yes	No	N/A			Removal	Encapsulation
<u>OUTSIDE</u>				<u>(ACM) Siding</u>	<u>4500 sq</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Ami Jute LLC

Address Delanco NJ

Phone VP

Amount of Waste 184

Disposal Date 10/17

Name of Registered Landfill WMM of PA

City, State Tullytown PA


Signature [Signature]

Date 8-16-16

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

1175

CK 1050

Date of Notification (1) February 15, 2016		Name of Building Owner/Operator (2) G-1 Holdings Company						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Charles & Waters Streets						
		City, State, Zip Code Gloucester City, NJ						
		Name of Contact Project Manager						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Old GAF Boiler Plant		Type of Facility (4)						
Street Address Waters St & NJ Ave		<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) Gloucester City, NJ		Square Feet	# of Floors 4					
County (6) Camden		Bldg. Age 115						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) boiler plant						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC					
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000					
Start Date (10) 3/1/16		Scheduled Completion Date (11) 6/30/16	License No. 00781					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209						
		City, State, Zip Code Cherry Hill, NJ 08034						
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
See attached	<input checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Newark / Freehold Carting		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TDB	Name of Registered Landfill GROWS / TRRF / WM / Blue Ridge				
City, State Newark / Freehold, NJ		Disposal Date 6/30/16		City, State Morrisville / Tullytown, PA				
Completed by Steve King		Title V.P.	Signature 		Date 2/15/16			

SECTION 3.0 ASBESTOS INVENTORY

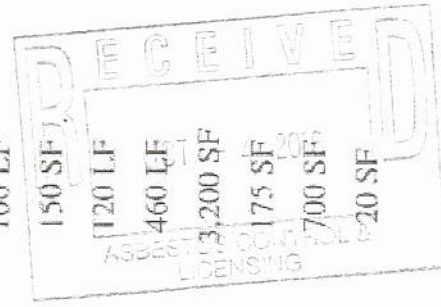
G-1 Holdings Company
Charles and Waters Streets
Gloucester City, NJ

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
1st Floor		
West Room by Main Entrance	Large Diameter Block Pipe Insulation	185 linear feet (LF)
	Small Diameter Block Pipe Insulation	650 LF
Room South of Main Entrance	Block Pipe Insulation Debris	2,400 square feet (SF)
	Heat Exchanger Material	180 SF
	Transite Electrical Panel	20 SF
	Block Insulation Debris	3,240 SF
	Boiler Insulation	1,200 SF
	Small Diameter Block Pipe Insulation	450 SF
Room North of Main Entrance	Boiler Door Packing Around Door	5 SF
	Whiter Window Glaze	24 LF
	Large Diameter Block Pipe Insulation	20 LF
	Transite Electrical Panel	20 SF
	Boiler Insulation	1,300 SF
	Large Diameter Block Pipe Insulation	290 LF
	Small Diameter Block Pipe Insulation	780 SF
	Boiler Door Packing around Door	6 SF
	White Window Glaze	20 LF

SECTION 3.0 ASBESTOS INVENTORY

G-1 Holdings Company
Charles and Waters Streets
Gloucester City, NJ

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
1 st Floor (cont.)		
Room North of Main Entrance (cont.)	Transite Electrical Panel	50 SF
	Block Insulation Debris	6,480 SF
	Air Cell Pipe Insulation (large)	100 LF
	Black Material A/W Large Metal Pipe	10 SF
1 st Floor Annex		
Annex	Small Diameter Block Pipe Insulation	410 LF
	Block Insulation Debris	2,250 SF
	Large Diameter Block Pipe Insulation	48 LF
2 nd Floor		
Furnace Area	White Window Glaze	100 LF
	Furnace Door Packing	150 SF
	Large Diameter Block Pipe Insulation	120 LF
	Small Diameter Block Pipe Insulation	460 LF
	Boiler Insulation	3,200 SF
	Boiler Valve Insulation	175 SF
	Duct Insulation	700 SF
	Boiler Door Packing	20 SF



SECTION 3.0 ASBESTOS INVENTORY

G-1 Holdings Company
Charles and Waters Streets
Gloucester City, NJ

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
2 nd Floor (cont.)		
Furnace Area (cont.)	Block Insulation Debris	2,990 SF
	Interior Furnace Door Insulation	50 SF
	Furnace Door Insulation Debris(Inside Oval Chambers)	12 SF
	Interior Boiler Insulation(Top hatch of Boiler #1)	120 SF
	Large Diameter Block Pipe Insulation	380 LF
	Small Diameter Block Pipe Insulation	620 LF
	White Window Glaze	120 LF
	Tank Insulation	130 SF
	Block Insulation Debris	3,200 SF
Mezzanine	Small Diameter Block Pipe Insulation	180 LF
	Block Insulation Debris	900 SF
	Window Glaze	40 LF
Turbine Area	Small Diameter Block Pipe Insulation	650 SF
	Large Diameter Block Pipe Insulation	200 LF
	Tank Insulation (South of Turbines)	550 SF
	Interior Turbine Insulation	400 SF

SECTION 3.0 ASBESTOS INVENTORY

G-1 Holdings Company
Charles and Waters Streets
Gloucester City, NJ

Location	Material	Quantity
2nd Floor (cont.)		
Turbine Area (cont.)	Interior Wrapped Turbine Insulation	300 SF
	Red Linoleum (Control Room and Bathroom)	200 SF
	Tank Insulation (Above Annex)	1,200 SF
	White Window Glaze	400 LF
	Boiler Fan Duct Insulation	400 SF
	Boiler Insulation	2,600 SF
	Boiler Valve Insulation	100 SF
	Boiler Door Insulation	40 SF
	Boiler Insulation Debris (Inside Oval Boiler Chambers)	15 SF
	Insulation Debris(Inside Top Hatch of Boiler #2)	50 SF
	Contaminated Fiberglass Insulation(East of Boiler #2)	60 LF
	Block Pipe Insulation(In wall at Top NE Corner)	1 LF
	Tank Insulation (South of Boiler #2)	50 SF
	Transite	6,000 SF
	Debris	6,000 SF
Exterior	Gasket Rope	4 SF



SECTION 3.0 ASBESTOS INVENTORY

G-1 Holdings Company
Charles and Waters Streets
Gloucester City, NJ

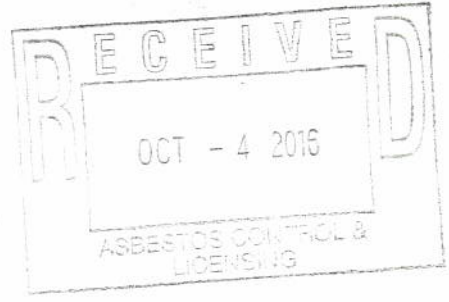
<u>Location</u>	<u>Material</u>	<u>Quantity</u>
Exterior (cont.)		
South Side of Building (cont.)	Block Pipe Insulation Debris(Pipe Discharge Area)	5 SF
	Black Tar on Brick	4 SF
East Side of Building	Miscellaneous Insulation (Bottom of Coal Chute Tank)	12 SF
	White Door Packing	5 SF
	Transite Panels	400 SF
North Side of Building, East of Annex	Black Wall Tar	4 SF
Roof	Roof Field	9,000 SF
	Silver Flashing	800 LF
	Black Flashing	800 LF
Water Tank Area	White Paper Material	400 SF
	Black Tar Paper Material	300 SF
Tank Top Section	Black and Gray Tar Material	400 SF
1st Floor		
Room North of Main Entrance	Rope Gasket Material	5 SF

SECTION 3.0 ASBESTOS INVENTORY

G-1 Holdings Company
Charles and Waters Streets
Gloucester City, NJ

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
Cinderblock Building		
Small Cinderblock Building	Block Pipe Insulation debris	200 SF
	Transite Panels	35 SF
	Block Pipe Insulation (in barrels)	3 Barrels

- Quantities are approximated and to be used for budget purposes only.
- Quantities of Block Insulation Debris include catwalks.
- Additional Interior Turbine Insulation may be present in the two small turbines on the North wall of the Coal and Bucket system area.
- Additional ACM (i.e. pipe insulation) may be found above hard ceilings and behind hard walls.



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


No CK

Date of Notification (1) March 03, 2016		Name of Building Owner/Operator (2) G-1 Holdings Company	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Charles & Water Streets	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # 1	Gloucester City, NJ	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Project Manager	

RECEIVED
OCT - 4 2016

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Old GAF Boiler Plant		Type of Facility (4)	
Street Address Water & Charles Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Gloucester City, NJ	Square Feet	# of Floors 4	Bldg. Age 115
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) boiler plant	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht	Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 3/1/16	Scheduled Completion Date (11) 6/30/16	Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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 checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark / Freehold Carting	NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TDB	Name of Registered Landfill GROWS / TRRF / WM / Blue Ridge
City, State Newark / Freehold, NJ	Disposal Date 6/30/16	City, State Morrisville / Tullytown, PA	
Completed by Steve King	Title V.P.	Signature 	Date 3/3/16

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


1050

100 CK

Date of Notification (1) September 29, 2016		Name of Building Owner/Operator (2) G-1 Holdings Company	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Charles & Water Streets	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #2	Gloucester City, NJ	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Project Manager	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Old GAF Boiler Plant		Type of Facility (4)	
Street Address Water & Charles Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Gloucester City, NJ	Square Feet	# of Floors 4	Bldg. Age 115
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) boiler plant	
Name of Monitoring Firm Hired by Building Owner (8) Criterian Labs		Name of Abatement Contractor (9) The MACK Group, LLC	
Street Address 3370 Progress Drive, Suite J		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Project Manager	Telephone No. 215.244.1300	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 10/3/16	Scheduled Completion Date (11) 12/31/16	Name of OSHA Monitor The MACK Group, LLC.	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

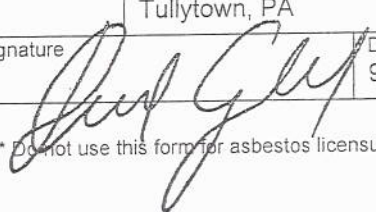
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 1 - see attached	<input checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>			
Phase 2 - furnace	<input checked="" type="checkbox"/>			furnace insulation	8000 s/f	<input checked="" type="checkbox"/>			
" - "	<input checked="" type="checkbox"/>			wall mastic	2000 s/f	<input checked="" type="checkbox"/>			
" - "	<input checked="" type="checkbox"/>			mud/packing insulation	1216 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Spartan Environmental Enterprises, Inc	NJ DEP Waste Hauler ID No.	Cubic Yards of Waste 112.2	Name of Registered Landfill Minerva Enterprises, LLC
City, State Donora, PA		Disposal Date 12/31/16	City, State Waynesburg, OH
Completed by Steve King	Title V.P.	Signature 	Date 9/29/16

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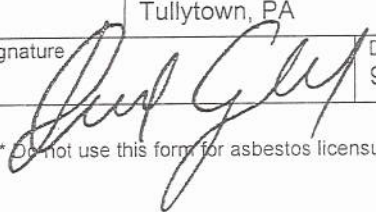
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 1546

Date of Notification (1) 9/29/16		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street6, 9th Floor, (P.O. Box 034)							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact R. Ferrara							
		Telephone Number							
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]									
City (5) Woodbridge		Square Feet 1,285	# of Floors 2						
		Bldg. Age 62 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 205 Route 46, Suite 7A							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 10/17/16	Scheduled Completion Date (11) 10/20/16	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35 E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Int. Air Duct		X		White Thermal Paper	33 SF	X			
Ext. 1st flr Rear & Sides		X		Grey Transite	1,472 SF	X			
all sides under Aluminum									
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5+	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Newark, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 9/29/16			

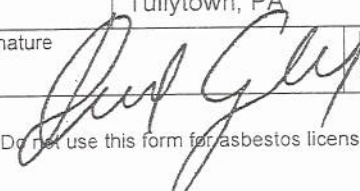
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

ck 1549

Date of Notification (1) 9/29/16		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street 6, 9th Floor, (P.O. Box 034)							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact R. Ferrara							
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]									
City (5) Woodbridge		Square Feet 1,920	# of Floors 2 Bldg. Age 115 yrs						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 205 Route 46, Suite 7A							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 10/28/16	Scheduled Completion Date (11) 11/4/16	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd., Bldg. 35 E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Int. 1st & 2nd Flr Living Rm, Kitchen		X		Grey Plaster	4,546 SF	X			
Middle Rm, over stairwell, walls, ceiling tile & drywall									
Ext. Foundation		X		Waterproofing	825 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 15+	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Newark, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Dimo Golcev		Title General Manager		Signature 	Date 9/29/16				

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

CK 1543

Date of Notification (1) 9/29/16		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified	Type Notification	Street Address 33 West State Street 6, 9th Floor, (P.O. Box 034)							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact R. Ferrara							
		Telephone Number _____							
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]									
City (5) Woodbridge	Square Feet 1,853	# of Floors 2	Bldg. Age 101 yrs						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Unicorn Contracting Corp.							
Street Address		Street Address 205 Route 46, Suite 7A							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 10/5/16	Scheduled Completion Date (11) 10/8/16	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35 E							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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 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
Int. Basement walls		X		Black waterproofing	500 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Newark, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Dimo Golcev		Title General Manager	Signature 	Date 9/29/16					