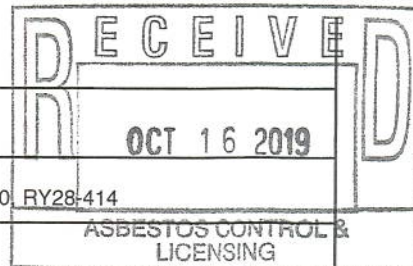


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

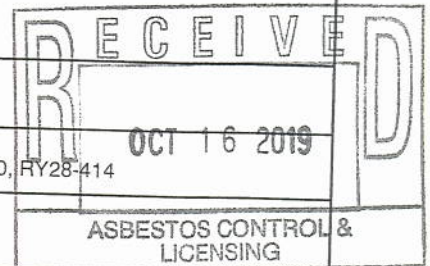


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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|----------------------------------|
| Date of Notification (1) 10 / 10 /2019 | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 | |
| Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #4 <input type="checkbox"/> EMERGENCY NOTIFICATION | | City, State, Zip Code RAHWAY, NEW JERSEY 07065 | |
| | | Name of Contact PATRICIA JOHNSON | Telephone Number 732-594-2257 |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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) | Bldg. Age 82 |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. | | ASCM No. 104 | Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI |
| Street Address 655 WEST SHORE TRAIL | | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | |
| City, State, Zip Code SPARTA, NEW JERSEY 07871 | | Street Address 313 SPOOK ROCK ROAD | |
| Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH | | Telephone Number 973-729-5649 | City, State, Zip Code SUFFERN, NEW YORK 10901 |
| Expected State Date (10) 7 / 25 /19 | | Sched. Completion Date (11) 12 / 1 /19 | Telephone Number 845-369-7500 |
| Month Day Year | | Month Day Year | License Number 1101 |
| 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-3:30 PM | | Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 | |
| 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 | | Street Address 117 EAST 30TH STREET | |
| | | City, State, Zip Code NEW YORK, NEW YORK 10016 | |
| | | Full Containment with Negative Pressure <input type="checkbox"/> Mini Encllo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure | |

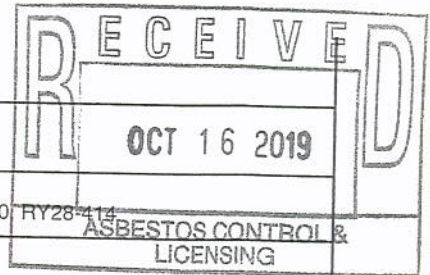
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) | | | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------|--------|----------|----------|
| | Yes | No | N/A | | | REMOVAL | REPAIR | ENCAPSUL | ENCLOSUR |
| BASEMENT-SOUTHWEST CORNER | | | X | PIPE INSULATION & PIPE FITTINGS | 1,180 LF | X | | | |
| ADDITION TO SCOPE: | | | | | | | | | |
| 1st FLOOR NORTH WEST CORNER | | | X | PIPE INSULATION COMPLETE | 210 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 40 | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER-DRIVE/ROUTE 15 | | | | |
| City, State FREEHOLD, NEW JERSEY | | | | Disposal Date 07/25-12/01/2019 | City, State MONTGOMERY, PA 17752 | | | | |
| Completed by (Print or Type) BENJAMIN SANCHEZ | | | Title DIRECTOR OF OPERATIONS | Signature | Date 10/10/19 | | | | |

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



| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 9 / 17 /2019 | | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. | | |
| 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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | | |
| Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 | | | City, State, Zip Code RAHWAY, NEW JERSEY 07065 | | |
| Name of Contact PATRICIA JOHNSON | | | Telephone Number 732-594-2257 | | |
| 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) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. | | | ASCM No. 104 | | Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI |
| Street Address 655 WEST SHORE TRAIL | | | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | | |
| City, State, Zip Code SPARTA, NEW JERSEY 07871 | | | Street Address 313 SPOOK ROCK ROAD | | |
| Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH | | | Telephone Number 973-729-5649 | | City, State, Zip Code SUFFERN, NEW YORK 10901 |
| Expected State Date (10) 7 / 25 /19 | | | Sched. Completion Date (11) 12 / 1 /19 | | Telephone Number 845-369-7500 |
| 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-3:30 PM | | | Name of OSHA Monitor AMERISCI LABORATORIES INC | | License Number 1101 |
| Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF | | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure | | <input checked="" type="checkbox"/> Renovation <input 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) Yes No N/A | | Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR |
| BASEMENT-SOUTHWEST CORNER | | | X | | PIPE INSULATION & PIPE FITTINGS |
| ADDITION TO SCOPE: | | | | | |
| 1st FLOOR NORTH WEST CORNER | | | X | | PIPE INSULATION |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 | | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 40 |
| City, State FREEHOLD, NEW JERSEY | | | Disposal Date 07/25-12/01/2019 | | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 |
| Completed by (Print or Type) BENJAMIN SANCHEZ | | | Title DIRECTOR OF OPERATIONS | | Signature |
| | | | | | Date 9-17-19 |

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



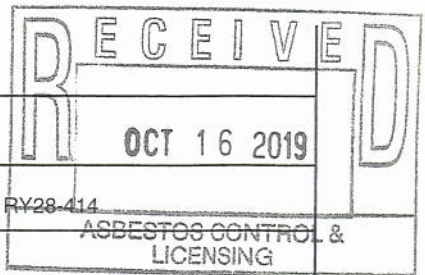
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Date of Notification (1) 8 / 12 /2019 | | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | | Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | | |
| Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000 | | | City, State, Zip Code RAHWAY, NEW JERSEY 07065 | | |
| Name of Contact PATRICIA JOHNSON | | | Telephone Number 732-594-2257 | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 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 | | | | Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI | |
| 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 | |
| Expected State Date (10) 7 / 25 /19 | | Sched. Completion Date (11) 12 / 1 /19 | | License Number 1101 | |
| 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-3:30 PM | | | | Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF | | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo , <input checked="" 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 | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------|----|-----|----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|----------|----------|
| | Yes | No | N/A | | | REMOVAL | REPAIR | ENCAPSUL | ENCLOSUR |
| BASEMENT-SOUTHWEST CORNER | | | X | PIPE INSULATION & PIPE FITTINGS | 1,180 LF | X | | | |
| ADDITION TO SCOPE: | | | | | | | | | |
| 2ND FLOOR NORTH WEST CORNER | | | X | PIPE INSULATION | 210 LF | X | | | |
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|------------------------------------------------------------------------------------|--|-------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 40 | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 | |
| City, State FREEHOLD, NEW JERSEY | | Disposal Date 07/25-12/01/2019 | | City, State MONTGOMERY, PA 17752 | |
| Completed by (Print or Type) BENJAMIN SANCHEZ | | Title DIRECTOR OF OPERATIONS | | Signature | Date 8/12/19 |

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



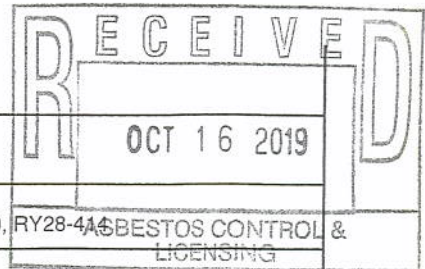
| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|------------------|
| Date of Notification (1) 8 / 1 /2019 | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. | |
| Agencies Notified | | Street Address | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 | |
| Type Notification | | City, State, Zip Code | |
| <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | | RAHWAY, NEW JERSEY 07065 | |
| | | Name of Contact | Telephone Number |
| | | PATRICIA JOHNSON | 732-594-2257 |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 Code (7) (STATE USE ONLY) UNION | Bldg. Age 82 |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. | | ASCM No. 104 | Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI |
| Street Address 655 WEST SHORE TRAIL | | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION | |
| City, State, Zip Code SPARTA, NEW JERSEY 07871 | | Street Address 313 SPOOK ROCK ROAD | |
| Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH | | Telephone Number 973-729-5649 | City, State, Zip Code SUFFERN, NEW YORK 10901 |
| Expected State Date (10) 7 / 25 /19 | | Sched. Completion Date (11) 12 / 1 /19 | Telephone Number 845-369-7500 |
| Month Day Year | | Month Day Year | License Number 1101 |
| 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-3:30 PM | | Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 | |
| 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl , <input checked="" 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 | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------|----|-----|----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------|----------|----------|
| | Yes | No | N/A | | | REMOVAL | REPAIR | ENCAPSUL | ENCLOSUR |
| BASEMENT-SOUTHWEST CORNER | | | X | PIPE INSULATION & PIPE FITTINGS | 1,180 LF | X | | | |
| ADDITION TO SCOPE: | | | | | | | | | |
| 2ND FLOOR NORTH WEST CORNER | | | X | PIPE INSULATION | 210 LF | X | | | |
| | | | | | | | | | |
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|-----------------------------------------------------------------------------|------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------|
| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 40 | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 |
| City, State FREEHOLD, NEW JERSEY | | Disposal Date 07/25-12/01/2019 | City, State MONTGOMERY, PA 17752 |
| Completed by (Print or Type) BENJAMIN SANCHEZ | Title DIRECTOR OF OPERATIONS | Signature | Date 8/1/19 |

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



| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 7 / 16 / 2019 | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. | |
| 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION | |
| Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, | | City, State, Zip Code RAHWAY, NEW JERSEY 07065 | |
| Name of Contact PATRICIA JOHNSON | | Telephone Number 732-594-2257 | |

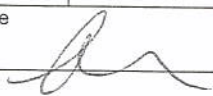
| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------|
| 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 | Bldg. Age 82 |
| City (5) RAHWAY | County (6) UNION | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI | | |
| 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) 7 / 25 / 19 | | Sched. Completion Date (11) 12 / 1 / 19 | | 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-3:30 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"/> Renovation | | | | Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input checked="" 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 | | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----|-----|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------|----------|----------|
| | Yes | No | N/A | | | REMOVAL | REPAIR | ENCAPSUL | ENCLOSUR |
| BASEMENT-SOUTHWEST CORNER | | | X | PIPE INSULATION & PIPE FITTINGS | 1,180 LF | X | | | |
| | | | | | | | | | |
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| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY | NJDEP Waste Hauler ID No. 15939 | | | Cubic Yards of Waste 40 | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752 | | | | |
| Completed by (Print or Type) BENJAMIN SANCHEZ | Title DIRECTOR OF OPERATIONS | | | Signature | Date 7/16/19 | | | | |

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

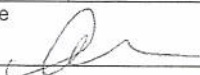
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| Date of Notification (1) 10/9/19 | | Name of Building Owner/Operator (2) NJ Abaters | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------|--------|-------------|-----------|
| Agencies Notified | | Type Notification | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address PO Box 643 | | City, State, Zip Code Middlesex, NJ 08846 | | | | | | | |
| Name of Contact Raphael Rodrigues | | Telephone Number 908-361-0889 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) house | | 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) East Brunswick | | Square Feet 1400 | # of Floors 1 | | | | | | |
| County (6) Middlesex | | Bldg. Age 73 | | | | | | | |
| 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 | | Street Address | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | | | | | | |
| Telephone No. | | License No. | | | | | | | |
| Start Date (10) 10/14/19 | | Scheduled Completion Date (11) 10/21/19 | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor | | | | | | | |
| <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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | | x | furnace insulation | 41 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste TBD | | Name of Registered Landfill Grand Central Sanitary Landfill | | | |
| City, State Newark NJ | | Disposal Date TBD | | City, State Pen Argyl, PA | | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | Date 10/9/19 | | | |

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

Check 19373

| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------|-----------------|-------------|-----------|
| Date of Notification (1) 10/9/19 | | Name of Building Owner/Operator (2) Accurate Builders & Developers | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 16 2019 </div> | | | | | |
| Agencies Notified | | Type Notification | | | | Street Address 32 Cross Street, Suite 301 | | | |
| <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 Lakewood, NJ 08701 | | | |
| | | | | | | Name of Contact Mendy Tendler | | | |
| | | | | Telephone Number 732-941-0300 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Ambulance Corp Building | | | | Type of Facility (4) | | | | | |
| Street Address 9 Kenneth Avenue | | | | <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) Emerson | | | | Square Feet 1500 | # of Floors 1 | | | | |
| County (6) Bergen | | | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 68 | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | Current Use (Prior if being demolished) ambulance building | | | | | |
| Street Address | | ASCM No. | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | |
| City, State, Zip Code | | Telephone No. | | Street Address 4 E Gate Drive, PO Box 483 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | City, State, Zip Code Glenwood, NJ 07418 | | | | | |
| Start Date (10) 10-18-19 | | Scheduled Completion Date (11) 11-1-19 | | Telephone No. 973-764-2276 | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | License No. 703 | | | | | |
| <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: exterior | | | | Name of OSHA Monitor | | | | | |
| | | | | 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | | | X | roofing | 1500 SF | X | | | |
| | | | X | roof flashing | 350 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste TBD | Name of Registered Landfill Grand Central Sanitary Landfill | | | | |
| City, State Newark NJ | | Disposal Date TBD | | City, State Pen Argyl, PA | | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | | Date 10/9/19 | | |

CK # 4919

INV-15250

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 10-6-19 | | Name of Building Owner/Operator (2) TOM WELSH | | ASBESTOS CONTROL & REMEDIATION | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <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 661 POMONA AVE | | | | | |
| | | City, State, Zip Code HADDONFIELD N.J 08033 | | Telephone Number | | | | | |
| | | Name of Contact TOM | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | | | Square Feet 1000 | | | | | |
| City (5) AVAILON | | | | # of Floors 1 | | | | | |
| County (6) CAPE MAY | | | | Bldg. Age 50+ | | | | | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) VACANT | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) KLEMCO INC | | | | | |
| Street Address | | | | Street Address 369 S SPRUCE AVE | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code MAPLE SHADE N.J 08052 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 856-779-0472 | | | | | |
| Start Date (10) 10-16-19 | | Scheduled Completion Date (11) 10-26-19 | | License No. 01371 | | | | | |
| 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 N/A | | | | | |
| | | | | Street Address | | | | | |
| | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 1750 SF | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| SIDING | | | X | TRANSITE | X | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler KLEMCO INC | | NJDEP Waste Hauler ID No. 17904 | | Cubic Yards of Waste 3 | | Name of Registered Landfill C. M. C. M. U. A | | | |
| City, State MAPLE SHADE N.J | | Disposal Date | | City, State WOODBINE | | | | | |
| Completed By MICHAEL KLEMM | | Title SUP. | | Signature [Signature] | | Date 10-6-19 | | | |

CK# 4919
INV-15249

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

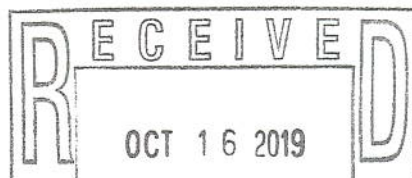
RECEIVED
OCT 16 2019

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------|---------|--------|-------------|
| Date of Notification (1) <u>10-6-19</u> | | Name of Building Owner/Operator (2) <u>HARBAUGH DEVELOPERS</u> | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>318 GLASSBORO RD</u> City, State, Zip Code <u>WOODBURY HEIGHTS N.J 08092</u> Name of Contact <u>SAME</u> Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | Square Feet <u>1500</u> | # of Floors <u>2</u> | | | | | |
| City (5) <u>STONE HARBOR</u> | | Bldg. Age <u>50+</u> | | | | | | |
| County (6) <u>CAPE MAY</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>VACANT</u> | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | ASCM No. | Name of Abatement Contractor (9) <u>KLEMMCO INC</u> | | | | | | |
| Street Address | | Street Address <u>369 S. SPRUCE AVE</u> | | | | | | |
| City, State, Zip Code | | City, State, Zip Code <u>MAPLE SHADE N.J 08052</u> | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. <u>856 779-0472</u> | License No. <u>01371</u> | | | | | |
| Start Date (10) <u>10-16-19</u> | Scheduled Completion Date (11) <u>10-26-19</u> | Name of OSHA Monitor <u>N/A</u> | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ City, State, Zip Code _____ | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| <u>SIDING</u> | | | <u>X</u> | <u>2000sf</u> | <u>X</u> | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler <u>KLEMMCO INC</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste <u>5 yds</u> | Name of Registered Landfill <u>C. M. C. M. U. A</u> | | | | |
| City, State <u>MAPLE SHADE N.J</u> | | Disposal Date | City, State <u>WOODBINE N.J.</u> | | | | | |
| Completed By <u>MICHAEL KLEMM</u> | Title <u>SUPTR</u> | Signature <u>[Signature]</u> | Date <u>10-6-19</u> | | | | | |

CK # 4919

INV-15248

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



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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------|----------|--------|-------------|-----------|
| Date of Notification (1) 10-6-19 | | Name of Building Owner/Operator (2) MITCHELL NICHOLS CONTROL & ABATEMENT | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 23 KING ST | | | | | | | |
| | | City, State, Zip Code RIO GRANDE N.J. 08242 | | | | | | | |
| | | Name of Contact SAME | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1500 | # of Floors 2 | | | | | | |
| City (5) STONE HARBOR 08247 | | Bldg. Age 50+ | | | | | | | |
| County (6) CAPE MAY | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) VACANT | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) KLEMM CO INC | | | | | | |
| Street Address | | Street Address 369 S SPRUCE AVE | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code MAPLE SHADE N.J. | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 856 779-0472 | License No. 01371 | | | | | | |
| Start Date (10) 10-16-19 | Scheduled Completion Date (11) 10-26-19 | Name of OSHA Monitor N/A | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 1250 SF | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| SIDING | | | X | TRANSITE | 1250 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler KLEMM CO INC | | NJDEP Waste Hauler ID No. 12904 | Cubic Yards of Waste 3 yds | Name of Registered Landfill C.M.C.M.U.A | | | | | |
| City, State MAPLE SHADE N.J. | | Disposal Date | | City, State WOODBINE N.J. | | | | | |
| Completed By MICHAEL KLEMM | | Title SUP. | Signature <i>Michael Klemm</i> | | Date 10-6-19 | | | | |

CK# 4920
INV-15247

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

RECEIVED
OCT 16 2019

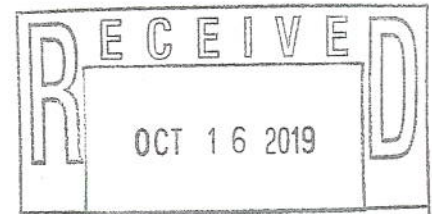
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 10-7-19 | | Name of Building Owner/Operator (2) HALLIDAY & LORRAINE | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 700 HAVEN AVE | | City, State, Zip Code OCEAN CITY N.J. 08226 | |
| Name of Contact SAUE | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1000 # of Floors 1 Bldg. Age 50+ | |
| City (5) OCEAN CITY | | County Code (7) (STATE USE ONLY) 08226 | |
| County (6) CAPE MAY | | Current Use (Prior if being demolished) VACANT | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | |
| Street Address | | Name of Abatement Contractor (9) KLEMCO INC. | |
| City, State, Zip Code | | Street Address 369 S. SPRUCE AVE | |
| Project Manager for Monitoring Firm | | City, State, Zip Code MAPLE SHADE N.J. 08052 | |
| Telephone No. | | Telephone No. 856-779-0472 | |
| Start Date (10) 10-17-19 | | License No. 01371 | |
| Scheduled Completion Date (11) 10-27-19 | | Name of OSHA Monitor N/A | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | |
| | | City, State, Zip Code | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| SIDING | | X | TRANSITE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler KLEMCO INC. | | NJDEP Waste Hauler ID No. 17904 | Cubic Yards of Waste 3 |
| City, State MAPLE SHADE N.J. | | Disposal Date | Name of Registered Landfill C.M.C.M.U.A |
| | | | City, State WOODBINE |
| Completed By MICHAEL KLEMM | Title SUP. | Signature <i>[Signature]</i> | Date 10-7-19 |

CK# 4920

INV-15244

PAID

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



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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 10-7-19 | | Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION | | ASBESTOS CONTROL & LICENSING | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 300 177TH ST. | | | | | |
| | | City, State, Zip Code SEA ISLE CITY N.J. 08243 | | Telephone Number | | | | | |
| | | Name of Contact FRANIC | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENCE | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | | | Square Feet 1500 | | | | | |
| City (5) OCEAN CITY | | | | # of Floors 1 | | | | | |
| County (6) CAPE MAY | | | | Bldg. Age 50+ | | | | | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) VACANT | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) KLEMMCO INC | | | | | |
| Street Address | | | | Street Address 369 S. SPRUCE AVE | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code MAPLE SHADE NJ 08052 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 856-779-0472 | | | | | |
| | | | | License No. 01371 | | | | | |
| Start Date (10) 10-18-19 | | Scheduled Completion Date (11) 10-28-19 | | Name of OSHA Monitor N/A | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | Street Address | | | | | |
| | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| SIDING | | | TRANSITE | 4000 SF | <input checked="" type="checkbox"/> | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler KLEMMCO INC. | | NJDEP Waste Hauler ID No. 17904 | | Cubic Yards of Waste | | Name of Registered Landfill C.M.C.M.W.A. | | | |
| City, State MAPLE SHADE N.J. 08052 | | Disposal Date | | City, State WOODBURY N.J. | | | | | |
| Completed By MICHAEL KLEMM | | Title SUP. | | Signature <i>[Signature]</i> | | Date 10-7-19 | | | |

CK#4920
INV 15245

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

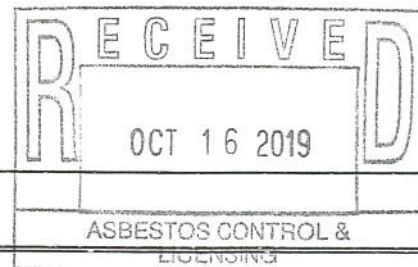
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| RECEIVED |
| OCT 16 2019 |

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| Date of Notification (1) <u>10-7-19</u> | | Name of Building Owner/Operator (2) <u>GARDEN STATE DECKING CONTROL & LICENSING</u> | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address <u>8 CLERMONT DR.</u> City, State, Zip Code <u>CLERMONT N.J. 08210</u> Name of Contact <u>JIM</u> Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | Square Feet <u>1500</u> | # of Floors <u>2</u> | | | | | |
| City (5) <u>WILD WOOD</u> | | Bldg. Age <u>50+</u> | | | | | | |
| County (6) | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) <u>VACANT</u> | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | ASCM No. | Name of Abatement Contractor (9) <u>KLEMMCO INC</u> | | | | | |
| Street Address | | Street Address <u>369 S. SPRUCE AVE</u> | | | | | | |
| City, State, Zip Code | | City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u> | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. <u>856-779-0472</u> | License No. <u>01371</u> | | | | | |
| Start Date (10) <u>10-17-19</u> | Scheduled Completion Date (11) <u>10-27-19</u> | Name of OSHA Monitor <u>N/A</u> | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ City, State, Zip Code _____ | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| <u>SIDING</u> | | | <u>X</u> | <u>TRANSIFE</u> | | <u>X</u> | | |
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| Name of Registered Waste Hauler <u>KLEMMCO INC</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste <u>3 YDS</u> | Name of Registered Landfill <u>C.M.C.W.V.A</u> | | | | |
| City, State <u>MAPLE SHADE N.J.</u> | | Disposal Date | City, State <u>WOODBINE N.J.</u> | | | | | |
| Completed By <u>MICHAEL KLEMM</u> | Title <u>SUPERVISOR</u> | Signature <u>[Signature]</u> | Date <u>10-7-19</u> | | | | | |

INV-15243

Proj. #: 19-212

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



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| Date of Notification (1) 11/01/19 | | Name of Building Owner/Operator (2) Meghan Palabrica | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code Maplewood, NJ 07040 | |
| Name of Contact Meghan Palabrica | | Telephone Number | |

FACILITY INFORMATION

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|---------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| 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 (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1,200 SF | | |
| City (5) Maplewood, NJ 07040 | | | County (6) Essex | | # of Floors 02 |
| County Code (7) (State use only) | | | Bldg. Age 70 | | Current Use (Prior if being demolished) Residential |

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|-------------------------------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) KLOMAX, LLC | |
| Street Address | | | | Street Address 309 W. End Ave | |
| City, State, Zip Code | | | | City, State, Zip Code Hopatcong, NJ 07843 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 833-455-6629 | |
| Start Date (10) 10/25/19 | | Sched. Completion Date (11) 10/30/19 | | License Number 02007 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Name of OSHA Monitor KLOMAX, LLC | |
| | | | | Street Address 309 W. End Ave | |
| | | | | City, State, Zip Code Hopatcong, NJ 07843 | |

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| 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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|----|-----|---------------------------------------------------|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| Basement | | X | | Pipe Insulation | 30 LF | X | | | |
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|----------------------------------------------|--|-----------------------------|--|-------------------------------|--|-------------------------------------------------------------|--|
| Registered Waste Hauler KLOMAX, LLC | | NJDEP Hauler ID# 0038241 | | Cubic Yards of Waste 1 yds | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State Hopatcong, NJ 07843 | | Disposal Date TBD | | City, State TULLYTOWN, PA | | | |
| Completed by (Print or Type) Paige Boylan | | Title Owner | | Signature | | Date 10/10/19 | |

Inv-15171

B & G proj. #: 2019-240

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

Check # 9636

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 10/10/19 | | Name of Building Owner/Operator (2) Passaic County Tech Institute | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 16 2019 ASBESTOS CONTROL & LICENSING </div> |
| Agencies Notified | Type Notification | Street Address 45 Reinhardt Road | | |
| <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"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Wayne, NJ 07470 | | |
| | | Name of Contact Glenys Herrera | | |
| | | | | Telephone Number Cell #973-767-4928 |

FACILITY INFORMATION

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| Name of facility where abatement is taking place (3) Passaic County Tech Institute | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 45 Reinhardt Road | | | Square Feet: 50,000 # of Floors: 2 Bldg. Age: 50+ | | |
| City (5) Wayne | County (6) Passaic | County Code (7) (State use only) | Current Use (Prior if being demolished) High School (non sub 8) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision | | ASCM No. 0079 | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 20-10 Maple Avenue, Building 35E | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm Frederick Larson | | Phone Number 973-636-9145 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 10/10/2019 | | Sched. Completion Date (11) 10/13/2019 | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: occupied | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

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|-----------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input checked="" type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|------------------------------------------------------------------------|----------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Room # C202 | | | <input checked="" type="checkbox"/> | VAT | 2934 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"/> |

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|----------------------------------------------------|-------------------------------|----------------------------------|-------------------------------------------------------|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 7 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 10/11 -14/19 | City, State Pen Argyle, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 10/08/2019 |

Inv- 15174

B & G proj. #: 2019-46

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

Check # 9635

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 10/10/19 | | Name of Building Owner/Operator (2) Hudson County Community College | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 16 2019 ASBESTOS CONTROL & TESTING Telephone Number (201)360-4099 </div> |
| Agencies Notified | Type Notification | Street Address 26 Journal Square, 14th Floor | | |
| <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"/> Emergency <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City, NJ 07306 | | |
| | | Name of Contact Ilya Ashmyan | | |

FACILITY INFORMATION

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| Name of facility where abatement is taking place (3) Hudson County Community College (NON Sub-chapter 8) | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 81 Sip Avenue | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Jersey City, NJ 07306 | County (6) Hudson | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) n/a | | ASCM No. | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 10/09/2019 | | Sched. Completion Date (11) 10/10/2019 | Name of OSHA Monitor B & G Restoration, Inc. | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: start 8:00 am (occupied) | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

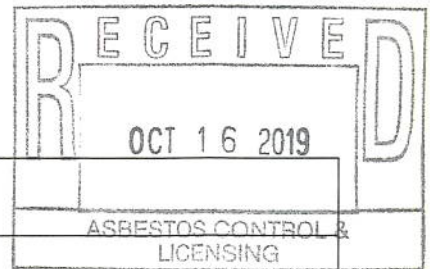
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
|------------------------------------------------------------------------|----------------------------------------------------------------------|----|-------------------------------------|---------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe (wrap & cut) | 20 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|----------------------------------------------------|------------------------------|----------------------------------|-------------------------------------------------------|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 cy | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 10/10/19 | City, State Pen Argyl, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 10/08/2019 |

Inv 15240
CK2635

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



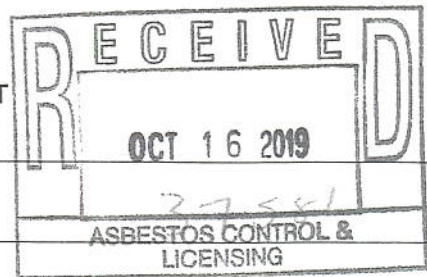
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| Date of Notification (1) 10 / 11 / 19 | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 2 Broad Street, Suite 400 City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Warren Sprake Telephone Number 908-670-5711 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | 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 1200 Randolph Road- Building 1 | | Square Feet | | | | | | | |
| City (5) Plainfield | | # of Floors | Bldg. Age | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC | | ASCM No. | | | | | | | |
| Street Address 87 Main Street, Suite A | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | | |
| Start Date (10) 07 / 19 / 18 | Scheduled Completion Date (11) 01 / 31 / 20 | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| 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 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 |
| Elevator Lobbies/Floor 6 to Basement/Patient Rooms 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT/Mastic | 37,500 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wall Cavities- Floor 6 to Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation- Wrap and Cut | 7,500 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement- Electrical & Mechanical Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elbow Insulation | 75 Elbows | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tank Insulation | 75 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Bethlehem Landfill | | | | | |
| City, State Newark, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature Allen Monchik | | Date 10/11/19 | | | |

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OCT 16 2019
ASBESTOS CONTROL & LICENSING

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|------------------------------------------------|------------------------|------------------------------------|-------------------|
| Completed by: (Print or type) Allen Monchik | Title: Project Manager | Signature: <i>Allen Monchik</i> | Date: 10/11/19 |
|------------------------------------------------|------------------------|------------------------------------|-------------------|

INV-15182
CK37581

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



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|
| Date of Notification (1) 10 / 09 / 19 | | Name of Building Owner/Operator (2) ARC Building Partners | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 49 US 202 City, State, Zip Code Far Hills, NJ 07931 | |
| | | Name of Contact Craig Verhasselt | Telephone Number 908-658-3900 |

FACILITY INFORMATION

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Warehouse | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 40 Bennett Road | | | |
| City (5) Englewood | Square Feet 20,000 | # of Floors 1 | Bldg. Age 60 |
| County (6) Bergen | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Warehouse | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. |
| Street Address 64 Broad Street | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code Matawan, NJ 07747 | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Project Manager for Monitoring Firm Tom Geiger | | Telephone No. 732-290-2217 | Telephone No. 732-349-9932 |
| | | | License No. 00624 |
| Start Date (10) 10 / 10 / 19 | Scheduled Completion Date (11) 11 / 01 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 1056 Stelton 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | all demolition debris | 20,000 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 | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | |
| City, State | | | Disposal Date | City, State | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | | Date 10/9/19 | |

Inv-15181
CH37582

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

| | |
|------------------------------|--|
| RECEIVED | |
| OCT 16 2019 | |
| 37582 | |
| ASBESTOS CONTROL & LICENSING | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------|
| Date of Notification (1) 10 / 09 / 19 | | Name of Building Owner/Operator (2) The Gillespie Group | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 5 Chris Court, Suite G | |
| | | City, State, Zip Code Dayton, NJ 08810 | |
| | | Name of Contact Melissa Senatore | Telephone Number 973-906-1862 |

FACILITY INFORMATION

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Hamilton High School West | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 2720 S. Clinton Avenue | | | |
| City (5) Hamilton | Square Feet 100,000 | # of Floors 2 | Bldg. Age 60 |
| County (6) Mercer | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) School | |
| Name of Monitoring Firm Hired by Building Owner (8) Karl & Associates | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. |
| Street Address 20 Lauck Road | | Street Address 1889 Route 9, Unit 61 | |
| City, State, Zip Code Mohnton, PA 19540 | | City, State, Zip Code Toms River, New Jersey 08755 | |
| Project Manager for Monitoring Firm Ed Karl | | Telephone No. 610-856-7700 | Telephone No. 732-349-9932 |
| | | | License No. 00624 |
| Start Date (10) 10 / 09 / 19 | Scheduled Completion Date (11) 10 / 09 / 19 | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Trainers Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | asbestos floor tile | 855 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 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 10/10/19 | City, State Tullytown, Pennsylvania | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | | Date 10/9/19 | |

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

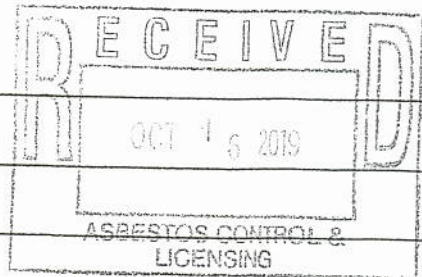
Inv# 15241
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10/9/2019 | | Name of Building Owner / Operator (2) Parkview at Collingswood Urban Renewal Owner LLC | | OCT 16 2019 ASBESTOS CONTROL & LICENSING | | | | | |
| 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"/> Emergency <input type="checkbox"/> Cancellation | | Street Address 160 Clubhouse Road City, State & Zip Code King of Prussia, PA 19406 Name of Contact Jackie DeRita Telephone Number 856-854-5906 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Morgan Properties/Parkview at Collingswood-*Building B * | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 700 W. Browning Road | | | Square Feet 220,000 | # of Floors 9 + basement | Bldg. Age 70 | | | | |
| City (5) Collingswood | County (6) Camden | County Code (7) | Current Use (Prior if being demolished) Apartments | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services | | ASCM No. | Name of Abatement Contractor (9) Resource Management Group, LLC. | | | | | | |
| Street Address P.O. Box 365 | | | Street Address 2115 Hamilton Avenue, Suite 202 | | | | | | |
| City, State & Zip Code Berlin, NJ 08009 | | | City, State & Zip Code Trenton, NJ 08619 | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone Number 856-839-2432 | Telephone Number 609-914-4279 | License Number 01185 | | | | | |
| Scheduled Start Date (10) 10/22/2019 | Scheduled Completion Date (11) 11/4/2019 | | Name of OSHA Monitor J&S Environmental Laboratories, 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 Hours – 7am to 6pm Describe: Including Weekends <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083 | | | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Building B-Storage Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 370 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"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 Resource Management Group, LLC. | | NJDEP Waste Hauler ID No. 0035218 | Cubic Yards of Waste TBD | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Trenton, NJ 08619 | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Brian Haney | | Title President | Signature <i>Brian Haney</i> | | Date 10/9/2019 | | | | |

Inv# 14999
CK 4758

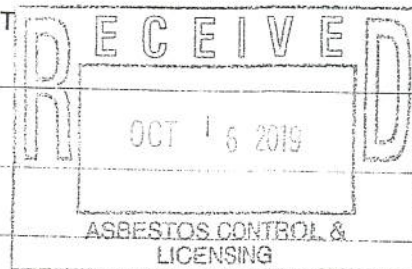
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/04/2019 | | Name of Building Owner/Operator (2) Blair Academy Campus | | | | | | | |
| Agencies Notified | Type Notification | Street Address 2 Park Street | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Blairstown, NJ 07825 | | | | | | | |
| | | Name of Contact David Schmitt | Telephone Number 908-362-6121 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Steckel House | | 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) Blairstown | | Square Feet 1400 SF | # of Floors 1 | | | | | | |
| County (6) Warren | | County Code (7) (STATE USE ONLY) | Bldg. Age 50+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc. | | ASCM No. 0079 | Name of Abatement Contractor (9) Bako Construction & Restoration, Inc. | | | | | | |
| Street Address 20-21 Wagaraw Road Bldg. 35E | | Street Address 265A Route 46 Suite 3D | | | | | | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm Frederick Larson | | Telephone No. 973-636-9145 | Telephone No. 973-256-7010 | | | | | | |
| Start Date (10) 10/07/2019 | | Scheduled Completion Date (11) 10/18/2019 | License No. 0666 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Bako Construction & Restoration, Inc. | | | | | | | |
| <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 265A Route 46 Suite 3D | | | | | | | |
| | | 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 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 |
| Entire house interior | | X | | Joint Compound/Sheetrock | 4,000 SF | X | | | |
| Furnace Room | | X | | Floor Tiles | 20 SF | X | | | |
| Half Bathroom | | X | | Floor Tiles | 40 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Bako Constr. & Rest. Inc./Newark Carting, Inc | | NJDEP Waste Hauler ID No. 20889/4509 | Cubic Yards of Waste TBD | Name of Registered Landfill Fairless Hills/Waste Management | | | | | |
| City, State Totowa, NJ /Newark, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Damir Valjevac | | Title Project Manager | | Signature | | Date 10/04/2019 | | | |

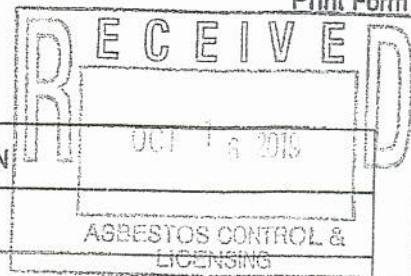
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1) 10 / 10 / 19 | | Name of Building Owner/Operator (2) Brookfield Properties Retail, Inc. | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 350 N. Orleans Street, Suite 300 City, State, Zip Code Chicago, IL 60654 | | | | | | | |
| | | Name of Contact John McLaughlin | Telephone Number 732-542-0334 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Monmouth Mall | | 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 180 NJ 35 | | Square Feet 1,500,000 | | | | | | | |
| City (5) Eatontown | | # of Floors 2 | Bldg. Age 59 | | | | | | |
| County (6) Monmouth | | County Code (7)(STATE USE ONLY) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Batta Environmental Associates, Inc. | | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | | |
| Street Address 6 Garfield Way | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Newark, DE 19713 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Steve Woronicak | | Telephone No. 302-737-3376 | License No. 00842 | | | | | | |
| Start Date (10) 09 / 30 / 19 | Scheduled Completion Date (11) 11 / 01 / 19 | Name of OSHA Monitor EMSL Analytical, 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 Time of Abatement: 11:00PM-7:00AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Towns Square Area 1 Exterior Roof | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Roof Field, Flashing, Curb Flashing | 20,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 90 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Freehold, NJ | | Disposal Date 11/01/2019 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Christina Fay | | Title Vice President of Operations | | Signature <i>Christina Fay</i> | | Date 10/10/19 | | | |

Inv# 15254
CK 896 PAID

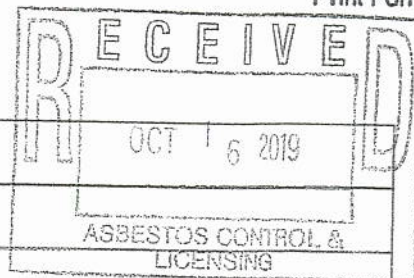
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 10/10/2019 | | Name of Building Owner/Operator (2) PASSAIC COUNTY WEATHERIZATION | | | | | | | |
| Agencies Notified | Type Notification | Street Address 930 RIVER DR | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code TOTOWA, NJ, 07512 | | | | | | | |
| | | Name of Contact ALLEN STONE | Telephone Number 973-569-4032 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE | | 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) PATERSON, NJ | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) PASSAIC | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) PRIVATE HOUSE | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) EHW ABATEMENT LLC | | | | | | |
| Street Address | | Street Address 89 FRANKLIN STREET | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code PATERSON, NJ, 07524 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-333-5144 | | | | | | |
| Start Date (10) 10/21/2019 | | Scheduled Completion Date (11) 11/30/2019 | License No. 01274 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor EHW ABATEMENT LLC | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE | | Street Address 89 FRANKLIN STREET | | | | | | | |
| | | City, State, Zip Code PATERSON, NJ, 07524 | | | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | | X | | PIPE INSULATION | 85 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EHW ABATEMENT LLC | | NJDEP Waste Hauler ID No. 0037095 | Cubic Yards of Waste N/A | Name of Registered Landfill TRI STATE TRANSFER | | | | | |
| City, State PATERSON, NJ | | Disposal Date TBD | | City, State BRONX, NY | | | | | |
| Completed by Victor Espiritu | | Title Project Manager | | Signature <i>[Signature]</i> | | | Date 10/10/2019 | | |

IN# 15253
CK895 PAID

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

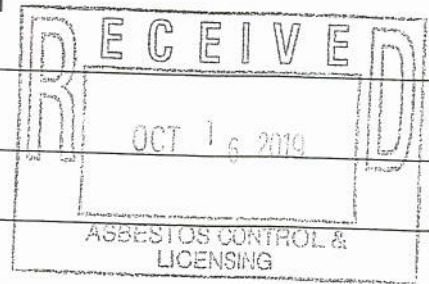


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| Date of Notification (1) 10/10/2019 | | Name of Building Owner/Operator (2) Morgan Properties Company LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 160 CLUBHOUSE RD | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code KING OF PURSSIA, PA, 19406 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact JHON PHILLIPS | Telephone Number 856-669-8720 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) APARTMENT BUILDING | | 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 72-78 WOODLAND RD | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) SHORT HILLS | | Bldg. Age N/A | | | | | | | |
| County (6) ESSEX | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) APARTMENT BUILDING | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) EHW ABATEMENT LLC | | | | | | |
| Street Address | | Street Address 89 FRANKLIN STREET | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code PATERSON, NJ, 07524 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-333-5144 | License No. 01274 | | | | | | |
| Start Date (10) 10/21/2019 | Scheduled Completion Date (11) 11/30/2019 | Name of OSHA Monitor EHW ABATEMENT LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: OCCUPIE | | Street Address 89 FRANKLIN STREET | | | | | | | |
| | | City, State, Zip Code PATERSON, NJ, 07524 | | | | | | | |
| 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 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 |
| BASEMENT | | X | | PIPE INSULATION | 4196 | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler EHW ABATEMENT LLC | | NJDEP Waste Hauler ID No. 0037095 | Cubic Yards of Waste N/A | Name of Registered Landfill TRI STATE TRANSFER | | | | | |
| City, State PATERSON, NJ | | Disposal Date TBD | | City, State BRONX, NY | | | | | |
| Completed by Victor Espiritu | | Title Project Manager | | Signature | | Date 10/10/2019 | | | |

INV# 15252
CK 18730 PAID

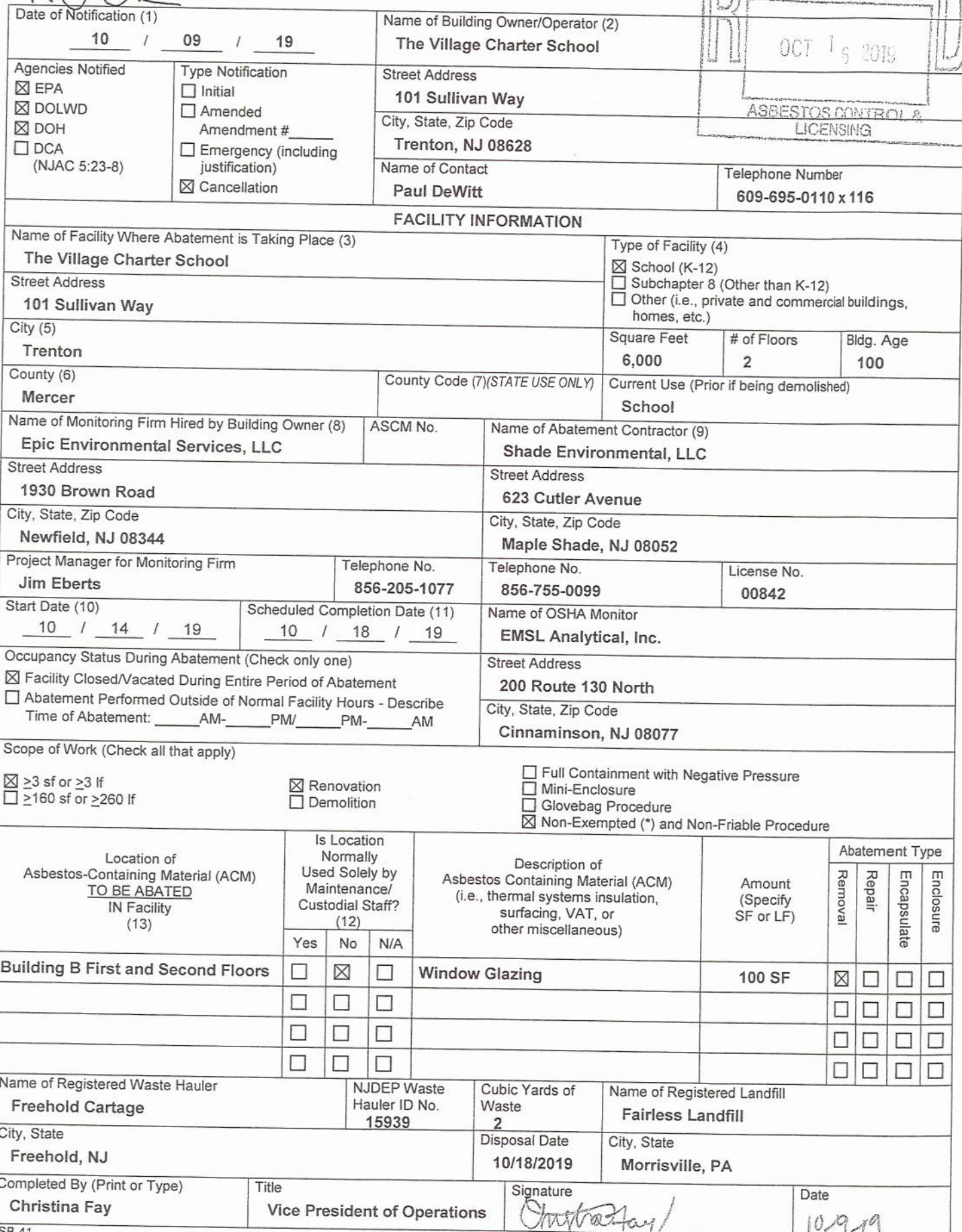
19038

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



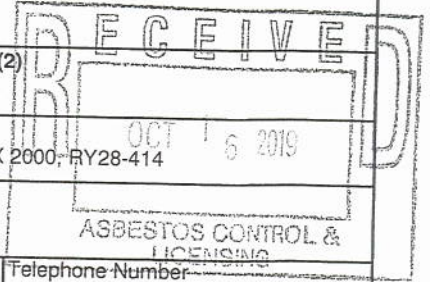
| | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 9 / 19 | | Name of Building Owner/Operator (2) St. Luke's Hospital | | | | | | | |
| 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 185 Roseberry St. City, State, Zip Code Phillipsburg, NJ 08865 | | | | | | | |
| | | Name of Contact Ted Ruhf | Telephone Number 908-239-5007 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 185 Roseberry St. | | Square Feet 100,000+ | # of Floors 2 | | | | | | |
| City (5) Phillipsburg, NJ 08865 | | Bldg. Age 41+ | | | | | | | |
| County (6) Warren | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Hospital | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories | ASCM No. NA | Name of Abatement Contractor (9) Alliance Environmental Systems | | | | | | | |
| Street Address 3370 Progress Drive | | Street Address 550 East Union St. | | | | | | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code West Chester, PA 19382 | | | | | | | |
| Project Manager for Monitoring Firm Mike Panepresso | Telephone No. 215-244-1300 | Telephone No. 610-701-9000 | License No. 00508 | | | | | | |
| Start Date (10) 10 / 23 / 19 | Scheduled Completion Date (11) 10 / 24 / 19 | Name of OSHA Monitor AET | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 8:00 PM - 4:30 AM | | Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor IR / Cath Lab | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 145 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 Rizz Containers & Disposal | | NJDEP Waste Hauler ID No. 34666 | Cubic Yards of Waste 40 | Name of Registered Landfill WM Grand Central Landfill | | | | | |
| City, State Easton, PA | | Disposal Date TBD | | City, State Penn Argy, Pa | | | | | |
| Completed By (Print or Type) Mark H. Griffin | | Title Estimator | | Signature | | Date 10/9/19 | | | |

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



| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 10 / 9 /2019 | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. | |
| 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 type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION | |
| Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 | | City, State, Zip Code RAHWAY, NEW JERSEY 07065 | |
| Name of Contact KINNARI PATEL | | Telephone Number 732-594-6352 | |
| 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 - Exterior Pipe Rack Between Bldg 55 & 32 | | Square Feet N/A | # of Floors N/A |
| City (5) RAHWAY | County (6) UNION | County Code (7) (STATE USE ONLY) | Bldg. Age N/A |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC. | | ASCM No. 17 | 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 |
| Expected State Date (10) 10 / 16 /19 | | Sched. Completion Date (11) 12 / 30 /19 | License Number 1101 |
| 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-3:30 PM | | Name of OSHA Monitor QUALITY ENVIRONMENTAL | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF | | Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encllo <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure (EXTERIOR) | |
| Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| Exterior Pipe Rack Between Bldg 55 & 32 | | Pipe Insulation | 140 LF |
| | | | |
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| | | | |
| Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752 |
| Completed by (Print or Type) BENJAMIN SANCHEZ | Title DIRECTOR OF OPERATIONS | Signature <i>[Signature]</i> | Date 10/9/19 |

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DECEIVE

00 RY28-414 OCT 1 6 2019

ADDITIONAL COPIES FOR SALE

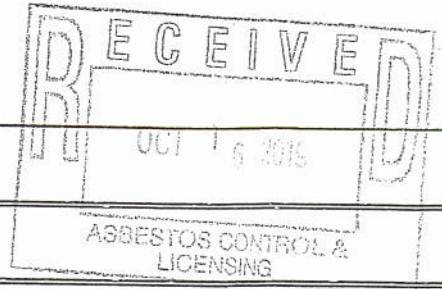
phone Number 594-6352 LICENSING

MONTGOMERY, PA 17752

1588 Date 10/2/15

Proj. #: 19-206

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



OK 10910

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| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|------------------|
| Date of Notification (1) 10/10/19 | | Name of Building Owner/Operator (2) Peter Kennedy | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Street Address [REDACTED] | |
| Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code Maplewood, NJ 07040 | |
| | | Name of Contact Peter Kennedy | 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 (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1,200 SF | | |
| City (5) Maplewood, NJ 07040 | | | County (6) Essex | | County Code (7) (State use only) |
| | | | Bldg. Age 60 | | |
| | | | Current Use (Prior if being demolished) Residential | | |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|-------------------------------------------------|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) KLOMAX, LLC | |
| Street Address | | | Street Address 309 W. End Ave | |
| City, State, Zip Code | | | City, State, Zip Code Hopatcong, NJ 07843 | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 833-455-6629 | |
| | | | License Number 02007 | |
| Start Date (10) 10/11/19 | | Sched. Completion Date (11) 10/23/19 | Name of OSHA Monitor KLOMAX, LLC | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Street Address 309 W. End Ave | |
| | | | City, State, Zip Code Hopatcong, NJ 07843 | |

Scope of Work (check all that apply)

| | | |
|----------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-enclosure |
| | | <input checked="" type="checkbox"/> Glovebag procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------|-----|---------------------------------------------------|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Basement | | <input checked="" type="checkbox"/> | | Pipe Insulation | 165 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|----------------------------------------------|-----------------------------|-------------------------------|-------------------------------------------------------------|
| Registered Waste Hauler KLOMAX, LLC | NJDEP Hauler ID# 0038241 | Cubic Yards of Waste 2 yds | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State Hopatcong, NJ 07843 | Disposal Date TBD | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) Paige Boylan | Title Owner | Signature | Date 10/09/19 |

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

Proj. #: 19-206

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------|
| Date of Notification (1) <u>10/10/19</u> | | Name of Building Owner/Operator (2) Peter Kennedy | | DOE - 10 DAY |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA | | Street Address [REDACTED] | | |
| Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code Maplewood, NJ 07040 | | |
| | | Name of Contact Peter Kennedy | | |
| | | Telephone Number [REDACTED] | | |

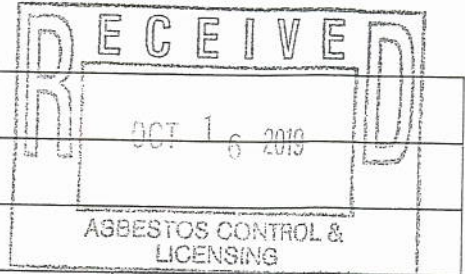
FACILITY INFORMATION

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| Name of facility where abatement is taking place (3) Residential | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet # of Floors Bldg. Age 1,200 SF 02 60 | | |
| City (5) Maplewood, NJ 07040 | | | County (6) Essex | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) Residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) KLOMAX, LLC | |
| Street Address | | | | Street Address 309 W. End Ave | |
| City, State, Zip Code | | | | City, State, Zip Code Hopatcong, NJ 07843 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 833-455-6629 | |
| | | | | License Number 02007 | |
| Start Date (10) 10/11/19 | | Sched. Completion Date (11) 10/23/19 | | Name of OSHA Monitor KLOMAX, LLC | |
| Occupancy Status During Abatement (Check only one): <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Street Address 309 W. End Ave | |
| | | | | City, State, Zip Code Hopatcong, NJ 07843 | |

| | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----|-----|---------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------------|--|--|
| Scope of Work (check all that apply) | | | | | | <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Min-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-frangible procedure | | | | | |
| <input checked="" type="checkbox"/> >3 sf or >2 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥180 sf or ≥280 lf <input type="checkbox"/> Demolition | | | | | | | | | | | |
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l | | |
| | Yes | No | N/A | | | | | | | | |
| Basement | | X | | Pipe Insulation | 165 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"/> | | |

| | | | |
|-----------------------------------------------------|------------------------------------|--------------------------------------|--------------------------------------------------------------------|
| Registered Waste Hauler KLOMAX, LLC | NJDEP Hauler ID# 0038241 | Cubic Yards of Waste 2 yds | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State Hopatcong, NJ 07843 | Disposal Date TBD | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) Paige Boylan | Title Owner | Signature | Date 10/09/19 |

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



Inv# 13172
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| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 10/08/2019 | | Name of Building Owner/Operator (2) Alton Bradshaw | | | | | | | |
| 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Marlborough, MA 01752 | | | | | | | |
| | | Name of Contact Samantha Gerhold | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | 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) Parsippany | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Morris | | Bldg. Age N/A | | | | | | | |
| 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. | Telephone No. 973-345-8685 | | | | | | |
| | | | License No. 01311 | | | | | | |
| Start Date (10) 10/16/2019 | | Scheduled Completion Date (11) 10/17/2019 | | | | | | | |
| Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 11 Rosengren Avenue | | | | | | | |
| <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> | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pipe Insulation | 30 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | NJDEP Waste Hauler ID No. 26085 | Cubic Yards of Waste TBD | Name of Registered Landfill Grand Central | | | | | |
| City, State Wayne, NJ | | Disposal Date TBD | | City, State Pen Argyl, PA | | | | | |
| Completed by Oliver Hegedis | | Title Project Manager | | Signature | | | Date 10/08/2019 | | |

09.10.2019 12:43 PM A. Mac Contracting

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PAGE 2 / 3

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PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:122)

OCT 16 2019

Check # 1299

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 10/9/19 | | Name of Building Owner/Operator (2) SHELBOURNE HEALTHCARE DEVELOPMENT GROUP | | DOL ID DAY | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> SOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including contamination) <input type="checkbox"/> Cancellation | | Street Address 575 E. LANCASTER AVE. SUITE 300 City, State, Zip Code LANQUORE PA 15087 Name of Contact JACK SNYDER Telephone Number 610-715-0603 | |
| Name of Facility Where Abatement is Taking Place (3) HOUSE | | 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.) | | Square Feet 1650 | |
| Street Address [REDACTED] | | City (5) WALTON CH | | # of Floors 2 | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) | | Bldg. Age 62 | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Allam No. | | Current Use (Prior to being demolished) HOUSE / DEMO | |
| Street Address | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | Street Address 185 Vreeland Ave. | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, NJ 07432 | | Telephone No. 201-282-8847 | |
| Project Manager for Monitoring Firm | | Telephone No. | | License No. 00159 | |
| Start Date (10) 10/9/19 | | Scheduled Completion Date (11) 10/11/19 | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 280 Huyler Street | | City, State, Zip Code Hackensack, NJ 07608 | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 20 or more sq ft <input checked="" type="checkbox"/> 2100 or more sq ft | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed (M) and Non-Flexible Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (15) | | 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) | |
| Basement | | Y | | TILE MASTIC | |
| | | | | 1000 SF X | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJ DEP Waste Hauler ID No. 04808 | | Cubic Yards of Waste 2 | |
| City, State Newark, NJ 07108 | | Disposal Date 10/9/19 | | Name of Registered Landfill Grand Central Sanitary Landfill | |
| Completed by R. McDonald | | Title President | | City, State Pah Argyl, PA 08072 | |
| | | Signature R. McDonald | | Date 10/9/19 | |

08.10.2019 07:33 AM A. Mac Contracting

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INV# 15175
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 10:120)

DOL - 10 DAY

298

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 10/8/19 | | Name of Building Owner/Operator (2) ROBERT GROSS | | ASBESTOS CHECK # OCT 8 2019 | |
| Agendas Notified <input checked="" type="checkbox"/> EPA DEF DCL <input checked="" type="checkbox"/> DOH DCA | | Type Notification <input type="checkbox"/> Initial Amendment <input type="checkbox"/> Emergency (Including Verification) Cancellation | | City, State, Zip Code WOODCLIFF LAKE NJ 07677 | |
| Name of Facility Where Abatement is Taking Place (3) HOUSE | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | Telephone Number | |
| Street Address [REDACTED] | | Square Feet 1650 | | # of Floors 2 | |
| County (5) BERGEN | | County Code (7) (STATE USE ONLY) | | Bldg. Age 64 | |
| Name of Monitoring Firm Hired by Building Owner (6) | | ASBA No. | | Current Use (Prior if being demolished) RES / DEMO | |
| Street Address | | Name of Abatement Contractor (8) A. Mac Contracting Inc. | | License No. 00150 | |
| City, State, Zip Code | | Street Address 186 Vreeland Ave. | | City, State, Zip Code Midland Park, NJ 07432 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-202-5841 | |
| Start Date (10) 10/8/19 | | Scheduled Completion Date (11) 10/14/19 | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: | | Street Address 280 Huyler Street | | City, State, Zip Code Hackensack, NJ 07608 | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 of or 24 H 2100 of or 2200 H | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed (C) and Non-Frangible Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT ROOF CHIMNEY | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X X | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TILE PLASTER | |
| | | | | Amount (Specify SF or LB) 1050 SF 8 LB | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJ DEP Waste Hauler ID No. 04806 | | Cubic Yards of Waste 3 | |
| City, State Newark, NJ 07105 | | Name of Registered Landfill Grand Central Sanitary Landfill | | City, State Pen Argyl, PA 08072 | |
| Completed by R. McDonald | | Title President | | Signature R. McDonald | |
| | | | | Date 10/8/19 | |

ASD-41 (7-00-08)

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

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

Date of Notification (1)

10/9/2019

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Melissa Goidel

Street Address

City, State, Zip Code

Upper Montclair, NJ, 07043

Name of Contact

Melissa Goidel

Telephone Number

ASBESTOS CONTROL &

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Melissa Goidel

Street Address

City

Upper Montclair

County

Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

10 19 19

Month Day Year

Sched. Completion Date (11)

10 23 19

Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility

Hours - Describe: «OffHours Descript»

☐ Other - Describe: «Other Occupancy Descript»

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

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-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 N C L O S U R E |
| Basement | | | X | Pipe Insulation | 110 LF | X | | | |
| Basement | | | X | Boiler Insulation | 40 SF | X | | | |

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.

17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

10/24/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

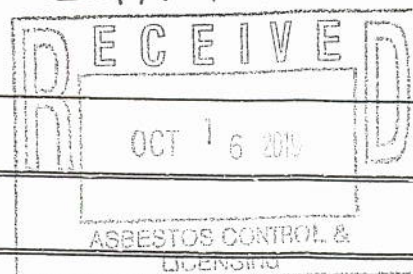
10/9/2019

264 Upper Mountain Ave

Proj. #: 19-174

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

Inv # 15232

Date of Notification (1)
10/1/19

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amended
Amendment #: _____
☐ Emergency
(including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

Wichert Realtors

Street Address

272 Bellevue Ave.

City, State, Zip Code

Upper Montclair, NJ 07043

Name of Contact

Teresa Callazo

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

Upper Montclair, NJ 07043

County (6)

Essex

County Code (7)
(State use only)

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet

1,200 SF

of Floors

02

Bldg. Age

90

Current Use (Prior if being demolished)

Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

10/21/19

Sched. Completion Date (11)

10/30/19

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- ☐ >3 sf or >3 lf ☒ Renovation
☒ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of
asbestos-containing
material (acm) to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)

| R e m o v e | R e p a i r | E n c a p | E n c l |
|-------------------------------------|----------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Basement

Basement

Pipe Insulation

Ceiling Plaster

147 LF

650 SF

Registered Waste Hauler
KLOMAX, LLCNJDEP Hauler ID#
0038241Cubic Yards of Waste
7 yds

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

Hopatcong, NJ 07843

Disposal Date

TBD

City, State

TULLYTOWN, PA

Completed by (Print or Type)

Paige Boylan

Title

Owner

Signature

Date

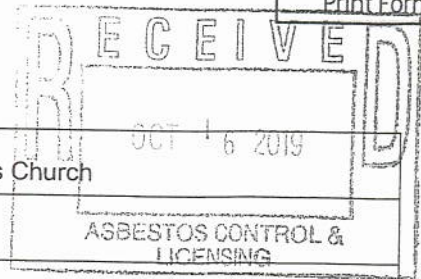
10/09/19

Inv# 15234

CK 195

PAID

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



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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/09/2019 | | Name of Building Owner/Operator (2) Bethel French Seventh Day Adventists Church | | | | | | | |
| Agencies Notified | Type Notification | Street Address 203 Hillcrest Avenue | | | | | | | |
| <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 Trenton NJ 08618 | | | | | | | |
| | | Name of Contact Luckson Innocen | Telephone Number 609-649-9783 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Bethel French Seventh Day Adventists Church | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 203 Hillcrest Avenue | | Square Feet 2000 | # of Floors 2 | | | | | | |
| City (5) Trenton NJ 08618 | | Bldg. Age 50+ | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) church | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EAGLE IHA Inc | | ASCM No. | Name of Abatement Contractor (9) ELCON Environmental Inc | | | | | | |
| Street Address 359 Dresher Road | | Street Address 150 Glenwood Dr | | | | | | | |
| City, State, Zip Code Horsham, PA 19044 | | City, State, Zip Code Washington Crossing, PA 18977 | | | | | | | |
| Project Manager for Monitoring Firm Mark Hays | | Telephone No. 215-672-6088 | License No. 01225 | | | | | | |
| Start Date (10) 10/24/2019 | Scheduled Completion Date (11) 11/15/2019 | Name of OSHA Monitor same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input 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 |
| sanctuary | | | x | plaster | 2000 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. SW2117 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State New Castle, DE | | Disposal Date TBD | | City, State Waynesburg, OH | | | | | |
| Completed by Andre Gosek | | Title Project Manager | | Signature | | Date 10/09/2019 | | | |

Inv # 15077 PAID

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 10/7/19 | | Name of Building Owner/Operator (2) ANNUNCIATION CHURCH | |
| Agency 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"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including incidents) <input type="checkbox"/> Cancellation | Street Address 50 W. MIDLAND AVE City, State, Zip Code PARAMUS, NJ. 07652 | |
| | | Name of Contact JOHN PUSENBORF III | Telephone Number 201 343-1400 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) ANNUNCIATION CHURCH | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School/College (Other than K-12) <input type="checkbox"/> Other (e.g. private & commercial buildings, homes, etc.) | |
| Street Address 50 W. MIDLAND AVE | | Square Feet 8000 | # of Floors 2 |
| City (5) PARAMUS | | Year Bldg. Built 1920 | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) | Current Use (For use being demolished) |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) |
| Street Address | | | Best Removal Inc |
| City, State, Zip Code | | | 450 South River St Hackensack, N.J. 07601 |
| Project Manager for Monitoring Firm | | Telephone No. | 201-329-7444 |
| Start Date (10) 10/8/19 | | Scheduled Completion Date (11) 10/9/19 | License No. 00388 |
| Emergency Status During Abatement (Check only if yes) | | Name of OSHA Monitor Omega Environmental | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM | | Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606 | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23' or less <input type="checkbox"/> 24' or more | | <input checked="" type="checkbox"/> Full Certification with Negative Pressure <input type="checkbox"/> Other Containment <input type="checkbox"/> Other Containment <input type="checkbox"/> Non-Enclosed (?) and Non-Positive Pressure | |
| Location of Asbestos-Containing Material (ACM) TO BE REMOVED (12) | | In Location Normally Used Exclusively by Maintenance Staff? (13) Yes No N/A | Description of Asbestos-Containing Material (ACM) (e.g., thermal systems insulation, cementitious material, or other miscellaneous) |
| Basement/Bowling Room | | | Thermal System Insulation |
| | | | 70 LF |
| | | | |
| | | | |
| Name of Registered Waste Hauler Best Removal Inc | | R.D.E.P. Waste Hauler ID No. 17109 | Cubic Yards of Waste 2400 |
| City, State Hackensack, N.J. 07601 | | Disposal Site 10/9/19 NEWBURGH, PA. 17240 | Name of Registered Landfill CUMBERLAND COUNTY LANDFILL |
| Completed By J. MAIORANO | | Estimator J. MAIORANO | Date 10/7/19 |

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

INV# 15235 PAID

CL 7901

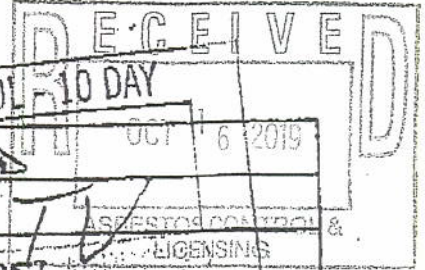
| | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------|-----------------|--------|-------------|
| Date of Notification (1) 10/9/19 | | Name of Building Owner/Operator (2) MR. TOM DECKER | | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | | | | | | |
| | | City, State, Zip Code VERONA, N.J. 07042 | | | | | | |
| | | Name of Contact MR. TOM DECKER | | | | | | |
| Telephone Number [REDACTED] | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. TOM DECKER | | 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) VERONA | Square Feet 8000 | # of Floors 2 | Bldg. Age 1950 | | | | | |
| County (6) ESSEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) APTS | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | | |
| Street Address | | Street Address | | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | |
| Start Date (10) 10/28/19 | | Name of OSHA Monitor Omega Environmental | | | | | | |
| Scheduled Completion Date (11) 10/29/19 | | Street Address | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM | | 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 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 |
| BLOG 5 GARAGE #25 | | | ✓ | THERMAL SYSTEM INSULATION | 110 LF | X | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 34207 | Name of Registered Landfill CUMBERLAND COUNTY LANDFILL | | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 10/29/19 | City, State NEWBURGH, PA. 17240 | | | | | |
| Completed by J. MAIORANO | Title Estimator | | Signature [Signature] | | | Date 10/9/19 | | |

CK7900

INV #1591 PAID

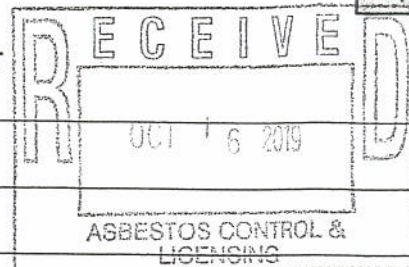
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:25)

DO NOT REMOVE
10 DAY



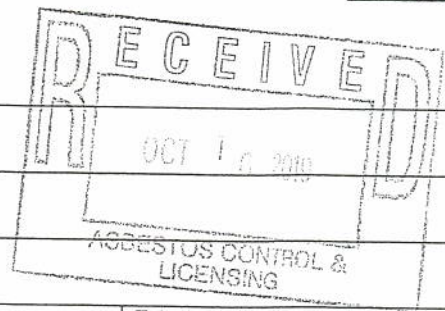
| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date of Notification (1) 10/9/19 | | Name of Building Owner/Operator (2) MR. JOHN STAFFORD | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code ORANGE, NJ, 07057 | |
| Name of Contact MR. STAFFORD | | Telephone Number [REDACTED] | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. JOHN STAFFORD | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Synagogue & (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 1800 | |
| City (5) ORANGE | | # of Floors 2 | |
| County (6) ESSEX | | County Code (7) (STATE USE ONLY) [REDACTED] | |
| Current Use (If not being demolished) RESIDENCE | | Mile Age 1945 | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Best Removal Inc | |
| Street Address [REDACTED] | | Street Address 450 South River St | |
| City, State, Zip Code [REDACTED] | | City, State, Zip Code Hackensack, N.J. 07601 | |
| Project Manager for Monitoring Firm [REDACTED] | | Telephone No. 201-329-7444 | |
| Start Date (10) 10/11/19 | | Scheduled Completion Date (11) 10/12/19 | |
| Name of OSHA Monitor Omega Environmental | | License No. 00388 | |
| Company Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM | | Street Address 280 Huyler St | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 ft or less <input type="checkbox"/> 24 ft or more <input type="checkbox"/> 25 ft or more <input type="checkbox"/> Removal <input type="checkbox"/> Demolition | | City, State, Zip Code S. Hackensack, N.J. 07606 | |
| Location of Asbestos-Containing Material (ACM) IN REAR OF FACILITY (12) | | Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, sprayed, VMT, or other miscellaneous) | |
| Is Location Normally Used Solely by Custodian? (13) Yes No NA | | Amount (Specify SF or LB) 38 LF | |
| BASEMENT | | THERMAL SYSTEM INSULATION | |
| Name of Registered Waste Hauler Best Removal Inc | | N.J. Waste Hauler ID No. 17109 | |
| City, State Hackensack, N.J. 07601 | | Cabin Yard of Waste 2 CYS | |
| Disposal Date 10/14/19 | | Name of Registered Landfill CUMBERLAND COUNTY LANDFILL | |
| City, State NEW BURG, PA. 17240 | | Signature J. MAIORANO | |
| Completed by J. MAIORANO | | Title Estimator | |
| Date 10/9/19 | | Date 10/9/19 | |

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



| Date of Notification (1) 10/10/19 | | Name of Building Owner/Operator (2) Mair Wasiullah Private Home | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Surf City NJ 08008 | | | | | | | |
| | | Name of Contact Mair | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mair Wasiullah 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) Surf City NJ 08008 | | Bldg. Age 50+ | | | | | | | |
| 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) 10/21/19 | Scheduled Completion Date (11) 11/8/19 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 1000SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 11/8/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature | | | Date 10/10/19 | | |

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



INV #15239
CK 7637 PAID

| Date of Notification (1) 10/10/19 | | Name of Building Owner/Operator (2) Mark Porcelli Private Home | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Long Beach Twp NJ 08008 | | | | | | | |
| | | Name of Contact Mark | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Mark Porcelli 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) Long Beach Twp NJ 08008 | | Bldg. Age 50+ | | | | | | | |
| 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) 10/21/19 | Scheduled Completion Date (11) 11/8/19 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 2000SF | x | | | |
| | | | x | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 11/8/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature | | | Date 10/10/19 | | | |