

PAID

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

RECEIVED**OCT 31 2018**

Date of Notification (1) 10/21/2018		Name of Building Owner / Operator (2) Sunoco Partners Marketing & Terminals, LP.-Eagle Point Facility	
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 1250 Crown Point Road City, State & Zip Code Westville, NJ 08093 Name of Contact Ron Rosendorn Telephone Number 856-853-3155	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Eagle Point Facility			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 1250 Crown Point Road			Square Feet 7500	# of Floors 3	Bldg. Age 60+
City (5) Westville	County (6) Gloucester	County Code (7)	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental		
Street Address		Street Address PO Box 8297			
City, State & Zip Code		City, State & Zip Code Trenton, NJ 08650			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956	License Number 01222	
Scheduled Start Date (10) 10/31/2018	Scheduled Completion Date (11) 01/31/2019		Name of OSHA Monitor ALPHA Environmental		
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 Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address PO Box 8297		
			City, State & Zip Code Trenton NJ 08650		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Powerhouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	5,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

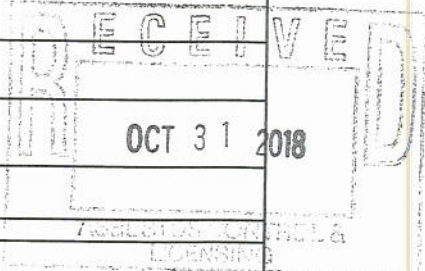
Name of Registered Waste Hauler Service Transport Group	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Grows Landfill
City, State New Castle DE	Disposal Date various	City, State Tullytown PA	
Completed By (Print or Type) Kelly Sisk	Title Project Manager	Signature 	Date 10/21/2018

PAID

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

CK 32836

Date of Notification (1) 10 / 22 /18		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 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, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	
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 33		Square Feet 98,230	# of Floors 7
City (5) RAHWAY		Bldg. Age 71	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 460
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 30 /19	
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 6PM-1:30 AM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type		CONTROL REPAIR ENCLOSURE	
3RD FLOOR ROOM 305		X	
3RD FLOOR ROOM 303		X	
3RD FLOOR ROOM 304		X	
3RD FLOOR ROOM 319		X	
3RD FLOOR ROOM 320		X	
3RD FLOOR ROOM 321		X	
3RD FLOOR ROOM 323		X	
3RD FLOOR ROOM 325		X	
3RD FLOOR ROOM 326		X	
3RD FLOOR ROOM 327		X	
3RD FLOOR ROOM 332		X	
6TH FLOOR ROOM 614		X	
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 50		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Disposal Date 11/01-6/30/19		Signature 10/22/18	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	



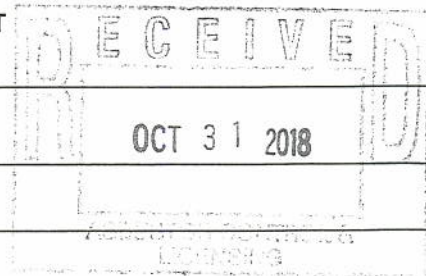
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

**FEDERAL PROPERTY
 COURTESY NOTIFICATION**

NOCK

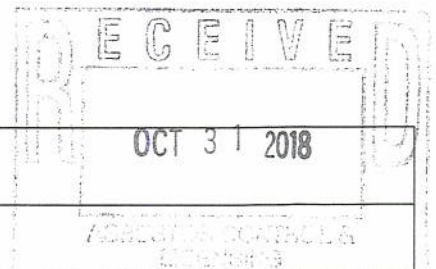
Date of Notification (1) 10/30/2018		Name of Building Owner/Operator (2) Newark Main Post Office							
Agencies Notified	Type Notification	Street Address 2 Federal Square							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact John Raite	Telephone Number 973-693-5326						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Main Post Office		Type of Facility (4)							
Street Address 2 Federal Square		<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) Newark, NJ 07102		Square Feet 500,000+	# of Floors 6						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 1600 Route 22 East, Suite #107		Street Address 102 Technology Lane							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Mark Perlmutter		Telephone No. 908-688-7800	Telephone No. 724-325-3330						
Start Date (10) 11/1/2018		Scheduled Completion Date (11) 11/2/2018	License No. 01121						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Prism Response							
<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: work area will be contained and cordoned off		Street Address 70 Hillside Dr., Suite 200 (branch office)							
		City, State, Zip Code Drums, PA 18222							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
5th Flr - U.S. Marshals Service Area			X	Wallboard	48	h			
Name of Registered Waste Hauler N.E.T.S., Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1 YD	Name of Registered Landfill Alliance Landfill					
City, State Hazleton, PA		Disposal Date 11/30/2018		City, State Taylor, PA					
Completed by Jessica Wolfe		Title Administrative Support		Signature <i>Jessica Wolfe</i>		Date 10/30/18			


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



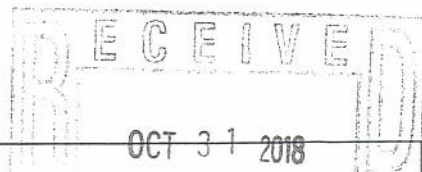
Date of Notification (1) <div style="text-align: center;">10 / 29 / 18</div>		Name of Building Owner/Operator (2) Levco Associates							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Wayne Hills Mall							
		City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Michael Feehan	Telephone Number 973-471-2394						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Former Wayne Hills 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 1 Wayne Hills Mall		Square Feet 103,000	# of Floors 1						
City (5) Wayne		Bldg. Age 34							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Retail Mall							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.		ASCM No. 00117	Name of Abatement Contractor (9) SAI Environmental Services LLC						
Street Address PO Box 365		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	License No. 01349						
Start Date (10) <div style="text-align: center;">9 / 05 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 30 / 18</div>	Name of OSHA Monitor SAI Environmental Services 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 277 Fairfield Road, Suite 102							
		City, State, Zip Code Fairfield, NJ 07004							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stucco	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing materials	103,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile/Mastic	6,806 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"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 1800	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 11/30/18	City, State Waynesburgh, OH						
Completed By (Print or Type) Mary Petrovski		Title President	Signature 				Date 10/27/2018		

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



Date of Notification (1) <div style="text-align: center;">09 / 05 / 18</div>		Name of Building Owner/Operator (2) Levco Associates							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Wayne Hills Mall							
		City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Michael Feehan	Telephone Number 973-471-2394						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Former Wayne Hills 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 1 Wayne Hills Mall									
City (5) Wayne	Square Feet 103,000	# of Floors 1	Bldg. Age 34						
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Retail Mall							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.		ASCN No. 00117	Name of Abatement Contractor (9) SAI Environmental Services LLC						
Street Address CPO Box 365		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 856-452-1311	Telephone No. (973) 852-3444	License No. 01349						
Start Date (10) <div style="text-align: center;">9 / 05 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 18</div>	Name of OSHA Monitor SAI Environmental Services 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 277 Fairfield Road, Suite 102							
		City, State, Zip Code Fairfield, NJ 07004							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stucco	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing materials	103,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile/Mastic	6,806 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"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 1800	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 10/31/18	City, State Waynesburgh, OH						
Completed By (Print or Type) Mary Petrovski	Title President	Signature 	Date 9/5/18						

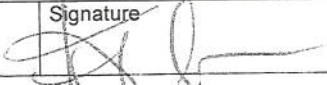
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">08 / 24 / 18</div>		Name of Building Owner/Operator (2) Revco Associates							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Wayne Hills Mall							
		City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Michael Feehan	Telephone Number 973-471-2394						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Former Wayne Hills 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 1 Wayne Hills Mall		Square Feet 100,000	# of Floors 1						
City (5) Wayne		Bldg. Age 34							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Retail Mall							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.		ASCM No. 00117	Name of Abatement Contractor (9) SAI Environmental Services LLC						
Street Address CPO Box 365		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	License No. 01349						
Start Date (10) <div style="text-align: center;">9 / 05 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 18</div>	Name of OSHA Monitor SAI Environmental Services 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 277 Fairfield Road, Suite 102							
		City, State, Zip Code Fairfield, NJ 07004							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stucco	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing materials	6,806 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile/Mastic	103,800	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 1800	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 10/31/18		City, State Waynesburgh, OH					
Completed By (Print or Type) Mary Petrovski		Title President		Signature 		Date 8/24/18			

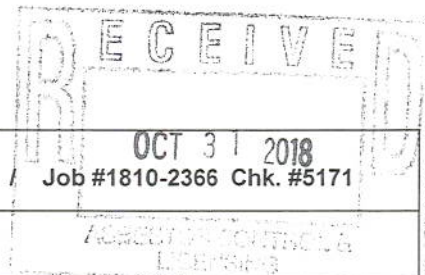
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
OCT 31 2018

Date of Notification (1) <div style="text-align: center;">10 / 15 / 18</div>		Name of Building Owner/Operator (2) Federal Aviation Administration / Job #1809-2355		Chk. #NA - gov't					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Environmental & Safety Section ANG-# 332 ACY Intl Apt NJ 08405 City, State, Zip Code Atlantic City, NJ Name of Contact Chris Jenson, MB Markland					
				Telephone Number 609-287-7144					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center Building #302				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 Building 302 - WJH TC				Square Feet 10,500					
City (5) Atlantic City				# of Floors 2					
County (6) Atlantic				Bldg. Age 50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Other							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanagan		Telephone No. 856-848-0800		Telephone No. 609-702-0400					
				License No. 00862					
Start Date (10) <div style="text-align: center;">10 / 24 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 7 / 18</div>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
2 nd Fl. & Stairwell Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	3600	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout (uncovered during abatement)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Miscellaneous Material - If found**	up to 200 LF/ SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doors	35 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill ACUA				
City, State Lafayette, NJ		Disposal Date 11/7/18		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 10-22-18			

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



Date of Notification (1) 10 / 29 / 18		Name of Building Owner/Operator (2) Hunterdon Central Reg'l High School		OCT 31 2018 Job #1810-2366 Chk. #5171					
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 84 Route 31 City, State, Zip Code Flemington, NJ 08822					
		Name of Contact Don Thornton, Mgr of Bldg & Grounds		Telephone Number 908-284-7172					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hunterdon Central Reg'l High School				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 84 Route 31									
City (5) Flemington				Square Feet 100,000	# of Floors 2				
				Bldg. Age 1962					
County (6) Hunterdon		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 500 Horizon Drive< Suite 540		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Julian Fernandez		Telephone No. 609-468-6946		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 11 / 8 / 18		Scheduled Completion Date (11) 11 / 9 / 18		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Custodial Closet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbow/Joint Insulation	7.5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 11/9/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 10-29-18		

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



Date of Notification (1) 10 / 10 / 20		Name of Building Owner/Operator (2) Dunellen Associates Inc							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 622 North Flagler Drive City, State, Zip Code West Palm Beach Florida 33401 Name of Contact Richard Bruder Telephone Number 917-733-3872							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 100 South Washington		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 100 South Washington Ave		Square Feet 650,000							
City (5) Dunellen		# of Floors 1	Bldg. Age 90						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		Name of Abatement Contractor (9) Highground Industrial LLC							
Street Address Po Box 365		Street Address 12 Industrial Drive							
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code Florida NY 10921							
Project Manager for Monitoring Firm		Telephone No. 856-452-1311	License No. 01370						
Start Date (10) 10 / 23 / 19	Scheduled Completion Date (11) 03 / 10 / 19	Name of OSHA Monitor Highground Industrial 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 12 Industrial Drive City, State, Zip Code Florida NY 10921							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
roofing, floor, tile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	vat	6000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roofing	450,000sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	window calk	4000 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Sparten Environmental Inc		NJDEP Waste Hauler ID No. PA584	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Donora PA		Disposal Date		City, State Waynesburg					
Completed By (Print or Type) Faith Hauss		Title Admin Manager		Signature		Date			

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #
I. TYPE OF NOTIFICATION (O - ORIGINAL C- CANCELLED) (R - REVISION -- WRITE REVISION #?) -----O-----			
OWNER NAME: Dunellen Associates Inc			
ADDRESS: 622 North Flagler Drive			
CITY: West Palm Beach	County:	State: FL	ZIP: 33401
CONTACT: Richard Bruder			Telephone: 917-733-3872
ASBESTOS REMOVAL CONTRACTOR: Highground Industrial LLC			
ADDRESS: 12 Industrial Drive			
CITY: Florida		State: NY	Zip: 10921
CONTACT: Faith Hauss		Telephone: 201-252-8600	Title: Admin Manager
DEMOLITION CONTRACTOR: Highground Industrial LLC			
ADDRESS: 12 Industrial Drive			
CITY: Florida		State: NY	ZIP 10921
CONTACT: Faith Hauss		Telephone: 201-252-8600	Title: Admin Manager
III. TYPE OF OPERATION: (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMERGENCY RENOVATION): D			
IV. IS ASBESTOS PRESENT? yes	List Type of Asbestos Material (s) to be Removed: Roofing Vat and Caulking		
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)			
BLDG NAME: 100 South Washington Ave			
ADDRESS: 100 South Washington Ave			
CITY: Dunellen	County: middlesex	State: NJ	ZIP: 08812
SITE LOCATION:			
BUILDING SIZE: 650,000	Number of floors: 1	Age in years: 90	
PRESENT USE: vacant	PRIOR USE: warehouse		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk samples were obtained by Owner's representative and were analyzed via Phase Light Microscopy to detect the presence of asbestos material.			
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM TO BE REMOVED 2. CATEGORY I ACM NOT REMOVED 3. CATEGORY II ACM NOT REMOVED	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED	
		CAT I	CAT II
PIPES:(Linear Feet)			
SURFACE AREA (Square Feet) 460,000		x	
VOL. RACM OFF FACILITY COMPONENT (Cubic Yards)	10,800		
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/22/2018 Complete: 3/10/19			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/23/2018 Complete: 3/10/2019			