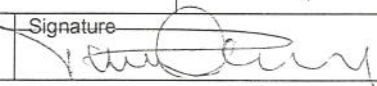


CX 7057

Print Form

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

Date of Notification (1) 8/31/2015		Name of Building Owner/Operator (2) The Chemours Company FC LLC							
Agencies Notified	Type Notification	Street Address Chemours-Repauno Site 200 N. Repauno Ave.							
<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 Gibbstown, NJ 08027							
		Name of Contact c/o Duane Reese	Telephone Number ---						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chemours-Repauno Site		Type of Facility (4)							
Street Address 200 N. Repauno Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Gibbstown		Square Feet ~35,000	# of Floors 1-2						
		Bldg. Age 50+							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former DuPont Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 760 Pulaski Highway		Street Address 42 Ridge Road							
City, State, Zip Code Bear, Delaware 19701		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Duane Reese		Telephone No. 302 326-2333	License No. 00836						
Start Date (10) 9/16/2015	Scheduled Completion Date (11) 11/30/2015	Name of OSHA Monitor Harvard Environmental, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 760 Pulaski Highway							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Bear, Delaware 19701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ammonia Office			X	See Attached Spreadsheet	See Attached	X			
Towers-Dry Bulk Building			X	See Attached Spreadsheet	See Attached	X			
Atmospheric Building			X	See Attached Spreadsheet	See Attached	X			
Salt House			X	See Attached Spreadsheet	See Attached	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste ~ 200	Name of Registered Landfill GROWS/Tullytown Landfill					
City, State Fairless Hills, PA		Disposal Date 10/2015-12/15		City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager		Signature 		Date 8/31/2015			

PROJECT NAME: Former DuPont Repauno Site
Gibbstown, NJ

Notification # 2

Area / Notes	Abatement Item	Unit	Quantity	Price/Unit	Total Pricing	Mandays
FA-0583, Ammonia Office	Floor Tile	SF	188			
Roof Vent	Galbestos on Roof	SF	100			
Non-ACM	Floor Paint	SF	120			
	Transite Siding	SF	1,600			
FA-0514, Towers-Dry Bulk Bldg	Floor Tile	SF	370			
	Transite	SF	11,050			
	Tile and Mastic	SF	500			
FA-0505, Atmospheric Bldg	Fire Doors	EA	5			
	Wall Packing	SF	2			
	Galbestos Roof Vent	SF	80			
	Brick Look Stucco	SF	2,600			
	Transite	SF	2,850			
FA-1761, Salt House	Fire Doors	EA	3			

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

Date of Notification (1) 8-31-15		Name of Building Owner/Operator (2) Nick Weiss	
Agencies Notified	Type Notification	Street Address 188 Union St	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Nick Weiss	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 9-10-15		Sched. Completion Date (11) 9-11-15		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
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: <u><OffHours Descript></u>					
<input type="checkbox"/> Other - Describe: <u><Other Occupancy Descript></u>					

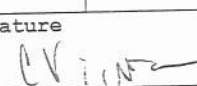
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

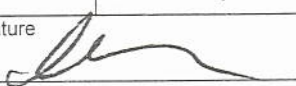
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

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				
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement	X	Pipe Insulation	15 lf	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 G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 9-14-15	City, State Morrisville, PA 19067
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8-31-15


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

Check 14243

Date of Notification (1) 8/31/15		Name of Building Owner/Operator (2) Bergen Community College							
Agencies Notified	Type Notification	Street Address 400 Paramus Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Paramus, NJ 07652							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Norman Shapiro	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen Community College		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 400 Paramus Road		Square Feet 1000	# of Floors 2						
City (5) Paramus		Bldg. Age 58							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/25/15	Scheduled Completion Date (11) 10/15/15	Name of OSHA Monitor							
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 <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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MER S-150			x	TSI	20 SF		x		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 8/31/15		

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


Check 14544

Date of Notification (1) 8/31/15		Name of Building Owner/Operator (2) Javed Choudhry							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 840 Hueston Street							
		City, State, Zip Code Union, NJ							
		Name of Contact Javed Choudhry	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 840 Hueston Street		Square Feet 2200	# of Floors 2						
City (5) Union		Bldg. Age 58							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/9/15	Scheduled Completion Date (11) 9/30/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	100 LF		x		
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 A. Scott Higgins		Title President		Signature 				Date 8/31/15	

OK 7054

Print Form

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

Date of Notification (1) 8/31/2015		Name of Building Owner/Operator (2) The Chemours Company FC LLC							
Agencies Notified	Type Notification	Street Address Chemours-Repauno Site 200 N. Repauno Ave.							
<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 Gibbstown, NJ 08027							
		Name of Contact c/o Duane Reese							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chemours-Repauno Site		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 200 N. Repauno Ave		Square Feet ~15,000	# of Floors 1-2						
City (5) Gibbstown		Bldg. Age 50+							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former DuPont Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 760 Pulaski Highway		Street Address 42 Ridge Road							
City, State, Zip Code Bear, Delaware 19701		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Duane Reese		Telephone No. 302 326-2333	Telephone No. 610 933-4332						
		License No. 00836							
Start Date (10) 9/16/2015	Scheduled Completion Date (11) 12/21/2015	Name of OSHA Monitor Harvard Environmental, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 760 Pulaski Highway							
		City, State, Zip Code Bear, Delaware 19701							
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 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
MYPO Lab Office			X	See Attached Spreadsheet	See Attached	X			
Main Office			X	See Attached Spreadsheet	See Attached	X			
Records Storage Building			X	See Attached Spreadsheet	See Attached	X			
MYPO Process Building				See Attached Spreadsheet	See Attached	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste ~ 200	Name of Registered Landfill GROWS/Tullytown Landfill					
City, State Fairless Hills, PA			Disposal Date 10/2015-12/15	City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager	Signature 	Date 8/31/2015					

Notification # 3

PROJECT NAME:

Area / Notes	Abatement Item	Unit	Quantity	Price/Unit	Total Pricing	Mandays
FA-2301, MYPO Lab Office	Tile & Mastic	SF	2,240			
Above Ceiling	Black Insulation	SF	1,500			
	Mastic	SF	1,500			
	Transite Wall Board	SF	5,580			
2 Layers	Flooring & Mastic	SF	2,320			
FA-1500, Main Office	Sheet Flooring	SF	1,131			
	Fittings	EA	246			
	Pipe Insulation	LF	1,813			
	Floor Tile	SF	9,119			
Roof	Duct Insulation	SF	300			
	Fire Doors	EA	13			
At Wall Pens	Transite Board	EA	15			
FA-1516, Records Storage Bldg	Pipe Insulation	LF	20			
	Transite	SF	120			
FA-2340, MYPO Process Bldg.						
On Floor 2nd Floor	Black Debris	SF	9			
1st Floor	Pipe Insulation	LF	5			
Various Areas	Wire Covering	LF	225			

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

Date of Notification (1) 8-31-15		Name of Building Owner/Operator (2) Naveed Khursheed	
Agencies Notified	Type Notification	Street Address 4-46 Hartley Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Fair Lawn, NJ, 07410	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Naveed Khursheed	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 1700	# of Floors 2	Bldg. Age 95
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 9-9-15	Sched. Completion Date (11) 9-14-15	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 - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		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	115 lf	X			

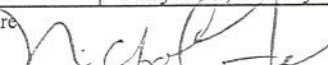
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 9-15-15	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8-31-15		

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

Date of Notification (1) August 31, 2015		Name of Building Owner/Operator (2) Seminole Construction 27630	
Agencies Notified	Type of Notification	Street Address 128 Bartlett Avenue SEP 3 2015	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code West Creek, NJ 08092	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact Joyce	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1250 Mill Creek Road			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Beach Haven West			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Ocean		
County Code (7) (STATE USE ONLY)		Square feet 1000 sf		# of Floors 1	
Bldg. Age 60		Current Use (Prior if being demolished) Residence			
		Name of Abatement Contractor (9) Guardian Contracting, Inc.			
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. _____		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 732-349-9932	
License Number 00624		Name of OSHA Monitor E.M.S.L. Analytical			
Scheduled Start Date (10) 9/1/15		Scheduled Completion Date (11) 9/3/15			
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
			Scope of Work (Check all that apply)		
<input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house		X		Asbestos siding	900 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 9/4/15		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 8/31/15		

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

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

Date of Notification (1) <p style="text-align: center;">August 31, 2015</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Seminole Construction</p>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	128 Bartlett Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	West Creek, NJ 08092	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joyce	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4)		
Street Address <p style="text-align: center;">1041 Radio Road</p>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Little Egg Harbor	Ocean		2500 sf	2	60
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>			Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>		
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) <p style="text-align: center;">9/1/15</p>		Scheduled Completion Date (11) <p style="text-align: center;">9/3/15</p>		Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>	
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		
			1056 Stelton Road		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) in facility (13) <p style="text-align: center;"><u>TO BE ABATED</u></p>	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house		X		Asbestos siding	2020 sf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>	NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">3</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>
City, State <p style="text-align: center;">Toms River, New Jersey</p>	Disposal Date <p style="text-align: center;">9/4/15</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>	
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 	Date <p style="text-align: center;">8/31/15</p>

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

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

APPROVED-TOM VOORHEES,

NJ DOL

CR # 2864

Date of Notification (1) 8 / 28 / 15		Name of Building Owner/Operator (2) St Francis Medical Center							
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 601 Hamilton Ave							
		City, State, Zip Code Trenton NJ 08629							
		Name of Contact Rita Gelli	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 601 Hamilton Ave		Square Feet 70,000	# of Floors 3						
City (5) Trenton		Bldg. Age 60+							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Vertex Companies		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 700 Turner Way		Street Address 1123 BEAVER STREET							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	License No. 00509						
Start Date (10) 8 / 31 / 15	Scheduled Completion Date (11) 8 / 31 / 15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-4:30PM/____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Above Ceiling of Room 819	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date 8/31/15		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 8/28/15			

GI 15228

OK 004124

D&S Proj. #: 2015-307

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

Date of Notification (1) 08/12/15		Name of Building Owner/Operator (2) JAMES GALLEGHER, EXECUTOR	
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 22 LAVINA COURT City, State, Zip Code SUMMIT, NJ 07901 Name of Contact MICHELE DEBENEDETTO Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) THE ESTATE OF RICHARD GALLAGHER Street Address 22 LAVINA COURT City (5) SUMMIT County (6) UNION County Code (7) (State use only)			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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 09/17/15 Sched. Completion Date (11) 09/30/15 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		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503
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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 type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure
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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 BOILER RM		X		DUCT INSULATION	91 sq ft	X			
basement bar		X		PIPE INSULATION	61 ft	X			
2nd floor closet		X		DUCT INSULATION	3 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/18/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/27/2015

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

OK 006124

D&S Proj. #: 2015-311

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

Date of Notification (1) 10/18/12/15		Name of Building Owner/Operator (2) victoria walker	
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 101 chetwood terrace City, State, Zip Code fanwood, nj 07023 Name of Contact victoria walker Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) victoria walker			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 101 chetwood terrace			Square Feet		
City (5) fanwood			County (6) UNION		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		

Street Address		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code		Street Address 20 California Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07503	
Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/25/15		License Number 01169	
Sched. Completion Date (11) 10/22/15		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue	
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		City, State, Zip Code Paterson, NJ 07503	

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

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	172 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/26/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/28/2015

511-525 Steven St.

CODE	DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code **	Code ***	Code ****
NF1	ceiling panel	addition wing, basement and HVAC units	30 SF	SF	REM	PCM
NF1	9x9 floor tile and mastic	addition wing, 2nd fl. below 2 layers of non asbestos floor tile and plywood	1850 SF	SF	REM	PCM
NF1	window glazing	church t/p the 1st and 2nd fl	24 LF	LF	REM	PCM
NF2	black asphalt layered roofing felt	roof	3000 SF	SF	REM	PCM
NF2	black asphalt roof flashing/sealant compound	roof	500 SF	SF	REM	PCM