

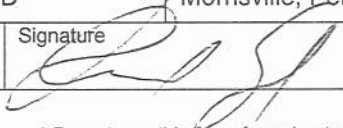
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

Check # 1497

| | | | | | | | | | |
|--|---|--|---|--|---|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 9/18/15 | | Name of Building Owner/Operator (2) Cardamone Brothers Custom Homes, Inc. 2015 SEP 22 14:28 | | | | | | | |
| 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 51 Vail Ter | | Telephone Number | | | | |
| | | | City, State, Zip Code Branchburg, NJ 08876 | | | | | | |
| | | | Name of Contact Robert E. Caramone | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House Scheduled for Demo | | | | 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 141 Ardmaer Dr | | | | Square Feet 2500 | # of Floors 2 | | | | |
| City (5) Bridgewater | | | | Bldg. Age 50+ | | | | | |
| County (6) Somerset | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residential House | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCN No. n/a | | Name of Abatement Contractor (9) Loznica Management Corp | | | | | |
| Street Address n/a | | Street Address 22 Troy Lane | | | | | | | |
| City, State, Zip Code n/a | | City, State, Zip Code Lincoln Park NJ 07035 | | | | | | | |
| Project Manager for Monitoring Firm n/a | | Telephone No. n/a | | Telephone No. 9737067950 | License No. 01193 | | | | |
| Start Date (10) 9/19/15 | | Scheduled Completion Date (11) 9/20/15 | | Name of OSHA Monitor Loznica Management Corp | | | | | |
| 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 22 Troy Lane | | | | | |
| | | | | City, State, Zip Code Lincoln Park NJ 07035 | | | | | |
| 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 |
| Exterior | | | X | Transite SHingles | 1000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Loznica Management Corp | | NJDEP Waste Hauler ID No. 0033137 | | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Lincoln Park, NJ 07035 | | Disposal Date TBD | | City, State Morrisville PA 19067 | | | | | |
| Completed by E. Cirovic | | Title Secretary | | Signature E. Cirovic | | | Date 9/18/15 | | |

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

CHECK # 1264

| | | | | | | | | | |
|---|--|--|--|---|----------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 9/17/2015 | | Name of Building Owner/Operator (2) Joylene Andrews/ Alden Brown | | | | | | | |
| Agencies Notified | Type Notification | Street Address PO Box 2536 | | | | | | | |
| <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 East Orange, NJ 07019 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Alden Brown | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial 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 1000 South Orange Ave. | | Square Feet 1,900 + | # of Floors 1 | | | | | | |
| City (5) Newark | | Bldg. Age 50+ | | | | | | | |
| County (6) Essex | 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) Unicorn Contracting Corp. | | | | | | |
| Street Address | | Street Address 205 Route 46, Suite 7A | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Totowa, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-333-9176 | License No. 01232 | | | | | | |
| Start Date (10) 9/19/2015 | Scheduled Completion Date (11) 9/20/2015 | Name of OSHA Monitor Envirovision Consultants Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Normal Working Hours | | Street Address 20-21 Wagaraw Rd. - Bldg.35E | | | | | | | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| Collapsed Roof in Rear Building | | | x | Roofing Material | 800 SF | x | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Name of Registered Waste Hauler Unicorn Contracting Corp. | | NJDEP Waste Hauler ID No. 0035844 | Cubic Yards of Waste 5 | Name of Registered Landfill G.R.O.W.S., Inc. | | | | | |
| City, State Totowa, New Jersey | | | Disposal Date TBD | City, State Morrisville, Pennsylvania | | | | | |
| Completed by Dimo Golcev | | Title Project Manager | | Signature  | | Date 9/17/2015 | | | |

PK 3801

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

| | | | |
|--|--|---|---|
| Date of Notification (1) <u>9/18/15</u> | | Name of Building Owner/Operator (2) <u>PINELAND CONSTRUCTION</u> | |
| 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 <u>300 77TH ST.</u> | |
| | | City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u> | |
| | | Name of Contact <u>FRANK EDWARD</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 <u>1107 N.J. AVE.</u> | | Square Feet <u>1000</u> | # of Floors <u>1</u> |
| City (5) <u>CAPE MAY</u> | | Bldg. Age <u>40+</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>KLEMCO 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. | Telephone No. <u>856-779-0472</u> | License No. <u>0444</u> |
| Start Date (10) <u>9/28/15</u> | Scheduled Completion Date (11) <u>10-5-15</u> | Name of OSHA Monitor <u>JOSEPH KLEMM</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 <u>369 S. SPRUCE AVE</u> | |
| | | City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u> | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| <u>SIDING</u> | | <u>X</u> | <u>TRANSITE</u> |
| | | | |
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| | | | |
| Name of Registered Waste Hauler <u>KLEMCO INC</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste |
| City, State <u>MAPLE SHADE N.J.</u> | | Disposal Date | Name of Registered Landfill <u>C. M. C. M. V. A</u> |
| | | | City, State <u>WOODBINE N.J.</u> |
| Completed By <u>MICHAEL KLEMM</u> | Title <u>V/P</u> | Signature <u>[Signature]</u> | Date <u>9/18/15</u> |

OK 3801

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

RECEIVED

2015 SEP 22 AM 12:21

| | | | |
|---|--|--|--|
| Date of Notification (1) 9-18-15 | | Name of Building Owner/Operator (2) BOWMAN WALKER | |
| 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 3101 DUNE DR. SUITE 108 | |
| | | City, State, Zip Code AVULON N.J. 08202 | |
| | | Name of Contact | 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 105 2ND AVE | | Square Feet 1000 | # of Floors 1 |
| City (5) CAPE MAY | | 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) KLOMCO INC | |
| Street Address | | Street Address 369 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. 00444 |
| Start Date (10) 9/29/15 | Scheduled Completion Date (11) 10-6-15 | Name of OSHA Monitor JOSEPH KLUMM | |
| 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 checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 369 S. Spruce Ave | |
| | | City, State, Zip Code MAPLE SHADE NJ 08052 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | 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 KLOMCO INC | | NJDEP Waste Hauler ID No. 17904 | Cubic Yards of Waste 2 |
| City, State MAPLE SHADE N.J. | | Name of Registered Landfill C.M.C. M.U.A | |
| Disposal Date | | City, State WOODBINE N.J. | |
| Completed By MICHAEL KLUMM | Title V/P | Signature <i>[Signature]</i> | Date 9-18-15 |

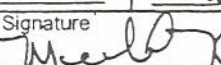
CK 3801

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


| | | | | | | | | |
|--|---|--|--|--|------------------------|---------|--------|-------------|
| Date of Notification (1) 9-18-15 | | Name of Building Owner/Operator (2) MITCHEL NICHOLS | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 23 KING ST | | | | | | |
| | | City, State, Zip Code RIO GRANDE, NJ 08242 | | | | | | |
| | | Name of Contact SAUE | Telephone Number 571-1111 | | | | | |
| 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 312 RT. 9 | | Square Feet 1500 | # of Floors 2 | | | | | |
| City (5) CAPE MAY COURT HOUSE | | 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) 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. 856-779-0472 | License No. 00444 | | | | | |
| Start Date (10) 9-30-15 | Scheduled Completion Date (11) 10-7-15 | Name of OSHA Monitor JOSEPH KLEMM | | | | | | |
| 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 369 S. SPRUCE AVE | | | | | | |
| | | City, State, Zip Code MAPLE SHADE N.J. 08052 | | | | | | |
| 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 |
| SIDING | | | X | 1500 SF | X | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler KLEMMCO INC | | NJDEP Waste Hauler ID No. 17964 | Cubic Yards of Waste 2 | Name of Registered Landfill C.M.C. M.U.A | | | | |
| City, State MAPLE SHADE N.J | | Disposal Date | | City, State WOODBINE NJ | | | | |
| Completed By MICHAEL KLEMM | | Title VIP | Signature <i>[Signature]</i> | | Date 9-18-15 | | | |

CK 3801

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

| | | | | | | | | | |
|--|--|---|---|--|---------------------------|------------------------|--------|-------------|-----------|
| Date of Notification (1) 9-18-15 | | Name of Building Owner/Operator (2) MITCHELL NICHOLS | | | | | | | |
| 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 23 KING ST | | | | | | | |
| | | City, State, Zip Code RIO GRANDE, NJ 08242 | | | | | | | |
| | | Name of Contact SAME | Telephone Number 502-2 | | | | | | |
| 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 600 W. 26TH ST | | Square Feet 1500 | | | | | | | |
| City (5) N. WILLOWOOD | | # of Floors 2 | Bldg. Age 50+ | | | | | | |
| County (6) CAPE MAY | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) VACANT | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | 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. 00444 | | | | | | |
| Start Date (10) 9-30-15 | Scheduled Completion Date (11) 10-7-15 | Name of OSHA Monitor JOSEPH KLEMM | | | | | | | |
| 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 369 S. SPRUCE AVE | | | | | | | |
| | | City, State, Zip Code MAPLE SHADE N.J. 08052 | | | | | | | |
| 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 |
| SIDWING | | | X | TRANSITE | 800 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler KLEMMCO INC | | NJDEP Waste Hauler ID No. 17964 | Cubic Yards of Waste 2 | Name of Registered Landfill C.M.C. M. U.A | | | | | |
| City, State MAPLE SHADE N.J | | Disposal Date | | City, State WOODBINE NJ | | | | | |
| Completed By MICHAEL KLEMM | | Title VIP | Signature  | | | Date 9-18-15 | | | |

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

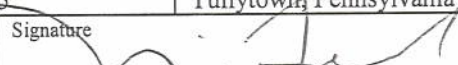
| | | | | | | | | | |
|--|---|--|-----|--|---------------------------|---|--------|-------------|-----------|
| Date of Notification (1) September 17, 2015 | | Name of Building Owner/Operator (2) Shoshana Abraham-Levy | | Check # 2408 2015 SEP 22 14:12:25 | | | | | |
| Agencies Notified <input checked="" 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 115 Country Club Place | | | | | |
| | | City, State, Zip Code Cherry Hill, NJ 08003 | | Name of Contact Mia Eylon | | | | | |
| | | | | 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 115 Country Club Place | | | | Square Feet 4,500 | | | | | |
| City (5) Cherry Hill | | | | # of Floors 3 | | | | | |
| County (6) Camden | | | | Bldg. Age 60 | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services | | ASCM No. _____ | | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | |
| Street Address PO Box 341 | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | Telephone No. 609-298-4070 | | License No. 00842 | | | | | |
| Start Date (10) September 28, 2015 | | Scheduled Completion Date (11) September 30, 2015 | | 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 <input type="checkbox"/> Other – Describe: _____ | | | | Street Address 200 Route 130 North | | | | | |
| | | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input 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 |
| Attic | | | XXX | Pipe Insulation | 55 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 02265 | | Cubic Yards of Waste 1 | | Name of Registered Landfill Cumberland County Landfill | | | |
| City, State Freehold, NJ | | Disposal Date 9/30/2015 | | City, State Newburg, PA | | | | | |
| Completed by Christina Lynch | | Title Operations Manager | | Signature  | | Date 9/17/2015 | | | |

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

| | | | |
|---|---|--|---------------------|
| Date of Notification (1) September 17, 2015 | | Name of Building Owner/Operator (2) D & J Mazza 27749 | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | P O Box 536 2015 SEP 22 AM 12:20 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Oakhurst, NJ 07755 | |
| <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 | D & J Mazza | 1-201-277-49 |

FACILITY INFORMATION

| | | | | | |
|---|--|--|---|--|--|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 131 Belmont Avenue | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| City Long Branch | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| | | | County (6) Monmouth | | |
| County Code (7) (STATE USE ONLY) | | Square feet | # of Floors | Bldg. Age | |
| | | 2000 sf | 2 | 60 | |
| Current Use (Prior if being demolished) Residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Rte. 9, Unit 61 | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code Toms River, NJ 08755 | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone Number 732-349-9932 | Telephone Number 732-349-9932 | License Number 00624 | |
| Scheduled Start Date (10) 9/30/15 | | Scheduled Completion Date (11) 10/2/15 | | 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 <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) <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 | | X | | Asbestos siding | 2700 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 10/5/15 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature  | | | Date 9/17/2015 | | |

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

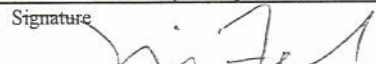
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|---|---|---|---------------------|
| Date of Notification (1) September 17, 2015 | | Name of Building Owner/Operator (2) Affordable Renovations 27727 | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 900 Wellington Avenue 2015 SEP 22 AM 12:28 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Toms River, NJ 08757 | |
| <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 | Nick | 732-349-9932 |

FACILITY INFORMATION

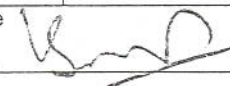
| | | | | | |
|---|--------------|--|---|--|----------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 33 E Pompano Way | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than 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 |
| Lavallette | Ocean | | 800 sf | 1 | 60 |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address | | |
| | | | 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code | | |
| | | | Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number | | License Number |
| | | | 732-349-9932 | | 00624 |
| Scheduled Start Date (10) 9/17/15 | | Scheduled Completion Date (11) 9/18/15 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) | | | Street Address | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | 1056 Stelton Road | | |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | | City, State, Zip Code | | |
| <input type="checkbox"/> Other - Describe _____ | | | Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input type="checkbox"/> Full Containment with Negative Pressure | |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Mini-Enclosure | |
| | | | | <input type="checkbox"/> Glovebag Procedure | |
| | | | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|---|--|---|---------------------------|---------------------------------|----------------------------|---|---|
| | | | | | | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos siding | 750 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

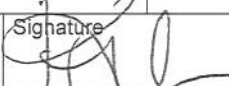
| | | | |
|--|---|---|--|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 9/21/15 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 9/17/2015 |

*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) 9/14/15 | | Name of Building Owner/Operator (2) Glenwood Apartment & Country Club | | | | | | | |
|--|--|---|--|---|---------------------------|-------------------|--------|-------------|-----------|
| 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 1 Cherry Hill Lane | | | | | | | |
| | | City, State, Zip Code Old Bridge, NJ 08857 | | | | | | | |
| | | Name of Contact Bernadette Poppel | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments | | 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 1-7 Ironwood Ln | | Square Feet 6,000 | # of Floors 2 | | | | | | |
| City (5) Old Bridge | | Bldg. Age 65+ | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Apartment | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) DIA General Construction, Inc. | | | | | | |
| Street Address | | Street Address 1360 Clifton Avenue, PMB Suite 218 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Clifton, NJ 07012 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-389-0089 | License No. 00693 | | | | | | |
| Start Date (10) 09/28/2015 | Scheduled Completion Date (11) 10/10/2015 | Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218 | | | | | | | |
| | | City, State, Zip Code Clifton, NJ 07012 | | | | | | | |
| 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 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 |
| 1 A-D Ironwood Ln - Crawl Space | X | | | Pipe/elbow insulation | 150 LF | X | | | |
| 3 A-D Ironwood Ln - Crawl Sapce | X | | | Pipe/elbow insulation | 150 LF | X | | | |
| 5 A-D Ironwood Ln - Crawl Space | X | | | Pipe/elbow insulation | 170 LF | X | | | |
| 7 A-D Ironwood Ln - Crawl Space | X | | | Pipe/elbow insulation | 155 LF | | | | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 12 CY | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle, DE 19720 | | | Disposal Date 10/10/2015 | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Krutarth Jagad | | Title Project Manager | | Signature  | | Date 9/14/2015 | | | |

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

| | | | | | | | | | |
|--|--|--|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">9 / 17 / 15</div> | | Name of Building Owner/Operator (2) DC Fabricators / Job #1509-2018 Chk. #4076 <i>2015 SEP 22 AM 12:58</i> | | | | | | | |
| 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 801 West Front Street | | | | | | | |
| | | City, State, Zip Code Florence, NJ 08518 | | | | | | | |
| | | Name of Contact Paul Stanton | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) DC Fabricators | | 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 801 West Front Street | | | | | | | | | |
| City (5) Florence | | Square Feet 10,000 | # of Floors 1 | | | | | | |
| | | Bldg. Age 100 | | | | | | | |
| County (6) Burlington | | County Code (7)(STATE USE ONLY) | | | | | | | |
| | | Current Use (Prior if being demolished) Parts Storage | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental | | ASCM No. | | | | | | | |
| Street Address PO Box 316 | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | | | |
| City, State, Zip Code Thorofare, NJ 08086 | | Street Address 3859 Sylon Boulevard | | | | | | | |
| Project Manager for Monitoring Firm David Flanigan | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | | |
| Telephone No. 856-848-0800 | | Telephone No. 609-702-0400 | License No. 00862 | | | | | | |
| Start Date (10) <div style="text-align: center;">9 / 28 / 15</div> | Scheduled Completion Date (11) <div style="text-align: center;">10 / 2 / 15</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <i>Enclosure</i> <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 |
| Gauge Lab | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 30 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gauge Lab | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile & Mastic | 370 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage, Inc. | | NJDEP Waste Hauler ID No. 02265 | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State Freehold, NJ | | | Disposal Date 10/2/15 | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | | Signature  | | | Date 9-17-15 | | |

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

B & G proj. #: 2015-168

Check # 7422

| | | | |
|---|---|--|----------------------|
| Date of Notification (1) <u>10/19/16</u> | | Name of Building Owner/Operator (2) Kevin Brennan | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | Street Address 146 Palisade Avenue | |
| | | City, State, Zip Code Elizabeth, NJ 07208 | |
| | | Name of Contact Kevin Brennan | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|--|---------------------|---|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Kevin Brennan | | | 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 146 Palisade Avenue | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Elizabeth, NJ 07208 | County (6) Union | 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) 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) 09/30/2015 | | Sched. Completion Date (11) 10/01/2015 | | | |
| 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 type="checkbox"/> Other-Describe: _____ | | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | Street Address 105 Ryerson Road | | | |
| | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |

Scope of Work (check all that apply)

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input 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 | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 120 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 B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 10/01/2015 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 09/16/2015 |

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

B & G proj. #: 2015-173

Check # 7421

| | | | |
|---|---|--|--|
| Date of Notification (1) <u>09/16/15</u> | | Name of Building Owner/Operator (2) <u>Roman Prezimirski</u> | |
| Agencies Notified | Type Notification | Street Address <u>113 Lyons Place</u> City, State, Zip Code <u>Springfield, NJ 07081</u> Name of Contact <u>Roman Prezimirski</u> | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | | |
| <input checked="" type="checkbox"/> DOH | | | |
| <input type="checkbox"/> DCA | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|----------------------------|--|--|--------------------------------|-----------|
| Name of facility where abatement is taking place (3) <u>Roman Prezimirski</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 (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>113 Lyons Avenue</u> | | | | | |
| City (5) <u>Springfield, NJ 07081</u> | County (6) <u>Union</u> | County Code (7) (State use only) | Square Feet | # of Floors | Bldg. Age |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> | | | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address | | | Street Address <u>105 Ryerson Road</u> | | |
| City, State, Zip Code | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number <u>(973)696-6869</u> | License Number <u>00378</u> | |
| Scheduled Start Date (10) <u>09/29/2015</u> | | Sched. Completion Date (11) <u>09/30/2015</u> | Name of OSHA Monitor <u>B & G Restoration, Inc.</u> | | |
| Occupancy Status During Abatement (Check only one) | | | Street Address <u>105 Ryerson Road</u> | | |
| <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | |

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input 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 | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 81 lf | <input checked="" type="checkbox"/> | | | |
| crawl space A | | | <input checked="" type="checkbox"/> | pipe insulation | 24 lf | <input checked="" type="checkbox"/> | | | |
| crawl space B | | | <input checked="" type="checkbox"/> | pipe insulation | 18 lf | <input checked="" type="checkbox"/> | | | |
| outside crawl space | | | <input checked="" type="checkbox"/> | pipe insulation | 14 lf | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |

| | | | |
|---|-------------------------------------|-------------------------------------|--|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>2</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> |
| City, State <u>Lincoln Park, NJ</u> | Disposal Date <u>09/30/2015</u> | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Secretary/Treasurer</u> | Signature <u>Gordana Luna</u> | Date <u>09/16/2015</u> |

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

B & G proj. #: 2015-175

Check # 7423

| | | | |
|---|---|--|-------------------------------|
| Date of Notification (1) <u>10/19/16</u> | | Name of Building Owner/Operator (2) <u>Mary Heffernan</u> | |
| Agencies Notified | Type Notification | Street Address <u>648 Upper Boulevard</u> | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code <u>Ridgewood, NJ 07450</u> | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | | |
| <input checked="" type="checkbox"/> DOH | | | |
| <input type="checkbox"/> DCA | | Name of Contact <u>Mary Heffernan</u> | Telephone Number <u>--</u> |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) <u>Mary Heffernan</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 (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>648 Upper Boulevard</u> | | | Square Feet | | |
| City (5) <u>Ridgewood, NJ 07450</u> | | | County (6) <u>Bergen</u> | | County Code (7) (State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> | | | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address <u>n/a</u> | | | Street Address <u>105 Ryerson Road</u> | | |
| City, State, Zip Code <u>n/a</u> | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number <u>(973)696-6869</u> | | License Number <u>00378</u> |
| Scheduled Start Date (10) <u>09/30/2015</u> | | Sched. Completion Date (11) <u>10/01/2015</u> | | Name of OSHA Monitor <u>B & G Restoration, Inc.</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- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | Street Address <u>105 Ryerson Road</u> | | |
| | | | City, State, Zip Code <u>LincolnPark, NJ 07035</u> | | |

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input 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 | | | | | | |
| furnace room | | | <input checked="" type="checkbox"/> | pipe insulation | 45 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement main room | | | <input checked="" type="checkbox"/> | pipe insulation | 38 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| laundry room | | | <input checked="" type="checkbox"/> | pipe insulation | 9 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"/> |

| | | | |
|---|-------------------------------------|------------------------------------|--|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>3</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> |
| City, State <u>Lincoln Park, NJ</u> | | Disposal Date <u>10/01/2015</u> | City, State <u>Tullytown, PA</u> |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Secretary/Treasurer</u> | Signature <u>Gordana Luna</u> | Date <u>09/16/2015</u> |

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

B & G proj. #: 2015-160

Check # 7418

| | | | |
|---|---|---|------------------|
| Date of Notification (1) 09/16/15 | | Name of Building Owner/Operator (2) Leonard Alex | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | Street Address 55 Ridge Road | |
| | | City, State, Zip Code Roseland, NJ 07068 | |
| | | Name of Contact Leonard Alex | Telephone Number |
| | | | |

FACILITY INFORMATION

| | | | | | |
|--|---|-------------------------------------|--|--|-------------------------|
| Name of facility where abatement is taking place (3) Estate of Nancy A Alex | | | 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 55 Ridge Road | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Roseland, NJ 07068 | 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) 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) 09/28/2015 | Sched. Completion Date (11) 09/29/2015 | | Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe: | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code LincolnPark, NJ 07035 | | |

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input 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 | | | | | | |
| basement main room | | | <input checked="" type="checkbox"/> | pipe insulation | 33 lf | <input checked="" type="checkbox"/> | | | |
| basement main room | | | <input checked="" type="checkbox"/> | pipe | 10 lf | | | <input checked="" type="checkbox"/> | |
| laundry room | | | <input checked="" type="checkbox"/> | pipe insulation | 10 lf | <input checked="" type="checkbox"/> | | | |
| basement boiler room | | | <input checked="" type="checkbox"/> | pipe | 9 lf | | | <input checked="" type="checkbox"/> | |
| | | | | | | | | | |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 | Name of Registered Landfill Tullytown Resource & Recovery Center |
| City, State Lincoln Park, NJ | Disposal Date 09/29/2015 | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 09/16/2015 |

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

B & G proj. #: 2015-167

Check # 7420

| | | | |
|---|---|--|------------------|
| Date of Notification (1) <u>09/16/15</u> | | Name of Building Owner/Operator (2) <u>Diane Stephens</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"/> Amendment <input type="checkbox"/> Cancellation | Street Address <u>48 Warner Avenue</u> | |
| | | City, State, Zip Code <u>Jersey City, NJ 07305</u> | |
| | | Name of Contact <u>Diane Stephens</u> | Telephone Number |
| | | | |

FACILITY INFORMATION

| | | | | | |
|--|-----------------------------|--|--|--|--------------------------------|
| Name of facility where abatement is taking place (3) <u>Diane Stephens</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 (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address <u>48 Warner Avenue</u> | | | Square Feet # of Floors Bldg. Age | | |
| City (5) <u>Jersey City, NJ 07305</u> | County (6) <u>Hudson</u> | County Code (7) (State use only) | Current Use (Prior if being demolished) <u>residential</u> | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> | | ASCM No. | Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u> | | |
| Street Address | | | Street Address <u>105 Ryerson Road</u> | | |
| City, State, Zip Code | | | City, State, Zip Code <u>Lincoln Park, NJ 07035</u> | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number <u>(973)696-6869</u> | | License Number <u>00378</u> |
| Scheduled Start Date (10) <u>09/29/2015</u> | | Sched. Completion Date (11) <u>09/30/2015</u> | | Name of OSHA Monitor <u>B & G Restoration, Inc.</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- Describe: <input type="checkbox"/> Other-Describe: | | | | Street Address <u>105 Ryerson Road</u> | |
| | | | | City, State, Zip Code <u>LincolnPark, NJ 07035</u> | |

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input 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 | | | | | | |
| basement | | | <input checked="" type="checkbox"/> | pipe insulation | 11 lf | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|-------------------------------------|-------------------------------------|--|
| Registered Waste Hauler <u>B & G Restoration, Inc.</u> | NJDEP Hauler ID# <u>19563</u> | Cubic Yards of Waste <u>1</u> | Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u> |
| City, State <u>Lincoln Park, NJ</u> | Disposal Date <u>09/30/2015</u> | City, State <u>Tullytown, PA</u> | |
| Completed by (Print or Type) <u>Gordana Luna</u> | Title <u>Secretary/Treasurer</u> | Signature <u>Gordana Luna</u> | Date <u>09/16/2015</u> |

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

B & G proj. #: 2015-172

Check # 7419

| | | | |
|---|---|--|--|
| Date of Notification (1) <u>09/16/15</u> | | Name of Building Owner/Operator (2) NJ Department of Corrections | |
| 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"/> Amendment <input type="checkbox"/> Cancellation | Street Address 100 Sullivan Way City, State, Zip Code Trenton, NJ 08628 Name of Contact Art Knapp Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|----------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3) Central Reception & Assignment 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 (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 100 Sullivan Way | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Trenton, NJ 08628 | County (6) Mercer | County Code (7) (State use only) | Current Use (Prior if being demolished) Correctional Facility | | |

| | | | | | |
|---|---|------------------------------|---|--|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman Company | | ASCM No. 110 | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address 7 Pleasant Hill Road | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code Cranbury, NJ 08512 | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Phone Number 732-390-5858 | Telephone Number (973)696-6869 | | License Number 00378 |
| Scheduled Start Date (10) 09/28/2015 | Sched. Completion Date (11) 09/30/2015 | | 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 & shift start 4:00 pm | | | Street Address 105 Ryerson Road | | |
| | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |

Scope of Work (check all that apply)

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input 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 | | | | | | |
| basement pipe chase | | | <input checked="" type="checkbox"/> | pipe insulation | 5 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"/> |

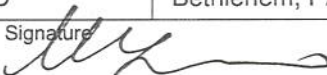
| | | | | | |
|--|--|------------------------------|---------------------------|---|--|
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Tullytown Resource & Recovery Center | |
| City, State Lincoln Park, NJ | | Disposal Date 10/01/2015 | | City, State Tullytown, PA | |
| Completed by (Print or Type) Gordana Luna | | Title Secretary/Treasurer | | Signature <i>Gordana Luna</i> | |
| | | | | Date 09/16/2015 | |

NO CK

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

| | | | | | | | | | |
|--|--|---|----------------------------|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 9/2/15 | | Name of Building Owner/Operator (2) Diocese of Paterson | | | | | | | |
| Agencies 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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 777 Valley Road City, State, Zip Code Clifton, New Jersey 07013 Name of Contact Dennis Rodano Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) St. John the Baptist 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 357-371 Main Street | | Square Feet 20,000 | | | | | | | |
| City (5) Paterson | | # of Floors 1 | | | | | | | |
| County (6) Passaic | | Bldg. Age 95 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Church | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) TBD | | ASCM No. | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Degmor Inc. | | | | | | | |
| City, State, Zip Code | | Street Address 511 Canal Street | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code New York, NY 10013 | | | | | | | |
| Telephone No. | | Telephone No. (212) 431-0696 | | | | | | | |
| Start Date (10) 9/11/15 9/24/15 9/22/15 | | License No. (212) 431-5764 | | | | | | | |
| Scheduled Completion Date (11) 12/15/15 | | 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Exterior side of building</u> | | Street Address 307 West 38th Street | | | | | | | |
| 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 | | City, State, Zip Code New York, NY 10018 | | | | | | | |
| 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 Windows | | | X | Window Caulking | 80 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 10 | Name of Registered Landfill Waste Management Grandcentral | | | | | |
| City, State Newark, New Jersey 07105 | | Disposal Date TBD | | City, State Pen Argyl, PA 18072 | | | | | |
| Completed by J. Robert Dombrowski | | Title Project Manager | | Signature <i>J. Robert Dombrowski</i> | | Date 09/03/15 | | | |

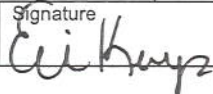
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) 09/15/2015 | | Name of Building Owner/Operator (2) WEA Enterprises Co. Inc. | | | | | | | |
|---|---|--|-----|---|---|--------------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 902 Broadway Suite 1603 | | City, State, Zip Code New York, N.Y. 10010 | | | | | | | |
| Name of Contact Joseph Lal | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Granite Kitchen & Bath | | 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 93 Entin Road | | Square Feet 35,000 | | | | | | | |
| City (5) Clifton | | # of Floors 1 | | | | | | | |
| County (6) Passaic | | Bldg. Age 60 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Granite/Stone Sales | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bioterra Env. Solutions | | ASCN No. | | | | | | | |
| Street Address P.O. Box 1224 | | Name of Abatement Contractor (9) Incinia Contracting, Inc. | | | | | | | |
| City, State, Zip Code Union, NJ 07083 | | Street Address 1360 Clifton Avenue, Unit 365 | | | | | | | |
| Project Manager for Monitoring Firm Rick Esquairo | | City, State, Zip Code Clifton, NJ 07012 | | | | | | | |
| Telephone No. (973) 494-3762 | | Telephone No. (973) 450-9500 | | | | | | | |
| License No. 01036 | | Start Date (10) | | | | | | | |
| Scheduled Completion Date (11) | | Name of OSHA Monitor Incinia Contracting, 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 1360 Clifton Avenue, Unit 365 | | | | | | | |
| | | City, State, Zip Code Clifton, NJ 07012 | | | | | | | |
| 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 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 |
| 1st Floor Warehouse | | | X | TSI Pipe | 700 LF | X | | | |
| 1st Floor Storage Room | | | X | TSI Pipe | 100 LF | | X | | |
| 1st Floor Break Room | | | X | TSI Pipe | 100 LF | | X | | |
| 1st Floor Mech Area | | | X | TSI Pipe | 100 LF | | X | | |
| Name of Registered Waste Hauler Atlantic Carting/JR Contracting | | NJDEP Waste Hauler ID No. NJ-641 | | Cubic Yards of Waste 25 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | | | | |
| City, State Wayne, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed by Milena Zoric | | Title Executive Director | | Signature  | | Date 09/15/2015 | | | |

NO CK

Print Form

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

| | | | | | | | | | |
|--|---|--|-------------|--|---|-------------------|--------|-------------|-----------|
| Date of Notification (1) 9/17/2015 | | Name of Building Owner/Operator (2) Beyer Brothers GMC | | 2015 SEP 22 AM 12:33 | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | 109 Broad Ave | | | | | |
| | | | | City, State, Zip Code Fairview, NJ 07022 | | | | | |
| | | Name of Contact Michael Beyer | | Telephone Number ...J2 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Structure Associated with Route 1 & 9 | | | | Type of Facility (4) | | | | | |
| Street Address 155 Broad 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) Fairview | | | | Square Feet | # of Floors | | | | |
| | | | | | Bldg. Age 25+ | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) n/a | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc. | | ASCM No. | | Name of Abatement Contractor (9) Site Enterprises, Inc. | | | | | |
| Street Address 120 North Warren Street | | | | Street Address 211 East Essex Ave | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | | | City, State, Zip Code Linwood, NJ 08221 | | | | | |
| Project Manager for Monitoring Firm Daniel Davis | | Telephone No. 609-392-4200 | | Telephone No. 609-567-1250 | License No. 01172 | | | | |
| Start Date (10) 09/08/2015 | | Scheduled Completion Date (11) 09/30/2015 | | Name of OSHA Monitor Environmental Connections, Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <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>Vacant</u> | | | | 120 North Warren Street | | | | | |
| | | | | City, State, Zip Code Trenton, NJ 08608 | | | | | |
| 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 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 | 60 lf | x | | | |
| Garage Roof | | | X | Tar | 300 sf | x | | | |
| Garage Roof | | | X | Roof Filler | 60 sf | x | | | |
| Garage Roof | | | X | Rolled Roofing Tar | 3,000 sf | x | | | |
| Name of Registered Waste Hauler Site Enterprises Inc. | | NJDEP Waste Hauler ID No. 0035220 | | Cubic Yards of Waste 20 cy | Name of Registered Landfill Tullytown Landfill | | | | |
| City, State 211 East Essex Ave. Linwood, NJ 08221 | | | | Disposal Date 09/30/2015 | City, State Bristol, PA | | | | |
| Completed by Eric Keys | | | Title OM | Signature  | | Date 9/17/2015 | | | |

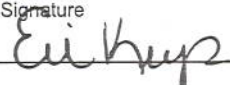
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | | | | | | | |
|---|---|---|-------------------------------|--|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 9/17/2015 | | Name of Building Owner/Operator (2) Beyer Brothers GMC | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 109 Broad Ave | | City, State, Zip Code Fairview, NJ 07022 | | | | | | | |
| Name of Contact Michael Beyer | | Telephone Number 609-392-4200 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Structure Associated with Route 1 & 9 | | 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 155 Broad Avenue | | Square Feet | # of Floors 25+ | | | | | | |
| City (5) Fairview | | Bldg. Age | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) n/a | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc. | | Name of Abatement Contractor (9) Site Enterprises, Inc. | | | | | | | |
| Street Address 120 North Warren Street | | Street Address 211 East Essex Ave | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code Linwood, NJ 08221 | | | | | | | |
| Project Manager for Monitoring Firm Daniel Davis | | Telephone No. 609-392-4200 | License No. 01172 | | | | | | |
| Start Date (10) 09/08/2015 | Scheduled Completion Date (11) 09/30/2015 | Name of OSHA Monitor Environmental Connections, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u> | | Street Address 120 North Warren Street | | | | | | | |
| | | City, State, Zip Code Trenton, NJ 08608 | | | | | | | |
| 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 |
| Garage Roof | | | X | Black Paper With Tar | 3,000 sf | x | | | |
| Garage | | | X | Black Tar Paper With Tar | 230 sf | x | | | |
| Roof | | | X | Black Shingles | 900 sf | x | | | |
| Garage, Basement, Area #1 | | | X | Fire Proof Doors | 4 Doors | x | | | |
| Name of Registered Waste Hauler Site Enterprises Inc. | | NJDEP Waste Hauler ID No. 0035220 | Cubic Yards of Waste 20 cy | Name of Registered Landfill Tullytown Landfill | | | | | |
| City, State 211 East Essex Ave. Linwood, NJ 08221 | | | Disposal Date 09/30/2015 | City, State Bristol, PA | | | | | |
| Completed by Eric Keys | | Title OM | Signature <i>Ei Keys</i> | | | Date 9/17/2015 | | | |

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

| | | | | | | | | | |
|---|---|---|---|---|-----------------------------|-----------|--------|-------------|-----------|
| Date of Notification (1) 9/17/2015 | | Name of Building Owner/Operator (2) Beyer Brothers GMC | | 2015 SEP 22 PM 12:33 | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | 109 Broad Ave | | | | | |
| | | | | City, State, Zip Code | | | | | |
| | | | | Fairview, NJ 07022 | | | | | |
| | | Name of Contact | | Telephone Number | | | | | |
| | | Michael Beyer | | -- | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Structure Associated with Route 1 & 9 | | | | Type of Facility (4) | | | | | |
| Street Address | | | | <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.) | | | | | |
| 155 Broad Avenue | | | | | | | | | |
| City (5) Fairview | | | | Square Feet | # of Floors | | | | |
| | | | | | Bldg. Age | | | | |
| | | | | | 25+ | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) n/a | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc. | | ASCM No. | | Name of Abatement Contractor (9) Site Enterprises, Inc. | | | | | |
| Street Address | | Street Address | | | | | | | |
| 120 North Warren Street | | 211 East Essex Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | | | |
| Trenton, NJ 08608 | | Linwood, NJ 08221 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. | License No. | | | | |
| Daniel Davis | | 609-392-4200 | | 609-567-1250 | 01172 | | | | |
| Start Date (10) 9/8/2015 | | Scheduled Completion Date (11) 9/30/2015 | | Name of OSHA Monitor Environmental Connections, Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <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: Vacant | | | | 120 North Warren Street | | | | | |
| | | | | City, State, Zip Code | | | | | |
| | | | | Trenton, NJ 08608 | | | | | |
| 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 |
| Rehearsal Studio/Room #3 | | | X | Tan Floor Tile/Mastic | 500 sf | x | | | |
| Rehearsal Studio/Room #3 | | | X | 9x9 Lt Gr Floor Tile/Mastic | 500 sf | x | | | |
| Rehearsal Room #1 | | | X | 12x12 Olive Floor Tile/Mastic | 400 sf | x | | | |
| Loft Hall | | | X | 12x12 Green Floor Tile | 100 sf | x | | | |
| Name of Registered Waste Hauler | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste | Name of Registered Landfill | | | | |
| Site Enterprises Inc. | | 0035220 | | 20 cy | Tullytown Landfill | | | | |
| City, State | | | | Disposal Date | City, State | | | | |
| 211 East Essex Ave. Linwood, NJ 08221 | | | | 9/30/2015 | Bristol, PA | | | | |
| Completed by | | | Title | Signature | | Date | | | |
| Eric Keys | | | OM | <i>Eric Keys</i> | | 9/17/2015 | | | |

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

| | | | | | | | | | |
|--|---|--|---|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 9/17/2015 | | Name of Building Owner/Operator (2) Beyer Brothers GMC | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 109 Broad Ave | | | | | | | |
| | | City, State, Zip Code Fairview, NJ 07022 | | | | | | | |
| | | Name of Contact Michael Beyer | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Structure Associated with Route 1 & 9 | | 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 155 Broad Avenue | | Square Feet | # of Floors | | | | | | |
| City (5) Fairview | | Bldg. Age 25+ | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) n/a | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc. | | ASCM No. | Name of Abatement Contractor (9) Site Enterprises, Inc. | | | | | | |
| Street Address 120 North Warren Street | | Street Address 211 East Essex Ave | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code Linwood, NJ 08221 | | | | | | | |
| Project Manager for Monitoring Firm Daniel Davis | | Telephone No. 609-392-4200 | License No. 01172 | | | | | | |
| Start Date (10) 09/08/2015 | Scheduled Completion Date (11) 09/30/2015 | Name of OSHA Monitor Environmental Connections, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u> | | Street Address 120 North Warren Street | | | | | | | |
| | | City, State, Zip Code Trenton, NJ 08608 | | | | | | | |
| 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 |
| Bedroom #1 | | | X | 12x12 Floor Tile | 200 sf | X | | | |
| Showroom | | | X | Speckled Linoleum | 850 sf | X | | | |
| Office #1 | | | X | 12x12 Floor Tile/Mastic | 170 sf | X | | | |
| Throughout | | | X | Window Glazing/Caulking | 17 Windows | X | | | |
| Name of Registered Waste Hauler Site Enterprises Inc. | | NJDEP Waste Hauler ID No. 0035220 | Cubic Yards of Waste 20 cy | Name of Registered Landfill Tullytown Landfill | | | | | |
| City, State 211 East Essex Ave. Linwood, NJ 08221 | | | Disposal Date 09/30/2015 | City, State Bristol, PA | | | | | |
| Completed by Eric Keys | | Title OM | Signature  | | | Date 9/17/2015 | | | |

NO CK

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

| Date of Notification (1) 9/17/15 | | Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University | | | | | | | |
|--|--|---|-------------------------------|---|---|------------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address EA McMillan Building | | | | | | | |
| <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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Princeton, NJ 08544 | | | | | | | |
| | | Name of Contact Bob Ortega | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton | | 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 114 Broadmead Street | | Square Feet 6900 | # of Floors 4 | | | | | | |
| City (5) Princeton, New Jersey | | Bldg Age 100 + | | | | | | | |
| County (6) Mercer | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates | | ASCM No. | | | | | | | |
| Street Address 515 Grove Street, Suite 1B | | Name of Abatement Contractor (9) ecoservices, LLC | | | | | | | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | Street Address 407 West Lincoln Highway, Suite 500 | | | | | | | |
| Project Manager for Monitoring Firm Alan Lloyd | | Telephone No. 856-656-2875 | Telephone No. 484-872-8884 | | | | | | |
| License No. 01161 | | | | | | | | | |
| Start Date (10) 9/8/15 | Scheduled Completion Date (11) 10/2/15 | Name of OSHA Monitor EMSL | | | | | | | |
| 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 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ | | | | | | | |
| 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Within Wall Cavities | | X | | Duct Insulation | 200 SF | X | | | |
| 114 Broadmead Street | | X | | Window and Door Glass Glazing | 325 LF | X | | | |
| 114 Broadmead Garage | | X | | Window Glazing | 200 LF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Waste Management of New Jersey | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste 20 | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Trenton, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Joe White | | Title Project Manager | | Signature <i>Joseph White</i> | | Date 9/17/15 | | | |

ecoservices, LLC

101 Broadmead
Princeton, New Jersey

| Location of Asbestos Containing Material (ACM) To Be Abated In Facility | Is location normally used solely by Maintenance/ Custodial Staff? 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 | | |
|--|--|---|------------------------------|----------------|--------|-----------------|
| | | | | Removal | Repair | Encap Enclosure |
| Basement and Wall Cavaties | N/A | HVAC Duct Paper | 188 sf | X | | |
| Basement | N/A | Flue Patch | 2 sf | X | | |
| Basement | N/A | Joint Compound | 490 sf | X | | |
| Basement | N/A | 12" x 12" Tan VAT | 145 sf | X | | |
| 3rd Floor Bathroom | N/A | Green/Blue Sheet Flooring | 95 sf | X | | |
| 101 Broadmead House & Garage | N/A | Window Glazing | 1994 lf | X | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

2015 SEP 22 AM 12:32
ASBESTOS CONTROL
& LIGERINE

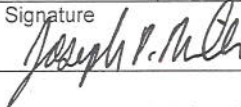
CK 3824

Print Form

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

| | | | | | | | | | |
|--|---|--|-----|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) 09/17/15 | | Name of Building Owner/Operator (2) RMS REALTY LLC | | 2015 SEP 22 AM 12:31 | | | | | |
| 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 1309 RIDGE AVENUE City, State, Zip Code LAKEWOOD, NJ 08701 Name of Contact _____ Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 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 342 DEWEY | | | | Square Feet 2000 | | | | | |
| City (5) LAKEWOOD, NJ | | | | # of Floors 3 | | | | | |
| County (6) OCEAN COUNTY | | | | Bldg. Age _____ | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) HOME | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. _____ | | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. _____ | | Telephone No. 732-668-9078 License No. 1200 | | | | | |
| Start Date (10) 09/27/15 | | Scheduled Completion Date (11) 09/27/15 | | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | |
| 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 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| EXTERIOR | | | | SIDING | 2200 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste 5 YARDS | | Name of Registered Landfill IESI | | | |
| City, State NEWARK, NJ | | | | Disposal Date 09/27/15 | | City, State BETHLEHEM PA | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature _____ | | Date 09/17/15 | | | |

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

| Date of Notification (1) SEPT. 18, 2015 | | Name of Building Owner/Operator (2) WIN-TEANECK, LLC | | | | | | | |
|--|--|---|--|--|--|----------------|-----------------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 2165 LOUISA DRIVE | | | | | | | |
| | | City, State, Zip Code BELLEAIR BEACH, FL 33786 | | | | | | | |
| | | Name of Contact STEVEN ALAFAZNOS | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PROPOSED WALGREENS STORE # 15608 | | 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 520 CEDAR LANE | | Square Feet 16,000 SF | # of Floors 1 | | | | | | |
| City (5) TEANECK | | Bldg. Age 50 YEARS | | | | | | | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) MIXED RETAIL | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AIR CONSULTING SERVICES, LLC | | ASCM No. _____ | Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc. | | | | | | |
| Street Address 301 EAST WARD STREET | | Street Address 17 Thompson Street | | | | | | | |
| City, State, Zip Code HIGHTSTOWN, NJ 08520 | | City, State, Zip Code West Long Branch, NJ 07764 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. 609.371.2489 | License No. 00040 | | | | | | |
| Start Date (10) SEPT. 28, 2015 | Scheduled Completion Date (11) OCT. 10, 2015 | | 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) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" 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 </div> </div> | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| LOUIE'S CHARCOAL PIT | | | X | TSI | 12 LF | X | | | |
| LOUIE'S CHARCOAL KITCHEN | | | X | Asbestos Containing Ceiling Tile | 1000 SF | X | | | |
| CURVES GYM | | | X | VAT | 2,800 SF | X | | | |
| **(See page 2 for additional) | | | | | | | | | |
| Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc. | | NJDEP Waste Hauler ID No. 12058 | | Cubic Yards of Waste 50 cy | Name of Registered Landfill TRRF LANDFILL | | | | |
| City, State West Long Branch, NJ 07764 | | | | Disposal Date 10/10/15 | City, State Tullytown, PA | | | | |
| Completed by Joseph P. Miller | | Title President | | Signature  | | | Date 9/18/15 | | |

PAGE 2 (Additional)

CK 13982

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

| | | | | | | | | | |
|--|---|---|--|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) SEPT. 18, 2015 | | Name of Building Owner/Operator (2) WIN-TEANECK, LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 2165 LOUISA DRIVE | | | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 BELLEAIR BEACH, FL 33786 | | | | | | | |
| | | Name of Contact STEVEN ALAFAZNOS | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PROPOSED WALGREENS STORE # 15608 | | 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 520 CEDAR LANE | | Square Feet 16,000 SF | # of Floors 1 | | | | | | |
| City (5) TEANECK | | Bldg. Age 50 YEARS | | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) MIXED RETAIL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AIR CONSULTING SERVICES, LLC | | ASCM No. | Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc. | | | | | | |
| Street Address 301 EAST WARD STREET | | Street Address 17 Thompson Street | | | | | | | |
| City, State, Zip Code HIGHTSTOWN, NJ 08520 | | City, State, Zip Code West Long Branch, NJ 07764 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. 609.371.2489 | License No. 00040 | | | | | | |
| Start Date (10) SEPT. 28, 2015 | Scheduled Completion Date (11) OCT. 10, 2015 | 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 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 |
| provide stand-by labor during | | | | | | | | | |
| mechanical stripping of roof of | | | | | | | | | |
| Curves Gym & Vacant Space | | | x | Roofing Membrane | 10,500 SF | x | | | |
| " | | | x | Roof Flashing | 850 SF | x | | | |
| Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc. | | NJDEP Waste Hauler ID No. 12058 | Cubic Yards of Waste 50 cy | Name of Registered Landfill TRRF LANDFILL | | | | | |
| City, State West Long Branch, NJ 07764 | | | Disposal Date 10/10/15 | City, State Tullytown, PA | | | | | |
| Completed by Joseph P. Miller | | Title President | Signature <i>Joseph P. Miller</i> | | | Date 9/18/15 | | | |

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

| | | | |
|--|--|---|--|
| Date of Notification (1) 9-17-15 | | Name of Building Owner/Operator (2) Giorgio Gurdenize | |
| Agencies Notified | Type Notification | Street Address 403-405 Bloomfield Ave | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Bloomfield, NJ, 07003 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Giorgio Gurdenize | |
| <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 | | 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) 9-28-15 | Sched. Completion Date (11) 9-29-15 | 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> | | 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) <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 | ENCAPSULATION | ENCLOSURE |
| Basement | | | X | Pipe Insulation | 190 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 Minerva Enterprises | |
| City, State Montclair, NJ 07042 | | Disposal Date 9-30-15 | City, State Waynesburg, OH 44688 | | |
| Completed By (Print or Type) Constantine Vivian | Title President | Signature <i>CVivian</i> | | Date 9-17-15 | |

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

| | | | |
|--|---|---|------------------|
| Date of Notification (1) September 17, 2015 | | Name of Building Owner/Operator (2) Walters Residential, LLC | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 500 Barnegat Blvd. North | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Barnegat, NJ 08005 | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Name of Contact | Telephone Number |
| | | Victor | |

FACILITY INFORMATION


| | | | | | |
|---|-------------------------------------|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 727 Drum Point Road | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| City Brick. | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Square feet 1200 sf | # of Floors 1 | Bldg. Age 60 | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address | | |
| City, State, Zip Code | | | City, State, Zip Code | | |
| Project Manager for Monitoring Firm | | | Telephone Number | | |
| Telephone Number | | | License Number | | |
| Scheduled Start Date (10) 9/18/15 | | | Scheduled Completion Date (11) 9/21/15 | | |
| Occupancy Status During Abatement (Check only one) | | | Name of OSHA Monitor | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | E.M.S.L. Analytical | | |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | | Street Address | | |
| <input type="checkbox"/> Other - Describe _____ | | | 1056 Stelton Road | | |
| | | | City, State, Zip Code | | |
| | | | Piscataway, New Jersey 08854 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input checked="" type="checkbox"/> >3 sf or ≥3 lf | | <input type="checkbox"/> Renovation | | <input checked="" 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) <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 | | Tar paper on roof | 1425 sf | X | | | |
| Interior | | X | | joint compound | 1200 sf | X | | | |
| kitchen | | X | | Floor tile & mastic | 12 sf | X | | | |
| Bedroom 1 & 2 | | X | | Tar paper & mastic | 250 sf | X | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 5 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 9/22/15 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | | Date 9/17/15 | | |

*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)

Check # 10164

| | | | | | | | | |
|---|--|---|---|--|-----------------------------------|---------|--------|-------------|
| Date of Notification (1) September 18, 2015 | | Name of Building Owner / Operator (2) David Goodelman | | | | | | |
| 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"/> Cancellation | Street Address 303 North Clermont Avenue City, State & Zip Code Margate, NJ 08402 Name of Contact David Goodelman | | | | | | |
| | | 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, home, etc.) | | | | | | |
| Street Address 303 North Clermont Avenue | | Square Feet 1,430 | # of Floors 2 | | | | | |
| City (5) Margate | | Bldg. Age 59 years | | | | | | |
| County (6) Atlantic | | Current Use (Prior if being demolished) Residence | | | | | | |
| County Code (7) USE ONLY | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Synatech, Inc. | | | | | | |
| City, State & Zip Code | | Street Address 829 Radio Road | | | | | | |
| Project Manager for Monitoring Firm | | City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | |
| Telephone Number | | Telephone Number 609-296-6916 | License Number 00817 | | | | | |
| Scheduled Start Date (10) October 5, 2015 | Scheduled Completion Date (11) November 2, 2015 | Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 829 Radio Road | | | | | | |
| | | City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥ 50 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 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) 2,100 SF | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| Exterior | | X | Transite Siding | | X | | | |
| Name of Registered Waste Hauler Synatech, Inc | | NJDEP Waste Hauler ID No. 27429 | Cubic Yards of Waste 11 | Name of Registered Landfill Grows Landfill | | | | |
| City, State Little Egg Harbor, NJ | | Disposal Date November 3, 2015 | | City, State Morrisville, PA | | | | |
| Completed By Diane Aloia | Title Executive Administrator | Signature  | | | Date September 18, 2015 | | | |

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

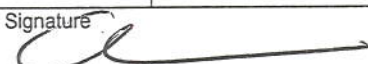
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Check # 10169

| Date of Notification (1) September 18, 2015 | | Name of Building Owner / Operator (2) MCP 8 King Road LLC | | | | | | | | | | | | |
|---|--|---|--|-----|--|---|----------------|--|--|------------------------|---------|--------|-------------|-----------|
| 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"/> Cancellation | Street Address 260 Franklin Street, Suite 620 City, State & Zip Code Boston, MA 02110 Name of Contact _____ Telephone Number _____ | | | | | | | | | | | | |
| | | 2015 SEP 22 AM 12:14 ASBESTOS HAZARD & LICENSING | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Spectra Laboratories Street Address East Building - 8 King Road City (5) Rockleigh County (6) Bergen | | 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, home, etc.) Square Feet # of Floors Bldg. Age 200,000 2 70 Current Use (Prior if being demolished) Medical Laboratories | | | | | | | | | | | | |
| County Code (7) USE ONLY _____ | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc. Street Address 35 Columbia Road City, State & Zip Code Branchburg, NJ 08876 Project Manager for Monitoring Firm Alex Hernandez | | ASCM No. 908-526-1000 | Name of Abatement Contractor (9) Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087 Telephone Number License Number 609-296-6916 00817 | | | | | | | | | | | |
| Scheduled Start Date (10) October 5, 2015 | Scheduled Completion Date (11) November 2, 2015 | Name of OSHA Monitor Synatech, Inc. | | | | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in Unoccupied Construction Area <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087 | | | | | | | | | | | | |
| Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div> | | | | | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Yes</td> <td style="width:33%; text-align: center;">No</td> <td style="width:33%; text-align: center;">N/A</td> </tr> </table> | 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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="4">Abatement Type</th> </tr> <tr> <td style="width:25%; text-align: center;">Removal</td> <td style="width:25%; text-align: center;">Repair</td> <td style="width:25%; text-align: center;">Encapsulate</td> <td style="width:25%; text-align: center;">Enclosure</td> </tr> </table> | Abatement Type | | | | Removal | Repair | Encapsulate | Enclosure |
| Yes | No | N/A | | | | | | | | | | | | |
| Abatement Type | | | | | | | | | | | | | | |
| Removal | Repair | Encapsulate | Enclosure | | | | | | | | | | | |
| Storage Area <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">X</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | | | X | | | | | | | Mastic 1,500 SF | X | | | |
| | | X | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Synatech, Inc. City, State Little Egg Harbor, NJ 08087 | NJDEP Waste Hauler ID #27429 | Cubic Yards of Waste 12 Disposal Date November 3, 2015 | Name of Registered Landfill Grows Landfill City, State Morrisville, PA | | | | | | | | | | | |
| Completed By Diane Aloia | Title Executive Administrator | Signature | Date September 18, 2015 | | | | | | | | | | | |

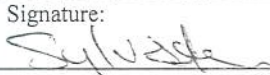
*Do not use this form for asbestos licensure exempted activities.

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

| Date of Notification (1) 9/18/15 | | Name of Building Owner/Operator (2) Monarch Housing Associates | | | | | | | |
|--|---|---|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 29 Alden Street Suite 1B | | | | | | | |
| | | City, State, Zip Code Cranford NJ 07016 | | | | | | | |
| | | Name of Contact Asish Patel | Telephone Number ----- | | | | | | |
| 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 105 North Black Horse Pike | | Square Feet 1000+ | # of Floors 2 | | | | | | |
| City (5) Mt. Ephraim NJ 08059 | | Bldg. Age 35+ | | | | | | | |
| County (6) Camden | 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) 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) 10/1/15 | Scheduled Completion Date (11) 10/9/15 | Name of OSHA Monitor Same | | | | | | | |
| 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: heater room closed off | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 |
| Heater Room | | | x | pipe insulation | 5 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste TBD | Name of Registered Landfill G.R.O.W. | | | | | |
| City, State Elm NJ | | | Disposal Date 10/9/15 | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature  | | | Date 9/18/15 | | | |

CK 1209

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

| Date of Notification (1): 09/18/2015 | | Name of Building Owner/Operator (2) Newark Public School | | | | | | | |
|---|--|---|--------------------------------|--|---|----------------|--------|------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address: 2 Cedar Street | | | | | | | |
| | | City, State, Zip Code: Newark, NJ 07102 | | | | | | | |
| | | Name of Contact: Mr. Benjamin Olagadeyo | | Telephone Number: 973-550-1100 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility: Newark Leadership Academy | | | | Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| 301 West Kinny Street | | | | Square Feet: # of Floors: | | | | | |
| City/ (5) Newark | County (6): Essex | County Code (7): 07103 | | Bldg. Age Current Use : School | | | | | |
| Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC. | | | ASCM No.: 0003 | Name of Abatement Contractor (9): Apex Development, Inc. | | | | | |
| Street Address: 1253 North Church Street | | | | Street Address: 658 Rutgers Place | | | | | |
| City, State, Zip Code: Moorestown, NJ 08057 | | | | City, State, Zip Code: Paramus, NJ 07652 | | | | | |
| Project Manager for Monitoring Firm: James A. Guilardi | | | Telephone No.: 609-314-1683 | Telephone No.: (973) 350-0101 | License No.: 01215 | | | | |
| Start Date (10): 09/19/15 | | Scheduled Completion Date (11): 09/21/15 | | Name of OSHA Monitor: Metro Analytical Laboratories | | | | | |
| 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 type="checkbox"/> Other Describe: | | | | Street Address: 255 West 36th Street, Suite 203 | | | | | |
| | | | | City, State, Zip Code: New York, New York, 10018 | | | | | |
| 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 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 | Encapsulat | Enclosure |
| 1 ST FL. FRONT OF BOILERROOM | | X | | PIPE INSULATION | 8 LF | * | | | |
| 1 ST FL. FRONT OF BOILERROOM | | X | | CEILING PLASTER | 24 SF | * | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. | | | NJDEP Waste Hauler ID No.: | Cubic Yards of Waste: 30 | Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC. | | | | |
| City, State: Bronx, NY 10474 | | | Disposal Date: | | City, State: Waynesburg, OH 44688 | | | | |
| Completed By: Sylvester Oraegbunam | | | Title: President | Signature:  | Date: 09/18/2015 | | | | |

Sep. 8, 2015 1:28PM FAMM

No. 0691 P. 2

Print Form

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

| | | | | | | | | |
|--|--|---|---|-------------------------------------|------------------|---------|--------|---------------|
| Date of Notification (1) 09/09/15 | | Name of Building Owner/Operator (2) Lottie Robinson | | | | | | |
| Agencies Notified | Type Notification | Street Address 428 Central Avenue | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> PCA | <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 East Orange, NJ 07017 | | | | | | |
| | | Name of Contact Lottie Robinson | | | | | | |
| | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 428 Central Avenue | | Square Feet | # of Floors | | | | | |
| City (5) East Orange | | Bldg. Age | | | | | | |
| County (6) Essex | 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) GSC Services Corp. | | | | | |
| Street Address | | Street Address 745 Black Oak Ridge Road | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-750-0752 | License No. 01253 | | | | | |
| Start Date (10) 09/09/15 | Scheduled Completion Date (11) 09/10/15 | Name of OSHA Monitor EnviroVision Consultants | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 20-21 Wagaraw Road | | | | | | |
| | | City, State, Zip Code Fair Lawn, NJ | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥23 lf <input type="checkbox"/> ≥180 sf or ≥280 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Exclusively 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 | Encapsulation |
| Basement | | | X | TSI | 80LF | X | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill TRRF | | | | |
| City, State Newark, NJ | | Disposal Date | | City, State Tullytown, PA | | | | |
| Completed by Daniela Antic | | Title President | Signature | | Date 09/08/15 | | | |

OK 2297

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

RECEIVED

2015 SEP 22 AM 12:11

| | | | | | | | | | |
|--|---|---|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 9 / 18 / 15 | | Name of Building Owner/Operator (2) CSX Transportation | | | | | | | |
| 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 500 Water Street, J275 | | City, State, Zip Code Jacksonville, FL 32202 | | | | | | | |
| Name of Contact Owner Rep. Roy Stancil | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) CSX Railyard Property - Under I95 Overpass | | 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 468 York Street | | Square Feet N/A | # of Floors N/A | | | | | | |
| City (5) Elizabeth | | Bldg. Age N/A | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bank | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AECOM | | Name of Abatement Contractor (9) Prism Response, Inc. | | | | | | | |
| Street Address 4840 Cox Road | | Street Address 102 Technology Lane | | | | | | | |
| City, State, Zip Code Glen Allen, VA 23060 | | City, State, Zip Code Export, PA 15632 | | | | | | | |
| Project Manager for Monitoring Firm Roy Stancil | | Telephone No. (704) 499-6323 | License No. 01121 | | | | | | |
| Start Date (10) 9 / 30 / 15 | Scheduled Completion Date (11) 10 / 2 / 15 | | Name of OSHA Monitor AECOM | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" 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: 7:00 AM - 5:30 PM | | Street Address 4840 Cox Road | | | | | | | |
| | | City, State, Zip Code Glen Allen, VA 23060 | | | | | | | |
| 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 |
| Located Under I95 Overpass along RR Tracks | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Non-Friable ACM Debris | 2000 SF | <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 checked="" 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"/> |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste | Name of Registered Landfill Grows North Landfill | | | | | |
| City, State Morrisville, PA | | Disposal Date 10/2/15 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Jessica Wolfe | | Title Administrative Support | | Signature <i>Jessica Wolfe</i> | | | | Date 9/18/15 | |

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

| | | | |
|--|--|--|--|
| Date of Notification (1) 9-17-15 | | Name of Building Owner/Operator (2) Giorgio Gurdendize | |
| Agencies Notified | Type Notification | Street Address 397 Bloomfield Ave | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Bloomfield, NJ, 07003 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Giorgio Gurdendize | |
| <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 | | |
| City (5) | County (6) Essex | County Code (7) (STATE USE ONLY) | # of Floors Bldg. Age | | |
| | | | 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) 9-29-15 | Sched. Completion Date (11) 9-30-15 | 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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | 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 | E N C L O S U R E |
| Basement | | | X | Pipe Insulation | 70 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 Minerva Enterprises | |
| City, State Montclair, NJ 07042 | | Disposal Date 10-1-15 | | City, State Waynesburgh, OH 44688 | |
| Completed By (Print or Type) Constantine Vivian | Title President | Signature <i>CVivian</i> | | Date 9-17-15 | |

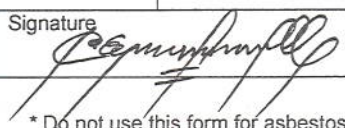
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CL # 25329

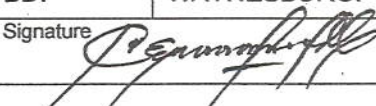
| | | | | | | | | | |
|---|---|---|--|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 09/17/15 | | Name of Building Owner/Operator (2) Scientific Design Company, Inc. | | | | | | | |
| Agencies Notified | Type Notification | Street Address 49 Industrial Avenue | | | | | | | |
| <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 Little Ferry, NJ 07643 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Mr. Ciro Ressa | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Scientific Design Company, Inc. - Building 59 | | 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 49 Industrial Avenue | | Square Feet | # of Floors 1 | | | | | | |
| City (5) Little Ferry | | Bldg. Age 50 + | | | | | | | |
| 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) J.R. Contracting & Environmental Consulting, Inc. | | | | | | |
| Street Address | | Street Address 1141 Route 23 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-628-9200 | License No. 00408 | | | | | | |
| Start Date (10) 09/28/15 | Scheduled Completion Date (11) 10/03/15 | Name of OSHA Monitor Enviro Vision Consultants, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied Building</u> | | Street Address 20-21 Wagaraw Road, Bldg. #34A | | | | | | | |
| | | City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input 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 |
| Tank Room | X | | | Tank Insulation | 400 SF | X | | | |
| Tank Room | X | | | Pipe Insulation & Fittings | 20 LF | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc. | | NJDEP Waste Hauler ID No. 17819 | Cubic Yards of Waste 20 | Name of Registered Landfill Grand Central Landfill | | | | | |
| City, State Wayne, New Jersey | | | Disposal Date | City, State Pen Argyl, Pennsylvania | | | | | |
| Completed by Jerry Bijelonic | | Title Project Manager | Signature | | | Date 09/17/15 | | | |

CK 1040

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

| | | | | | | | | | |
|--|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 09/08/2015 | | Name of Building Owner/Operator (2) MARY & THOMAS TOKAR | | | | | | | |
| Agencies Notified | Type Notification | Street Address 79 WEST. 57 STREET. | | | | | | | |
| <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 BAYONNE NJ. 07002 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact THOMAS TOKAR | | | | | | | |
| | | Telephone Number N/A | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PRIVATE | | 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 79. WEST, 57. STREET. | | | | | | | | | |
| City (5) BAYONNE. NJ. | | Square Feet 2,000 | # of Floors 2 | | | | | | |
| | | Bldg. Age 83 | | | | | | | |
| County (6) HUDSON | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) N/A | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) SHARON. QUALITY. CO. LLC. | | | | | | |
| Street Address | | Street Address 22. VAN ORDEN PL. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code HACKENSACK. NJ. 07601 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201.708.4270 | License No. 01135 | | | | | | |
| Start Date (10) 09/24/2015 | Scheduled Completion Date (11) 09/25/2015 | Name of OSHA Monitor J & S. ENVIRONMENTAL SERVICES. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2333. RT. 22. WEST. | | | | | | | |
| | | City, State, Zip Code UNION. NJ. 07083 | | | | | | | |
| 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 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 TRI. STATE. ASSOC. INC. | | NJDEP Waste Hauler ID No. 19951 | Cubic Yards of Waste TBD | Name of Registered Landfill MINERVA ENTERPRISE. INC. | | | | | |
| City, State BRONX NY. | | Disposal Date TBD | | City, State WAYNESBURG. OHIO. | | | | | |
| Completed by CARLOS ESQUIVEL | | Title MANAGER | | Signature  | | Date 09/08/2015 | | | |

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

| Date of Notification (1) 09/08/2015 | | Name of Building Owner/Operator (2) MIKE & PAT DARCANGELO | | | | | | | |
|--|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 74. ROSEMONT. 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 ELMWOOD. PARK. NJ. | | | | | | | |
| | | Name of Contact MIKE | Telephone Number 201-708-4270 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PRIVATE | | 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 SAME | | Square Feet 2,400 | # of Floors 2 | | | | | | |
| City (5) ELMWOOD. PARK. NJ. | | Bldg. Age 76 | | | | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) N/A | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) SHARON. QUALITY. CO. LLC. | | | | | | |
| Street Address | | Street Address 22 VAN ORDEN. PL. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code HACKENSACK. NJ. 07601 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-708-4270 | License No. 01135 | | | | | | |
| Start Date (10) 09/21/2015 | Scheduled Completion Date (11) 09/22/2015 | Name of OSHA Monitor J & S. ENVIRONMENTAL SERVICES. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2333. RT. 22 WEST. | | | | | | | |
| | | City, State, Zip Code UNION. NJ. 07087. | | | | | | | |
| 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 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 | 90 LF. | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TRI. STATE. ASSOC. INC. | | NJDEP Waste Hauler ID No. 19951. | Cubic Yards of Waste TBD | Name of Registered Landfill MINERVA ENTERPRISE. INC.* | | | | | |
| City, State BRONX, NY.. | | Disposal Date TBD. | | City, State WAYNESBURG. OHIO. | | | | | |
| Completed by CARLOS. ESQUIVEL | | Title MANAGER | | Signature  | | Date 09/08/2015 | | | |

MO#23037706833

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

| | | | | | | | | | |
|--|---|--|---|---|---|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 09 / 19 / 15 | | Name of Building Owner/Operator (2) Dawn Dubovy | | 2015 SEP 22 AM 12:18 ASBESTOS CONTROL & LICENSING | | | | | |
| 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 10 Burnett Terrace City, State, Zip Code West Orange, NJ 07052 | | | |
| | | Name of Contact Dawn Dubovy | | | | Telephone Number | | | |
| | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private house Street Address 10 Burnett Terrace City (5) West Orange, NJ 07052 County (6) Essex | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | License No. | | | | | |
| Start Date (10) 09 / 29 / 15 | | Scheduled Completion Date (11) 09 / 30 / 15 | | Name of OSHA Monitor Envirovision Consultants, Inc. | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input 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 SIF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Basement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation | 115 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 Gr Tech LLC City, State Wayne, NJ 07470 | | NJDEP Waste Hauler ID No. 0033785 | | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA | | | | |
| Completed By (Print or Type) N.Jevtic | | Title Owner | | Signature <i>N.Jevtic</i> | | Date 09/19/2015 | | | |

ASB-41

MAY 11

* 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)

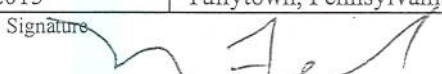
ck# 27755

| | | | |
|--|---|---|-----------------------|
| Date of Notification (1) September 18, 2015 | | Name of Building Owner/Operator (2) Lertch Wrecking & Disposal | |
| Agencies Notified | Type of Notification | Street Address | City, State, Zip Code |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 5115 Belamr Blvd. | 2015 SEP 22 AM 12:18 |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | | |
| <input checked="" type="checkbox"/> DOL | Amendment # | | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Wall, NJ 07727 | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Name of Contact | Telephone Number |
| | | Doug | |

FACILITY INFORMATION

| | | | | | |
|---|------------------------|--|---|---|-----------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 5 East New Street | | | <input type="checkbox"/> School (k-12) | | |
| | | | <input type="checkbox"/> Subchapter 8 (other than k-12) | | |
| | | | <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| City Sea Bright | County (6) Monmouth | County Code (7) (STATE USE ONLY) | Square feet 1728 sf | # of Floors 2 | Bldg. Age 93 |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address | | |
| | | | 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code | | |
| | | | Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number | | License Number |
| | | | 732-349-9932 | | 00624 |
| Scheduled Start Date (10) 09/21/2015 | | Scheduled Completion Date (11) 09/22/2015 | | Name of OSHA Monitor E.M.S.L. Analytical | |
| Occupancy Status During Abatement (Check only one) | | | Street Address | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | 1056 Stelton Road | | |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | | City, State, Zip Code | | |
| <input type="checkbox"/> Other - Describe _____ | | | 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"/> <input type="checkbox"/> <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 | | X | | Asbestos siding | 1200sf | 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 09/23/2015 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 9/18/15 |

*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)

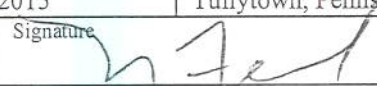
Ch# 27754

| | | | |
|--|---|---|--|
| Date of Notification (1) September 18, 2015 | | Name of Building Owner/Operator (2) Kalian Corporation | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input type="checkbox"/> Initial Notification | 788 Shrewsbury Avenue | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Tinton Falls, NJ 07724 | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Lou Bianchini | |
| | | Telephone Number | |
| | | 2015 SEP 22 AM 12:18 | |

FACILITY INFORMATION

| | | | | | |
|--|------------------------|--|---|---|------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) | | |
| Street Address 35 1 st 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 Atlantic Highlands | County (6) Monmouth | County Code (7) (STATE USE ONLY) | Square feet 5017sf | # of Floors 3 | Bldg. Age 125 |
| | | | Current Use (Prior if being demolished) Residence | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address | | | Street Address | | |
| | | | 1889 Route 9, Unit 61 | | |
| City, State, Zip Code | | | City, State, Zip Code | | |
| | | | Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm | | Telephone Number | Telephone Number | | License Number |
| | | | 732-349-9932 | | 00624 |
| Scheduled Start Date (10) 09/21/2015 | | Scheduled Completion Date (11) 09/22/2015 | | 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 <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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 E 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 | | X | | roofing | 700sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 4 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 09/23/2015 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 9/18/15 |

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

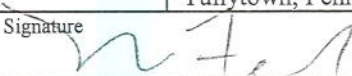
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| | | | |
|--|---|---|--|
| Date of Notification (1) September 18, 2015 | | Name of Building Owner/Operator (2) Christ the King Parish | |
| Agencies Notified | Type of Notification | Street Address | |
| <input checked="" type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | 380 Division Street | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment # _____ | Long Branch, NJ 07740 | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | Name of Contact | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | Frank Muzzi | |
| | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|------------|---|--|-------------|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Star of the Sea Church | | | Type of Facility (4) | | |
| Street Address 101 Chelsea 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 | County (6) | County Code (7) (STATE USE ONLY) | Square feet | # of Floors | Bldg. Age |
| Long Branch | Monmouth | | 8000 sf | 1 | 100 |
| | | | Current Use (Prior if being demolished) Church | | |
| Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. | | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | |
| Street Address 1889 Rte. 9, Unit 61 | | | Street Address 1889 Route 9, Unit 61 | | |
| City, State, Zip Code Toms River, NJ 08755 | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone Number 732-349-9932 | Telephone Number 732-349-9932 | | License Number 00624 |
| Scheduled Start Date (10) 10/1/15 | | Scheduled Completion Date (11) 10/2/15 | 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 <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"/> 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 | | |
| <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 | | |

| 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 | |
| Basement | | X | Asbestos pipe insulation | 240 lf | X | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | |
|---|------------------------------------|---|---|
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. |
| City, State Toms River, New Jersey | Disposal Date 10/5/15 | City, State Tullytown, Pennsylvania | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature  | Date 9/18/2015 |

*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)

Check
9437

| | | | |
|---|---|---|---|
| Date of Notification (1) 9-18-15 | | Name of Building Owner/Operator (2) C. Len Schmidt + Sons | |
| Agencies Notified | Type Notification | Street Address 610 Station Ave | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Haddon Heights NJ 08035 | |
| | | Name of Contact John Schmidt | Telephone Number _____ |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | Type of Facility (4) | |
| Street Address 418 Overhill Road | | <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) Haddonfield NJ 08033 | | Square Feet | # of Floors 2 |
| County (6) Camden | | Bldg. Age 100+- | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 |
| Start Date (10) 9-29-15 | Scheduled Completion Date (11) 9-29-15 | Name of OSHA Monitor EPC Technologies Inc | |
| Occupancy Status During Abatement (Check Only One) | | Street Address P.O. Box 337 | |
| <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 New Egypt NJ 08533 | |
| 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"/> 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 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 | |
| Basement | X | | Air Duct Paper wrap |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 21 |
| City, State New Egypt NJ | | Name of Registered Landfill Waste Management of PA | |
| Disposal Date 9-30-15 | | City, State Morrisville PA | |
| Completed by Steve Schenker | Title President | Signature Steve Schenker | Date 9-18-15 |

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

NO CK

| Date of Notification (1) September 18, 2015 | | Name of Building Owner/Operator (2) Mill One | | | | | | | |
|---|--|---|---|---|---------------------------|----------------|--------|-----------------------------------|-----------|
| Agencies Notified | Type Notification | Street Address 1 Johnston Avenue | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hamilton Township, NJ 08609 | | | | | | | |
| | | Name of Contact Mr. John Barr | Telephone Number 708-922-1113 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Isles Facility | | Type of Facility (4) | | | | | | | |
| Street Address 1 N Johnston Street | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Trenton | | Square Feet 100,000+ | # of Floors 3 | | | | | | |
| County (6) Mercer | | Bldg. Age 80+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Admin / Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Vertex | | ASCM No. | | | | | | | |
| Street Address 700 Turner Way | | Name of Abatement Contractor (9) ecoservices, LLC | | | | | | | |
| City, State, Zip Code Aston, PA 19014 | | Street Address 407 West Lincoln Highway, Suite 500 | | | | | | | |
| Project Manager for Monitoring Firm Dave Turotsy | | Telephone No. 610-558-8902 | Telephone No. 484-872-8884 | | | | | | |
| Start Date (10) 9/28/15 | | License No. 01161 | | | | | | | |
| Scheduled Completion Date (11) 10/23/15 | | Name of OSHA Monitor EMSL | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 200 Route 130 North | | | | | | | |
| <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>Exterior Work</u> | | City, State, Zip Code Cinnaminson, NJ | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Window | | X | | Glaze and Caulk | 150 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 6 | Name of Registered Landfill GROWS | | | | | |
| City, State Trenton, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Jack Bally | | Title Sr. Project Manager | | Signature <i>Jack Bally</i> | | | | Date September 18, 2015 | |

NO CK

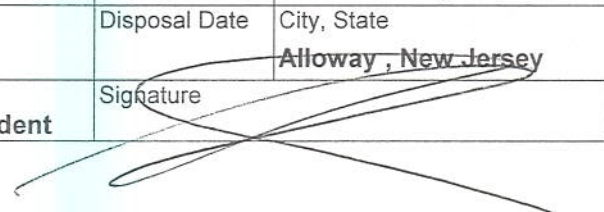
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | | | | | | | |
|---|--|---|--|--|-----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 9 / 21 / 15 | | Name of Building Owner/Operator (2) City of Camden | | 2015 SEP 22 AM 1:16 | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) 867 <input type="checkbox"/> Cancellation <i>Bueno</i> | Street Address PO Box 95120 | | | | | | | |
| | | City, State, Zip Code Camden, NJ 08101 | | | | | | | |
| | | Name of Contact John Bond | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) FAIRVIEW ST RESIDENCES | | | | 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 805,80,809,868,869,870,872,873,874 Residences 867 Fairview-Burned | | | | | | | | | |
| City (5) Camden | | Square Feet varies | # of Floors varies | Bldg. Age 50+ | | | | | |
| County (6) CAMDEN | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 117 | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | | |
| Street Address PO Box 365 | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | | |
| City, State, Zip Code Berlin, NJ 08009 | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone No. C 609-839-2432 | Telephone No. 215 542 7000 | License No. 00847 | | | | | |
| Start Date (10) 9 / 25 / 15 | | Scheduled Completion Date (11) 10 / 30 / 15 | | Name of OSHA Monitor CES | | | | | |
| 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: 7:00AM-5:00PM/___PM-___AM | | Street Address 1121 N Bethlehem Pike -Suite 60 | | | | | | | |
| | | City, State, Zip Code Spring House, PA 19477 | | | | | | | |
| 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 |
| SEE ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEE ATTACHED | 200 YD per res | <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 Waste Management of NJ | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 200/residenc | Name of Registered Landfill GROWS | | | | | |
| City, State Fairless Hills, PA | | Disposal Date 10/30/15 | | City, State Tullytown PA | | | | | |
| Completed By (Print or Type) Patricia Visco | Title Office Manager | | Signature <i>Patricia Visco</i> | | Date 9/21/15 | | | | |

CK 17394

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

CHECK # _____

| | | | | | |
|---|--|---|---|--|---|
| Date of Notification (1) 9/10/2015 | | Name of Building Owner / Operator (2) STATE OF NJ DEPARTMENT OF TRANSPORTATION | | 2015 SEP 22 AM 6:10 | |
| 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 1035 PARKWAY AVENUE, CN 600 City, State & Zip Code TRENTON, NJ 09625 Name of Contact LUIS LIMO | |
| | | | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge | | | 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 Route 7 Bridge | | | Square Feet n/a | | |
| City (5) Kearny | | | County (6) Bergen | | County Code (7) n/a |
| | | | Current Use (Prior if being demolished) Transportation bridge | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC | | |
| Street Address | | | Street Address 874 Piney Hollow Road, PO Box 70 | | |
| City, State & Zip Code | | | City, State & Zip Code Winslow, New Jersey 08095 | | |
| Project Manager for Monitoring Firm | | Telephone Number | | License Number 01263 | |
| Scheduled Start Date (10) 9/28/2015 | | Scheduled Completion Date (11) 11/28/2105 | | Name of OSHA Monitor EMSL 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108 | | |
| Scope of Work (Check all that apply) | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 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) |
| | Yes | No | N/A | | |
| Pier sheet packing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insulation packing | 2800 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | <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 Bull Waste & Recycling, LLC | | | NJDEP Waste Hauler ID No. 21435 | Cubic Yards of Waste 30 | Name of Registered Landfill Salem County Landfill |
| City, State Berlin, New Jersey | | | Disposal Date Alloway, New Jersey | | |
| Completed By (Print or Type) Theodore S. Budzynski | | | Title President | Signature  | Date 9/10/15 |

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

Check # 10130

| | | | | | | | | |
|--|---|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>9</u> / <u>21</u> / <u>15</u> | | Name of Building Owner/Operator (2) City of Camden | | 2015 SEP 22 AM 11:16 | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address PO Box 95120 City, State, Zip Code Camden, NJ 08101 Name of Contact John Bond | | | | |
| | | | | Telephone Number 856 | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) TULIP STREET RESIDENCES | | | 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 802, 804, 806, 808, 810, 840, TULIP ST | | | | | | | | |
| City (5) Camden | | | Square Feet varies | # of Floors varies | Bldg. Age 50+ | | | |
| County (6) CAMDEN | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services | | ASCM No. 117 | Name of Abatement Contractor (9) Controlled Environmental Systems | | | | | |
| Street Address PO Box 365 | | Street Address 1121 N. Bethlehem Pike - Suite 60 | | | | | | |
| City, State, Zip Code Berlin, NJ 08009 | | City, State, Zip Code Spring House, PA 19477 | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone No. C 609-839-2432 | Telephone No. 215 542 7000 | License No. 00847 | | | | |
| Start Date (10) <u>10</u> / <u>1</u> / <u>15</u> | | Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>15</u> | | Name of OSHA Monitor CES | | | | |
| 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: <u>7:00</u> AM- <u>5:00</u> PM/____PM-____AM | | | Street Address 1121 N Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477 | | | | | |
| 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 |
| SEE ATTACHED | <input type="checkbox"/> | <input type="checkbox"/> | SEE ATTACHED | 200 / 200 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"/> |
| Name of Registered Waste Hauler Waste Management of NJ | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 200/residence | Name of Registered Landfill GROWS | | | | |
| City, State Fairless Hills, PA | | Disposal Date 11/30/15 | City, State Tullytown PA | | | | | |
| Completed By (Print or Type) Patricia Visco | | Title Office Manager | Signature <i>Patricia Visco</i> | | Date 9/21/15 | | | |

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


Ch # 2871

| | | | |
|---|---|---|--|
| Date of Notification (1) 9/18/15 | | Name of Building Owner / Operator (2) Haddon Township School District | |
| 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"/> Emergency <input type="checkbox"/> Cancellation | Street Address 500 Rhoads Ave City, State & Zip Code Westmont, NJ 08108 Name of Contact C/O Robert Dlnan | |
| | | Telephone Number 856-205-1077 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Stoy ES | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 206 Briarwood Ave | | Square Feet 60,000 | |
| City (5) Haddonfield | | # of Floors 2 | Bldg. Age 40+ |
| County (6) Camden | County Code (7) | Current Use (Prior if being demolished) School | |
| Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services | | Name of Abatement Contractor (9) Bristol Environmental, Inc. | |
| Street Address 1930 Brown Road | | Street Address 1123 Beaver Street | |
| City, State & Zip Code Newfield, NJ 08344 | | City, State & Zip Code Bristol, PA 19007 | |
| Project Manager for Monitoring Firm James Eberts | | Telephone Number 856-205-1077 | License Number 00509 |
| Scheduled Start Date (10) 9/28/15 | Scheduled Completion Date (11) 10/2/15 | 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 Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement | | Street Address 1123 Beaver Street | |
| | | City, State & Zip Code Bristol, PA 19007 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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) |
| | Yes No N/A | | Abatement Type |
| Throughout | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Floor tile & Mastic | 1000 SF |
| Custodial Storage | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pipe Insulation | 2 LF |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | <input type="checkbox"/> <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 Inc. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 6 Cu Yd | Name of Registered Landfill Minerva Landfill |
| City, State New Castle, DE | Disposal Date 10/2/15 | City, State Waynesburg, OH | |
| Completed By (Print or Type) Gino Pizzigoni | Title Project Manager | Signature <i>Gino Pizzigoni / jgl</i> | Date 9/18/15 |

GI 15085A

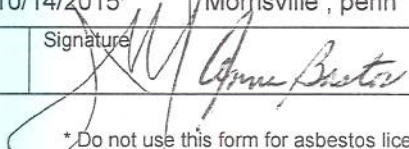
CK 11494

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

| | | | | | | | | | |
|--|--|--|---|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">9 / 18 / 15</div> | | Name of Building Owner/Operator (2) ExxonMobil Research and Engineering | | | | | | | |
| 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 600 Billingsport Rd. | | | | | | | |
| | | City, State, Zip Code Paulsboro, NJ 08066 | | | | | | | |
| | | Name of Contact Emil Szymczak | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Outside Bldg. 18 | | 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 600 Billingsport Rd. | | | | | | | | | |
| City (5) Paulsboro, NJ 08066 | | Square Feet N/A | # of Floors In Ground | | | | | | |
| | | Bldg. Age 40+ | | | | | | | |
| County (6) Gloucester | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Research | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International | | ASCM No. NA | Name of Abatement Contractor (9) Alliance Environmental Systems | | | | | | |
| Street Address 34 E. Germantown Pike #204 | | Street Address 550 East Union St. | | | | | | | |
| City, State, Zip Code E. Norriton, PA 19401 | | City, State, Zip Code West Chester, PA 19382 | | | | | | | |
| Project Manager for Monitoring Firm Ray Giordano | | Telephone No. 610-277-0405 | License No. 00508 | | | | | | |
| Start Date (10) <div style="text-align: center;">10 / 5 / 15</div> | Scheduled Completion Date (11) <div style="text-align: center;">10 / 12 / 15</div> | Name of OSHA Monitor EMI | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM-AM | | Street Address 34 E. Germantown Pike | | | | | | | |
| | | City, State, Zip Code E. Norriton, PA 19401 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 120 LF | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Outside Bldg. 18, Under Ground | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | | <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 Waste Management | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 1 | Name of Registered Landfill Gloucester County | | | | | |
| City, State Paulsboro, NJ | | Disposal Date TBD | | City, State Swedesboro, NJ | | | | | |
| Completed By (Print or Type) Mark Griffin | | Title Estimator | | Signature  | | | Date 9-18-15 | | |

OK 1399

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

| Date of Notification (1) 09/18/2015 | | Name of Building Owner/Operator (2) Borough of Beach Haven | | | | | | | |
|---|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 420 Pelham Ave. | | | | | | | |
| | | City, State, Zip Code Beach Haven, NJ 08008 | | | | | | | |
| | | Name of Contact Sherry Mason | Telephone Number 302 422 2111 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Beach Haven Municipal 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 300 Engleside rd. | | Square Feet 5000 | # of Floors 2 | | | | | | |
| City (5) Beach Haven, NJ | | Bldg. Age 50+ | | | | | | | |
| County (6) ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Ronald A. Sebring | | ASCM No. _____ | Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc. | | | | | | |
| Street Address 405 Richmond Ave | | Street Address 135 Kinnelon Rd. Suite 102 | | | | | | | |
| City, State, Zip Code Point Pleasant Beach | | City, State, Zip Code Kinnelon, NJ 07405 | | | | | | | |
| Project Manager for Monitoring Firm Ronald A. Sebring | | Telephone No. 732-701-9444 | License No. 01228 | | | | | | |
| Start Date (10) 10/05/2015 | Scheduled Completion Date (11) 10/13/2015 | Name of OSHA Monitor Yannuzzi 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 152 Route 206 South | | | | | | | |
| | | City, State, Zip Code Hillsborough, NJ 08844 | | | | | | | |
| 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) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | See Survey Attached | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc. | | NJDEP Waste Hauler ID No. 17467 | Cubic Yards of Waste 40 | Name of Registered Landfill Grows | | | | | |
| City, State Hillsborough, NJ | | | Disposal Date 10/14/2015 | City, State Morrisville, penn | | | | | |
| Completed by Anna Bastos | | Title Administrative Assistant | Signature  | Date 09/18/2015Ron | | | | | |

DIVISION 2 – EXISTING CONDITIONS

2.2 PROJECT IDENTIFICATION

- A. Work on this project is defined as :

**Pre-demolition Asbestos Abatement and Disposal
Beach Haven Municipal Building
300 Engleside Road
Beach Haven, New Jersey**

2.3 SCOPE OF WORK

Base Bid – The following summarizes the asbestos abatement and disposal activities required by this Contract.

MUNICIPAL BUILDING PRE-DEMOLITION ABATEMENT

- A. The Following is a listing of the materials which will require abatement in advance of the demolition of the Municipal Building facility:

| Table 1 – Municipal Building | | |
|---|------------------------------------|---|
| Material | Location | Estimated Quantity Linear (LF) or Square (F) Footage |
| Wall Plaster over CMU | Office 7, Ramp and Lower Hallway | 1,500 SF <i>↔ Friable</i> |
| Floor Tile and Mastic (Grey/White Speckled) | Vault Room | 175 SF |
| Vault Door Insulation | Vault Room | 40 SF |
| Floor Tile and Mastic (Grey) | Entrance | 100 SF <i>NON-FRIABLE</i> |
| Black Ebony Board Window Sills | Courtroom | 14 LF |
| Roof Flashing | Upper Roof (with Stone Ballast) | 450 SF |
| Roof Flashing | Upper Roof (without Stone Ballast) | 260 SF |

- B. The plaster shall be abated through the employment of full enclosure methodology as outlined in Section 2.9 of these Specifications.
- C. The vault door insulation shall be removed through the removal of the complete door, wrapping of the same and disposing of the complete door as asbestos waste.
- D. The floor tile and mastic shall be abated within general isolation in accordance with the Resilient Floor Covering Institute (RFCI) requirements. This shall be accomplished through the employment of heat for the tile and the use of a lower odor aqueous solution for the mastic removal and as outlined in Section 2.10 of these Specifications
- E. The black ebony sill boards shall be removed through the employment of wet methods and the careful release of the sill from the base via breaking the seal of the adhesive and removing the board intact. The sill board shall then be wrapped in two (2) layers of polyethylene sheeting affixed with OSHA and EPA labels and then properly disposed as asbestos waste.
- F. Roof flashing shall be removed through the employment of non-friable methodology as outlined in Section 2.11 of these Specifications.