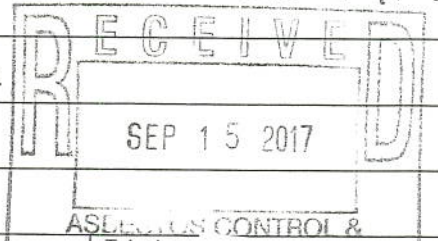


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

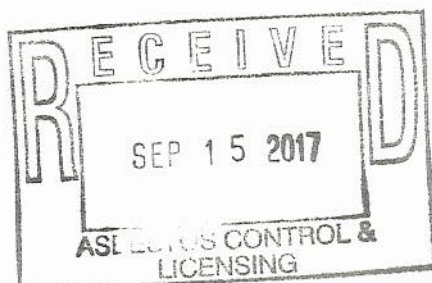
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CHECK # 2388



Date of Notification (1) 9/5/2017		Name of Building Owner/Operator (2) Claremont Construction Group, Inc.							
Agencies Notified	Type Notification	Street Address 49 Route 202, PO Box 808							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Far Hills, NJ 07931							
		Name of Contact Mr. Dominic Sciarretta, Vice President							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Office 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 389 Main Street		Square Feet 12,000	# of Floors 2						
City (5) Hackensack		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 9/20/2017	Scheduled Completion Date (11) 12/31/2017	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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
See Attached									
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President	Signature 			Date 9/5/2017			

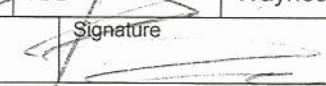
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Room #1 & #2 (office suite)		x		9"x9" Floor Tiles w/mastic	1,188 SF	x			
Basement - Room #3		x		9"x9" Floor Tiles w/mastic	567 SF	x			
Basement - Room #4 & #5 (office suite #203)		x		9"x9" Floor Tiles w/mastic	560 SF	x			
Basement - Room #6		x		9"x9" Floor Tiles w/mastic	308 SF	x			
Basement - Room #7		x		9"x9" Floor Tiles w/mastic	1,120 SF	x			
Basement - Room #8		x		9"x9" Floor Tiles w/mastic	875 SF	x			
Basement - Room #9 (office suite #210)		x		9"x9" Floor Tiles w/mastic	1,225 SF	x			
Basement - Room #10 (office suites)		x		9"x9" Floor Tiles w/mastic	1,050 SF	x			
Basement - Room #11		x		9"x9" Floor Tiles w/mastic	980 SF	x			
Basement - Room #12; #13 & #14 (office suites)		x		9"x9" Floor Tiles w/mastic	1,360 SF	x			
Basement - Room #15 (suite #215)		x		9"x9" Floor Tiles w/mastic	720 SF	x			
Basement - Corridors & Hallways		x		6"x24" Border Tiles w/mastic	182 SF	x			
Basement - Corridors & Hallways		x		9"x9" Floor Tiles w/mastic	1,112 SF	x			
Roof - Penetrations; Skylights & Equipment		x		Penetration Roof Flashing Materials	352 SF	x			



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

PAID

CHECK # 2386


Date of Notification (1) 9/5/2017		Name of Building Owner/Operator (2) Claremont Construction Group, Inc.							
Agencies Notified	Type Notification	Street Address 49 Route 202, PO Box 808							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Far Hills, NJ 07931							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Dominic Sciarretta, Vice President							
FACILITY INFORMATION		LICENSING							
Name of Facility Where Abatement is Taking Place (3) Residential 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 400 State Street		Square Feet 1,350	# of Floors 2						
City (5) Hackensack		Bldg. Age 90							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 9/20/2017	Scheduled Completion Date (11) 12/31/2017	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Duct Wrap Insulation	16 SF	x			
Exterior		x		Transite Siding (Shingles)	1,608 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 9/5/2017			

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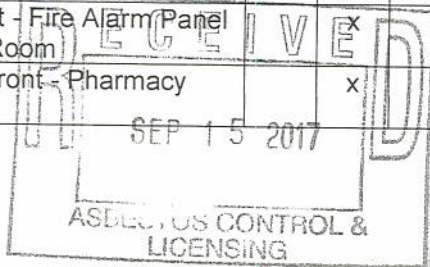
Print Form

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

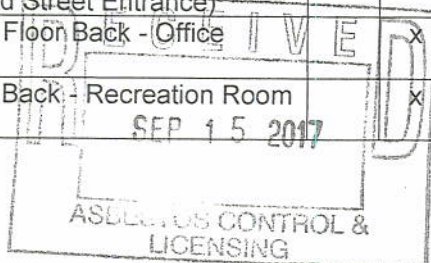
CHECK # 2387

Date of Notification (1) 9/5/2017		Name of Building Owner/Operator (2) Claremont Construction Group, Inc.							
Agencies Notified	Type Notification	Street Address 49 Route 202, PO Box 808							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Far Hills, NJ 07931							
		Name of Contact Mr. Dominic Sciarretta, Vice President							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Office 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 395 Main Street		Square Feet 27,000	# of Floors 2						
City (5) Hackensack		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 9/20/2017	Scheduled Completion Date (11) 12/31/2017	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 9/5/2017		

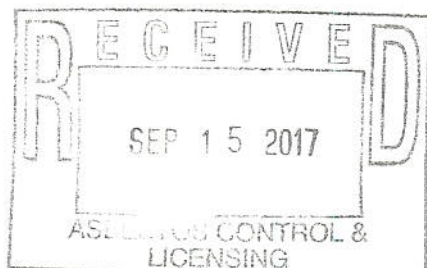
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Throughout (within enclosed soffits, etc.)		x		Compressed Paper Pipe & Joint Insulation	70 LF	x			
Basement - Throughout (within enclosed soffits, etc.)		x		4" Corrugated Pipe & Joint Insulation	105 LF	x			
Basement - Throughout (within enclosed soffits, etc.)		x		6" Corrugated Pipe & Joint Insulation	115 LF	x			
Basement - Rear Entrance Stairs		x		9"x9" Floor Tiles w/mastic	42 SF	x			
First Floor Front - Entrance		x		12"x12" & 9"x9" Floor Tiles w/mastic	152 SF	x			
First Floor Front - Corridor # 1 (by Consul Rooms)		x		12"x12" & 9"x9" Floor Tiles w/mastic	335 SF	x			
First Floor Front - Consul Room-A		x		12"x12" & 9"x9" Floor Tiles w/mastic	120 SF	x			
First Floor Front - Consul Room-B		x		12"x12" & 9"x9" Floor Tiles w/mastic	130 SF	x			
First Floor Front - Supply Room		x		12"x12" & 9"x9" Floor Tiles w/mastic	60 SF	x			
First Floor Front - Consul Room #1		x		12"x12" & 9"x9" Floor Tiles w/mastic	88 SF	x			
First Floor Front - Consul Room #2		x		12"x12" & 9"x9" Floor Tiles w/mastic	130 SF	x			
First Floor Front - Consul Room #3		x		12"x12" & 9"x9" Floor Tiles w/mastic	108 SF	x			
First Floor Front - Consul Room #4		x		12"x12" & 9"x9" Floor Tiles w/mastic	130 SF	x			
First Floor Front - Consul Room #5		x		12"x12" & 9"x9" Floor Tiles w/mastic	117 SF	x			
First Floor Front - Consul Room #6		x		12"x12" & 9"x9" Floor Tiles w/mastic	130 SF	x			
First Floor Front - Consul Room #7		x		12"x12" & 9"x9" Floor Tiles w/mastic	132 SF	x			
First Floor Front - Consul Room #8		x		12"x12" & 9"x9" Floor Tiles w/mastic	132 SF	x			
First Floor Front - New Directions-1		x		12"x12" & 9"x9" Floor Tiles w/mastic	182 SF	x			
First Floor Front - Corridor #2 (by Kitchen)		x		12"x12" & 9"x9" Floor Tiles w/mastic	390 SF	x			
First Floor Front - Kitchen		x		12"x12" & 9"x9" Floor Tiles w/mastic	234 SF	x			
First Floor Front - Lunch Room & Canteen		x		12"x12" & 9"x9" Floor Tiles w/mastic	748 SF	x			
First Floor Front - Fire Alarm Panel Room		x		12"x12" & 9"x9" Floor Tiles w/mastic	104 SF	x			
First Floor Front - Pharmacy		x		12"x12" & 9"x9" Floor Tiles w/mastic	316 SF	x			



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
First Floor Front - Pharmacy (within column)		x		Compressed Paper Pipe & Joint Insulation	14 LF	x			
First Floor Front - Corridor #3 (between Lunch Rm & Sec Office)		x		12"x12" & 9"x9" Floor Tiles w/mastic	140 SF	x			
First Floor Front - Corridor #3 (between Lunch Rm & Sec Office)		x		Compressed Paper Pipe & Joint Insulation (within column)	14 LF	x			
First Floor Front - Dr. Office		x		12"x12" & 9"x9" Floor Tiles w/mastic	132 SF	x			
First Floor Front - Closet by Dr. Office		x		12"x12" & 9"x9" Floor Tiles w/mastic	130 SF	x			
First Floor Front - Reception Area		x		12"x12" & 9"x9" Floor Tiles w/mastic	330 SF	x			
First Floor Front - Sec Office-A		x		12"x12" & 9"x9" Floor Tiles w/mastic	270 SF	x			
First Floor Front - Sec Office-B		x		12"x12" & 9"x9" Floor Tiles w/mastic	189 SF	x			
First Floor Front - Medical Records		x		12"x12" & 9"x9" Floor Tiles w/mastic	279 SF	x			
First Floor Front - Corridor #4 (by Activity Room 4 & 5)		x		12"x12" & 9"x9" Floor Tiles w/mastic	225 SF	x			
First Floor Front - Adult PC Staff Office-1		x		12"x12" & 9"x9" Floor Tiles w/mastic	330 SF	x			
First Floor Front - Activity Room #4 & #5		x		12"x12" & 9"x9" Floor Tiles w/mastic	540 SF	x			
First Floor Front - Nurses Office		x		12"x12" & 9"x9" Floor Tiles w/mastic	226 SF	x			
First Floor Back - Corridor #5 (center by Rec Room)		x		12"x12" & 9"x9" Floor Tiles w/mastic	378 SF	x			
First Floor Back - Adult PC Office-2		x		12"x12" & 9"x9" Floor Tiles w/mastic	336 SF	x			
First Floor Back - Core Room		x		12"x12" & 9"x9" Floor Tiles w/mastic	300 SF	x			
First Floor Back - Maintenance / Supply Room		x		9"x9" Black Floor Tiles w/mastic	132 SF	x			
First Floor Back - New Directions-2		x		12"x12" & 9"x9" Floor Tiles w/mastic	207 SF	x			
First Floor Back - Room #10 & Storage		x		12"x12" & 9"x9" Floor Tiles w/mastic	374 SF	x			
First Floor Back - Room #11		x		12"x12" & 9"x9" Floor Tiles w/mastic	374 SF	x			
First Floor Back - Corridor #6 (by Ward Street Entrance)		x		12"x12" & 9"x9" Floor Tiles w/mastic	245 SF	x			
First Floor Back - Office		x		12"x12" & 9"x9" Floor Tiles w/mastic	192 SF	x			
First Floor Back - Recreation Room		x		12"x12" & 9"x9" Floor Tiles w/mastic	758 SF	x			

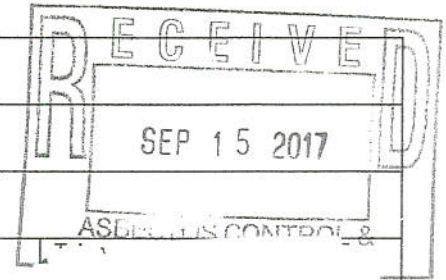


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Back - Storage Room / Med Room		x		9"x9" Black Floor Tiles w/mastic	255 SF	x			
First Floor Back - Storage Closet		x		12"x12" & 9"x9" Floor Tiles w/mastic	8 SF	x			



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

PAID



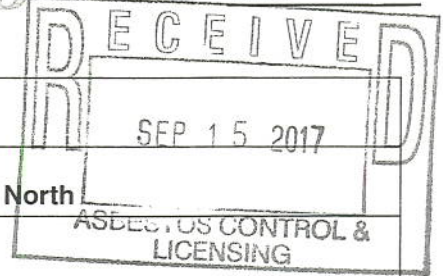
OK # 1161

Date of Notification (1) 09-10-17		Name of Building Owner/Operator (2) [REDACTED]							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input 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 Jersey City, NJ 07306							
		Name of Contact Corbett Melfi							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet	# of Floors						
County (6) Hudson		Bldg. Age							
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) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201 216-9603	01206						
Start Date (10) 09-20-17	Scheduled Completion Date (11) 09-25-17	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<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 Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input 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
Roof		x		Roof Felts	1000 SF	x			
Exterior		X		Transite Siding	2000 SF	x			
Basement		X		VAT	170 SF	x			
Basement		X		Pipe Insulation	10 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 09-25-17	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 09-10-17			

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

PAID

Check No. 4408



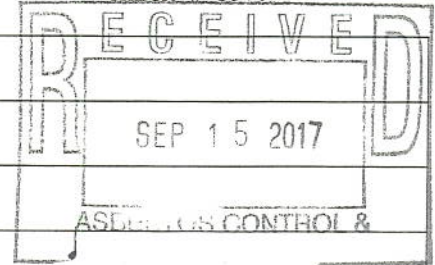
Date of Notification (1) January 11, 2017		Name of Building Owner/Operator (2) PA of NY & NJ							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 05 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Goethals Bridge, 2777 Goethal Road North City, State, Zip Code Staten Island, NY 10303-8413 Name of Contact Uday Mehta Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Goethals Bridge - New Jersey Side of 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 2777 Goethals Road North									
City (5) Staten Island, NY 10303-8413		Square Feet 440,758	# of Floors 1 Bldg. Age 88 +/-						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions (CES) Corp.		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K. Restoration Company, Inc.						
Street Address 39 West 37th Street, 14th Floor		Street Address 223 Randolph Avenue							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Dmitry Khudisman	Telephone No. 212 290 6323	Telephone No. 973-478-4681	License No. 00120						
Start Date (10) January 23, 2017	Scheduled Completion Date (11) January 21, 2018	Name of OSHA Monitor McCabe Environmental Services, L.L.C.							
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: Non-friable exterior work		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071							
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
West Bound Bridge over NJ Turnpike	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - North & South Side	900 In ft	<input checked="" type="checkbox"/>			
East of Rail Road Trestle	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - South Side	450 In ft	<input checked="" type="checkbox"/>			
NJ Abutment Room	<input checked="" type="checkbox"/>			White Panel (Transite)	80 sq ft	<input checked="" type="checkbox"/>			
East Bound NJ approach of existing bridge	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Duct Bank)	106 In ft	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Horwith Truck Inc. Tri-State Transfer		NJDEP Waste Hauler ID No. <small>Hazardous 07110 Solid Waste: 16227 19551 (Tri-State)</small>		Cubic Yards of Waste 155	Name of Registered Landfill Chemical Waste Management Minerva Enterprises, Inc				
City, State Northampton, PA / Bronx		Disposal Date 01/23/2017 - 01/21/2018		City, State Emelle, AL / Waynesburg, OH					
Completed by G. Roger Woodman		Title Project Manager		Signature 			Date 9/12/2017		

PAID

Print Form

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

CHECK # 5970



Date of Notification (1) 09-11-17		Name of Building Owner/Operator (2) Con Edison							
Agencies Notified	Type Notification	Street Address 4 Irving Place							
<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 New York, NY							
		Name of Contact Brent Fullum							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pole #61020/35894		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 52 Briarwood Avenue		Square Feet	# of Floors						
City (5) Norwood, NJ		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Utility Pole							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 09-21-17	Scheduled Completion Date (11) 10-31-17	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 307 West 38th Street							
		City, State, Zip Code New York, NY 10018							
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"/> Intact Removal <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior: Pole #61020/35894			x	Transite	20LF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature 			Date 09-11-17		

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

GAC Project # 060-17

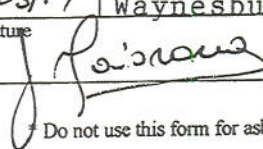
Check # 3044

Date of Notification (1) September 12, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854
			Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SCOTT HALL, BLDG# 3038		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.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 80+ years	
Street Address COLLEGE AVENUE CAMPUS		Current Use (prior if being demolished): ACADEMIC RESIDENCE	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 09/22/17	Scheduled Completion Date (11) 09/25/17	Name of OSHA Monitor 1 ENVIROVISION, 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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) 343 MER	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) <25 SF
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 09/25/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date September 12, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

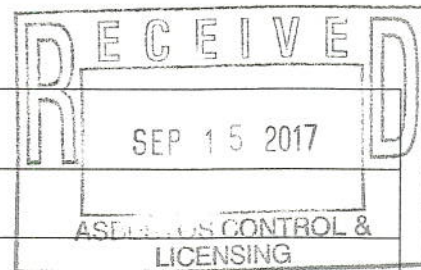
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4261 PAID

Date of Notification (1) 9/12/17		Name of Building Owner/Operator (2) 97 NORTHFIELD AVE PARTNERS								
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 97 NORTHFIELD AVE City, State, Zip Code WEST ORANGE . NJ 07052							
			Name of Contact MR TOMASSO							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 97 NORTHFIELD AVE PARTNERS		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 97 NORTHFIELD AVE		Square Feet 2500	# of Floors 3							
City (5) WEST ORANGE		Bldg. Age 1950								
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) DOCTOR OFFICES								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc.							
Street Address		Street Address 450 South River Street								
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601								
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388							
Start Date (10) 9/22/17	Scheduled Completion Date (11) 9/23/17		Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5:30 PM		Street Address 280 Huyler Street City, State, Zip Code South Hackensack, NJ 07606								
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>										
Location of Asbestos-Containing Material (ACM) 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) 555 SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
GROUND FLOOR				THERMAL SURFACING		X				
Name of Registered Waste Hauler Best Removal Inc City, State Hackensack, NJ 07601		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 CY	Name of Registered Landfill Minerva Enterprises, LLC City, State Waynesburg, OH 44688						
Completed by J. Maiorano		Title Estimator	Signature 	Date 9/12/17						

NOCK

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



Date of Notification (1) 9 / 4 / 17		Name of Building Owner/Operator (2) Verizon Communications							
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 - 9/11/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 323 North Harding Highway							
		City, State, Zip Code Buena, NJ, 08326							
		Name of Contact Alex Baylor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon - Landisville Central Office		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 323 North Harding Highway									
City (5) Buena	Square Feet 6,297	# of Floors 2	Bldg. Age +50						
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications Building							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) 9 / 27 / 17	Scheduled Completion Date (11) 10 / 02 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/5:00PM-2:00AM		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 or ≥260 lf		<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
1st Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" Vat & mastic	265 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" Vat & Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Damper Cloth	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1	Name of Registered Landfill ACUA Haneman Environmental Park					
City, State Bristol, PA			Disposal Date TBD	City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro/gk			Date 9-11-17			

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

NO CIC

chk # 3257
RECEIVED
SEP 15 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>9</u> / <u>4</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications							
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 323 North Harding Highway City, State, Zip Code Buena, NJ, 08326 Name of Contact Alex Baylor Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon - Landisville Central Office		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 323 North Harding Highway		Square Feet 6,297	# of Floors 2 Bldg. Age +50						
City (5) Buena	County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications Building						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 215-788-6040 License No. 00509						
Start Date (10) <u>9</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>9</u> / <u>22</u> / <u>17</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-2:00AM		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 or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 st Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" Vat & mastic	265 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9" Vat & Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibration Damper Cloth	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1	Name of Registered Landfill ACUA Haneman Environmental Park					
City, State Bristol, PA		Disposal Date TBD		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>			Date 9-5-17		

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

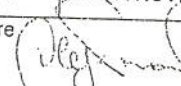
NO CK

Date of Notification (1) 09 / 12 / 17		Name of Building Owner/Operator (2) Express Scripts Inc.		<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">SEP 15 2017</div>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Check # 4946 \$200		
Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1900 Pollitt Drive		
		City, State, Zip Code Fair Lawn, New Jersey 07410		
		Name of Contact Mark Meneghin		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) (Former) Express Scripts Inc.			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 1900 Pollitt Drive			Square Feet 10,000		
City (5) Fair Lawn, New Jersey 07410			# of Floors 1		
County (6) Bergen			Bldg. Age 50 yrs.		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Private Commercial Building		
Name of Monitoring Firm Hired by Building Owner (8) The Whittman Companies		ASCM No. N/A	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 7 Pleasant Hill Drive			Street Address 606 McBride Avenue		
City, State, Zip Code Cranbury, New Jersey 08512			City, State, Zip Code Woodland Park, New Jersey 07424		
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400		License No. 01104
Start Date (10) 09 / 18 / 17		Scheduled Completion Date (11) 09 / 29 / 17		Name of OSHA Monitor IRIS Environmental Labs LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8</u> AM - <u>4</u> PM / PM - AM					
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
Computer Area T	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insul incl Elbows & Joints	Approx 155 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"/>

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Woodland Park, New Jersey		Disposal Date 09/30/2017	City, State Morrisville, Pennsylvania		
Completed By (Print or Type) Adriana Olejarova		Title President	Signature 	Date 9/12/17	

* Do not use this form for asbestos license renewal

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

NO OK

Date of Notification (1) 09 / 08 / 17		Name of Building Owner/Operator (2) Express Scripts Inc.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 15 2017 ASBESTOS CONTROL & TESTING </div>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Check # 4946 \$200		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1900 Pollitt Drive		
		City, State, Zip Code Fair Lawn, New Jersey 07410		
		Name of Contact Mark Meneghin		Telephone Number

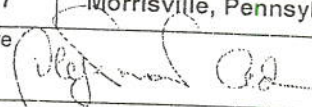
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) (Former) Express Scripts Inc.			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 1900 Pollitt Drive			Square Feet 10,000		
City (5) Fair Lawn, New Jersey 07410			# of Floors 1		
County (6) Bergen			Bldg. Age 50 yrs.		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Private Commercial Building		
Name of Monitoring Firm Hired by Building Owner (8) The Whittman Companies		ASCM No. N/A	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 7 Pleasant Hill Drive		Street Address 606 McBride Avenue			
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400		License No. 01104
Start Date (10) 09 / 18 / 17	Scheduled Completion Date (11) 09 / 29 / 17		Name of OSHA Monitor IRIS Environmental Labs LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/7PM-1AM			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> >160 sf or >260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <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
Computer Area T	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insul incl Elbows & Joints	Approx 155 L.F.	<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"/>

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Woodland Park, New Jersey		Disposal Date 09/30/2017		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Adriana Olejarova		Title President	Signature 	Date 9/8/17	

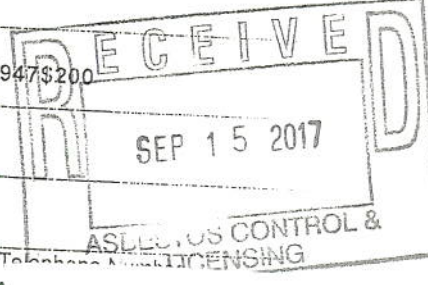
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

NO CK

Date of Notification (1)
09 / 12 / 17

Name of Building Owner/Operator (2)
Express Scripts Inc.

Check # 49475200



Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification
☐ Initial
☒ Amended
Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

Street Address
1900 Pollitt Drive
City, State, Zip Code
Fair Lawn, New Jersey 07410
Name of Contact
Mark Meneghin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
(Former) Express Scripts Inc.

Street Address
1900 Pollitt Drive

City (5)
Fair Lawn, New Jersey 07410

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
10,000
of Floors
1
Bldg. Age
50 yrs.

Current Use (Prior if being demolished)
Private Commercial Building

Name of Monitoring Firm Hired by Building Owner (8)
The Whittman Companies

ASCM No.
N/A

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
7 Pleasant Hill Drive

Street Address
606 McBride Avenue

City, State, Zip Code
Cranbury, New Jersey 08512

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
Kevin Lovely

Telephone No.
732-390-5858

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
09 / 18 / 17

Scheduled Completion Date (11)
09 / 29 / 17

Name of OSHA Monitor
IRIS Environmental Labs LLC

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 2 AM- 4 PM/ PM- 11 M

Street Address
2333 Route 22 West
City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)

☐ >3 sf or ≥3 lf
☒ >160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Other
Computer Area D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insul incl Elbows & Joints	Approx 155 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
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
5

Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Woodland Park, New Jersey

Disposal Date
09/30/2017

City, State
Morrisville, Pennsylvania

Completed By (Print or Type)
Adriana Olejarova

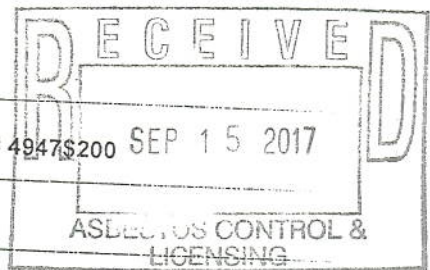
Title
President

Signature

Date

9/12/17

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



NO CX

Date of Notification (1)
09 / 08 / 17

Name of Building Owner/Operator (2)
Express Scripts Inc.

Check # **4947\$200** **SEP 15 2017**

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(N.J.A.C. 5:23-8)

Type Notification
☒ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

Street Address
1900 Pollitt Drive
City, State, Zip Code
Fair Lawn, New Jersey 07410
Name of Contact
Mark Meneghin

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
(Former) Express Scripts Inc.

Street Address
1900 Pollitt Drive

City (5)
Fair Lawn, New Jersey 07410

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
10,000
of Floors
1
Bldg. Age
50 yrs.

Current Use (Prior if being demolished)
Private Commercial Building

Name of Monitoring Firm Hired by Building Owner (8)
The Whittman Companies

ASCM No.
N/A

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
7 Pleasant Hill Drive

Street Address
606 McBride Avenue

City, State, Zip Code
Cranbury, New Jersey 08512

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
Kevin Lovely

Telephone No.
732-390-5858

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
09 / 18 / 17

Scheduled Completion Date (11)
09 / 29 / 17

Name of OSHA Monitor
IRIS Environmental Labs LLC

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____ AM - _____ PM / 7 PM - 1 AM

Street Address
2333 Route 22 West
City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)

☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
Computer Area D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insul incl Elbows & Joints	Approx 155 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
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
5

Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Woodland Park, New Jersey

Disposal Date
09/30/2017

City, State
Morrisville, Pennsylvania

Completed By (Print or Type)
Adriana Olejarova

Title
President

Signature

Date

NO CK

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

Date of Notification (1) 09 / 12 / 17		Name of Building Owner/Operator (2) Express Scripts Inc.		Check # 4948 \$200
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1900 Pollitt Drive City, State, Zip Code Fair Lawn, New Jersey 07410		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <h1 style="margin: 0;">RECEIVED</h1> <p style="font-size: 1.2em; margin: 5px 0;">SEP 15 2017</p> <p>ASBESTOS CONTROL & LICENSING</p> </div>
		Name of Contact Mark Meneghin		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) (Former) Express Scripts Inc.		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 1900 Pollitt Drive		Square Feet 10,000	# of Floors 1
City (5) Fair Lawn, New Jersey 07410		Bldg. Age 50 yrs.	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8) The Whittman Companies		ASCM No. N/A	Name of Abatement Contractor (9) Lilich Corporation
Street Address 7 Pleasant Hill Drive		Street Address 606 McBride Avenue	
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400
Start Date (10) 09 / 18 / 17		Scheduled Completion Date (11) 09 / 29 / 17	License No. 01104
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8 AM - 4 PM / PM - 3 AM		Name of OSHA Monitor IRIS Environmental Labs LLC	
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 Procedures		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083	

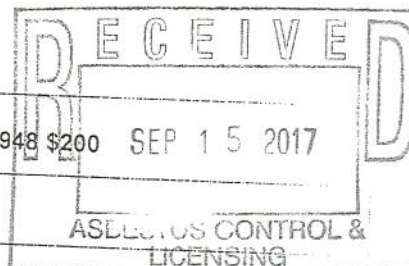
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	In-place	Enclosure
Computer Area L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insul incl Elbows & Joints	Approx 155 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 Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Woodland Park, New Jersey		Disposal Date 09/30/2017		City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Adriana Olejarova		Title President	Signature <i>[Signature]</i>		Date 9/12/17

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

NO CK

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



Date of Notification (1)
09 / 08 / 17

Name of Building Owner/Operator (2)
Express Scripts Inc.

Check # 4948 \$200

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification
☒ Initial
☐ Amended
Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

Street Address
1900 Pollitt Drive
City, State, Zip Code
Fair Lawn, New Jersey 07410

Name of Contact
Mark Meneghin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
(Former) Express Scripts Inc.

Street Address
1900 Pollitt Drive

City (5)
Fair Lawn, New Jersey 07410

County (6)
Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
10,000

of Floors
1

Bldg. Age
50 yrs.

Current Use (Prior if being demolished)
Private Commercial Building

Name of Monitoring Firm Hired by Building Owner (8)
The Whittman Companies

ASCM No.
N/A

Name of Abatement Contractor (9)
Lilich Corporation

Street Address
7 Pleasant Hill Drive

Street Address
606 McBride Avenue

City, State, Zip Code
Cranbury, New Jersey 08512

City, State, Zip Code
Woodland Park, New Jersey 07424

Project Manager for Monitoring Firm
Kevin Lovely

Telephone No.
732-390-5858

Telephone No.
973-225-8400

License No.
01104

Start Date (10)
09 / 18 / 17

Scheduled Completion Date (11)
09 / 29 / 17

Name of OSHA Monitor
IRIS Environmental Labs LLC

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____ AM- _____ PM/7PM-1AM

Street Address
2333 Route 22 West

City, State, Zip Code
Union, NJ 07083

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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	Other
Computer Area L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insul incl Elbows & Joints	Approx 155 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
Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste
5

Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Woodland Park, New Jersey

Disposal Date
09/30/2017

City, State
Morrisville, Pennsylvania

Completed By (Print or Type)
Adriana Olejarova

Title
President

Signature

Date
9/8/17

NO CK

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

Date of Notification (1)

09 / 12 / 17

Name of Building Owner/Operator (2)

Express Scripts Inc.

Check # 4945 \$200

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA

(NJAC 5:23-8)

Type Notification

☐ Initial☒ Amended

Amendment # 1

☐ Emergency (including justification)☐ Cancellation

Street Address

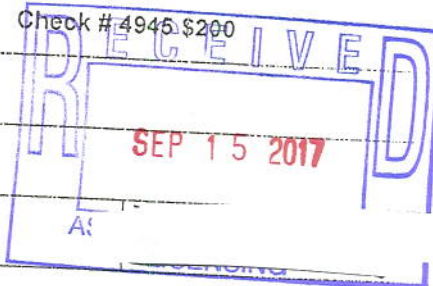
1900 Pollitt Drive

City, State, Zip Code

Fair Lawn, New Jersey 07410

Name of Contact

Mark Meneghin



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

(Former) Express Scripts Inc.

Street Address

1900 Pollitt Drive

City (5)

Fair Lawn, New Jersey 07410

County (6)

Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

10,000

of Floors

1

Bldg. Age

50 yrs.

Current Use (Prior if being demolished)

Private Commercial Building

Name of Monitoring Firm Hired by Building Owner (8)

The Whittman Companies

ASCM No.

N/A

Name of Abatement Contractor (9)

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City, State, Zip Code

Woodland Park, New Jersey 07424

Telephone No.

973-225-8400

License No.

01104

Project Manager for Monitoring Firm

Kevin Lovely

Telephone No.

732-390-5858

Start Date (10)

09 / 18 / 17

Scheduled Completion Date (11)

09 / 29 / 17

Occupancy Status During Abatement (Check only one)

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

Time of Abatement: 8 AM - 4 PM / PM - AM

Street Address

2333 Route 22 West

City, State, Zip Code

Union, NJ 07083

Scope of Work (Check all that apply)

☐ >3 sf or >3 lf☒ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)

TO BE ABATED
IN Facility
(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate

Filter Room

☒ ☐ ☐

Pipe Insul incl Elbows & Joints

Approx 155 LF

☒ ☐ ☐

Name of Registered Waste Hauler

Lilich Corporation

NJDEP Waste Hauler ID No.
18724

Cubic Yards of Waste

5

Name of Registered Landfill

G.R.O.W.S. Landfill

City, State

Woodland Park, New Jersey

Disposal Date

09/30/2017

City, State

Morrisville, Pennsylvania

Completed By (Print or Type)

Adriana Olejarova

Title

President

Signature

Date

9/12/17

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

NO OK

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

Check # 4945 \$200



Date of Notification (1)

09 / 08 / 17

Agencies Notified

- ☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

Type Notification

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

Name of Building Owner/Operator (2)

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Fair Lawn, New Jersey 07410

Name of Contact

Mark Meneghin

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

(Former) Express Scripts Inc.

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County (6)

Bergen

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

10,000

of Floors

1

Bldg. Age

50 yrs.

Current Use (Prior if being demolished)

Private Commercial Building

Name of Monitoring Firm Hired by Building Owner (8)

The Whittman Companies

ASCM No.

N/A

Name of Abatement Contractor (9)

Lilich Corporation

Street Address

606 McBride Avenue

City, State, Zip Code

Woodland Park, New Jersey 07424

Telephone No.

973-225-8400

License No.

01104

Project Manager for Monitoring Firm

Kevin Lovely

Telephone No.

732-390-5858

Start Date (10)

09 / 18 / 17

Scheduled Completion Date (11)

09 / 29 / 17

Occupancy Status During Abatement (Check only one)

- ☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____ AM - _____ PM / 7 PM - 1 AM

Name of OSHA Monitor

IRIS Environmental Labs LLC

Street Address

2333 Route 22 West

City, State, Zip Code

Union, NJ 07083

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
Filter Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insul incl Elbows & Joints	Approx 155 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

Lilich Corporation

NJDEP Waste Hauler ID No.

18724

Cubic Yards of Waste

5

Name of Registered Landfill

G.R.O.W.S. Landfill

City, State

Woodland Park, New Jersey

Disposal Date

09/30/2017

City, State

Morrisville, Pennsylvania

Completed By (Print or Type)

Adriana Olejarova

Title

President

Signature

Date

9/18/17

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

PAID

Date of Notification (1) 09/08/17		Name of Building Owner/Operator (2) New Jersey Institute of Technology		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 15 2017 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified		Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		333 Martin Luther King Blvd.		
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		City, State, Zip Code Newark, NJ 07102		
		Name of Contact Amit Desai		
		Telephone Number		

FACILITY INFORMATION

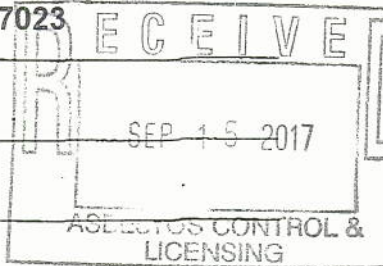
Name of Facility Where Abatement is Taking Place (3) New Jersey Institute of Technology - Colton Hall			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 154 Summit St.			Square Feet 40000		
City (5) Newark, NJ 07102			# of Floors 4		
County (6) Essex			Bldg. Age 50+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00120			Street Address 180 Sargeant Avenue		
Street Address 280 Huyler Street			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code South Hackensack, NJ 07606			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Farjado Geiser			License Number 00807		
Telephone Number 201-489-8700			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 09/19/17			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 11/01/17			City, State, Zip Code Clifton, NJ 07013		
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: Partially Occupied					

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf
☒ Renovation
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C O U R	E
Basement Boiler Room	<input checked="" type="checkbox"/>			Pipe insulation	140 LF	<input checked="" type="checkbox"/>				
Basement Boiler Room	<input checked="" type="checkbox"/>			Boiler Insulation	600 SF	<input checked="" type="checkbox"/>				
Basement Boiler Room	<input checked="" type="checkbox"/>			Rope, gasket, door insulation	235 SF	<input checked="" type="checkbox"/>				
Basement Boiler Room	<input checked="" type="checkbox"/>			Caulking	36 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Newark Carting, Co.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date		City, State Pen Argyl, PA 18072			
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 9/8/17	



Date of Notification (1) 0 9 / 0 8 / 1 7		Name of Building Owner/Operator (2) New Jersey Institute of Technology	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 333 Martin Luther King Blvd.		City, State, Zip Code Newark, NJ 07102	
Name of Contact Amit Desai		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Jersey Institute of Technology - Colton Hall			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 154 Summit St.			Square Feet # of Floors Bldg. Age 40000 4 50+		
City (5) Newark, NJ 07102			County (6) Essex		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc.			ASCM No. 00120		
Street Address 280 Huyler Street			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
City, State, Zip Code South Hackensack, NJ 07606			Street Address 180 Sargeant Avenue		
Project Manager for Monitoring Firm Farjado Geiser			City, State, Zip Code Clifton, NJ 07013-1935		
Telephone Number 201-489-8700			Telephone Number 973-614-0377		
Scheduled Start Date (10) 0 9 / 1 9 / 1 7			License Number 00807		
Sched. Completion Date (11) 1 0 / 1 0 / 1 7			Name of OSHA Monitor Four Strong Builders, 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: Partially Occupied			Street Address 180 Sargeant Avenue		
			City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation

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

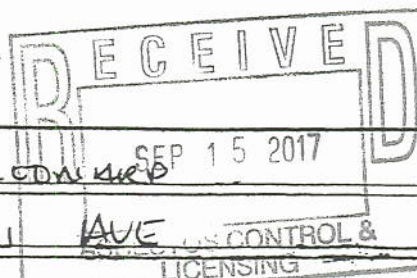
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C I O S U R E	E N C I O S U R E
Basement Boiler Room	<input checked="" type="checkbox"/>			Pipe insulation	140 LF	<input checked="" type="checkbox"/>				
Basement Boiler Room	<input checked="" type="checkbox"/>			Boiler Insulation	600 SF	<input checked="" type="checkbox"/>				
Basement Boiler Room	<input checked="" type="checkbox"/>			Rope, gasket, door insulation	235 SF	<input checked="" type="checkbox"/>				
Basement Boiler Room	<input checked="" type="checkbox"/>			Caulking	36 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Newark Carting, Co.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date		City, State Perry, PA 18072			
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 9/8/17	

CK44310

PAID

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

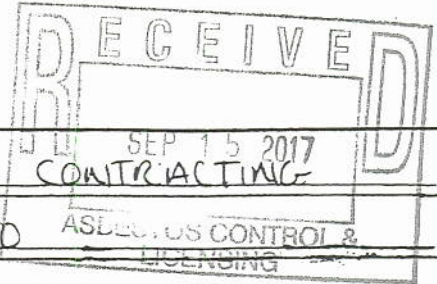


Date of Notification (1) <u>9-11-17</u>		Name of Building Owner/Operator (2) <u>HALLIDAY & L...</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVEN AVE</u>							
		City, State, Zip Code <u>OCEAN CITY N.J. 08226</u>							
		Name of Contact <u>SAUE</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>OCEAN CITY</u>	Square Feet <u>1000</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>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>00444</u>						
Start Date (10) <u>9-23-17</u>	Scheduled Completion Date (11) <u>9-30-17</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.V.A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>9-11-17</u>				

CK# 4310

PAID

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

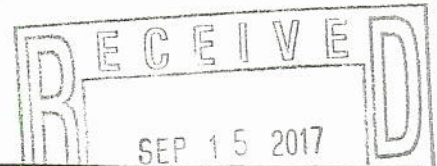


Date of Notification (1) <u>9-11-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>					
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>					
		Name of Contact <u>BRUCE</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) <u>OCTAWI CITY</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>				
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</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>		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. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>9-21-17</u>	Scheduled Completion Date (11) <u>9-28-17</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____					
		City, State, Zip Code _____					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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	Encapsulate	Enclosure
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>1500 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	City, State <u>WOODBINE</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>9-11-17</u>				

CK 44310

PAID

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

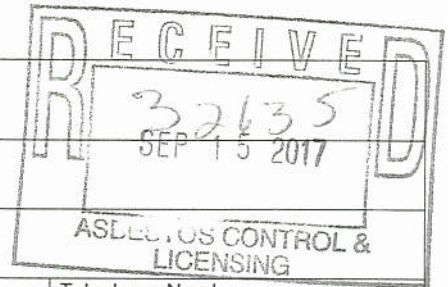


Date of Notification (1) 9-11-17		Name of Building Owner/Operator (2) HALLIDAY & LINDNER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 HAVEN AVE	City, State, Zip Code OCEAN CITY N.J. 08226
		Name of Contact SAUE	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age 1000 1 50+	
City (5) OCEAN CITY		County Code (7) (STATE USE ONLY) CLAREMONT	
County (6) CLAREMONT		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) KLEMCO INC.	
City, State, Zip Code _____		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm _____		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No. _____		Telephone No. 856-779-0472	
Start Date (10) 9-21-17		License No. 00444	
Scheduled Completion Date (11) 9-28-17		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING		X	TRANSITE
			2250 SF
			X
Name of Registered Waste Hauler KLEMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3
City, State MAPLE SHADE N.J.		Name of Registered Landfill C.M.C.M.V. A	
Disposal Date WOODBINE		City, State WOODBINE	
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 9-11-17

CR# 32635

PAID

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



Date of Notification (1) 09 / 12 / 17		Name of Building Owner/Operator (2) Robert Batic	
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 [REDACTED]	
		City, State, Zip Code Montville, NJ 07045	
		Name of Contact Robert Batic	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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Lavallette		Square Feet 1100 sf	# of Floors 1
		Bldg. Age 65	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		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	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 09 / 25 / 17	Scheduled Completion Date (11) 09 / 26 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

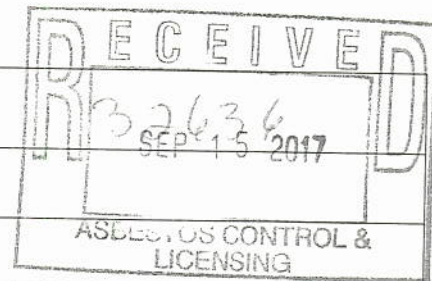
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1050 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 09/27/17		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature [Signature]		Date 9/12/17	

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

PAID



CK # 32636

Date of Notification (1) 09 / 12 / 17		Name of Building Owner/Operator (2) Tradewinds Builders, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 34 West Sailboat Lane							
		City, State, Zip Code Peahala Park, NJ 08008							
		Name of Contact Travis Leply	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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Long Beach Twp.		Square Feet 2000	# of Floors 2						
		Bldg. Age 65							
County (6) Ocean	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCN No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 26 / 17	Scheduled Completion Date (11) 09 / 27 / 17		Name of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2300 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 9/28/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/12/17			

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

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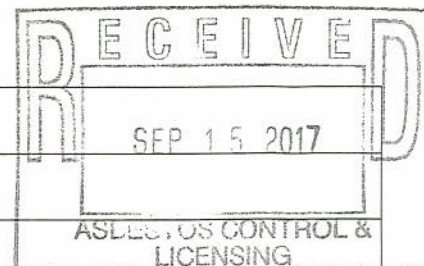
Date of Notification (1) 9 / 8 / 17		Name of Building Owner/Operator (2) Haddonfield Public Schools Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Lincoln Ave. City, State, Zip Code Haddonfield, PA 08033 Name of Contact John Deserable						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Haddonfield Memorial High School - B Wing		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 401 Kings Highway East		Square Feet 26,000						
City (5) Haddonfield		# of Floors 2						
County (6) Camden		Bldg. Age 50						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school						
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC		ASCM No.						
Street Address 1930 Brown Road		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
City, State, Zip Code Newfield, NJ 08344		Street Address 923 Haws Ave.						
Project Manager for Monitoring Firm James Eberts		City, State, Zip Code Norristown, PA 19401						
Telephone No. 856-205-1077		Telephone No. 610-239-9920						
Start Date (10) 9 / 11 / 17		License No. 00398						
Scheduled Completion Date (11) 9 / 18 / 17		Name of OSHA Monitor Plymouth Environmental Co., 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: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 923 Haws Ave.						
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		City, State, Zip Code Norristown, PA 19401						
<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) 320SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
B-Wing Bldg. exterior steel beams	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	tar	<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 Robinson Waste Haulers		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 40CY		Name of Registered Landfill GROWS		
City, State Newark, NJ		Disposal Date 9/18/17		City, State Morrisville, PA				
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 		Date 9/8/17		

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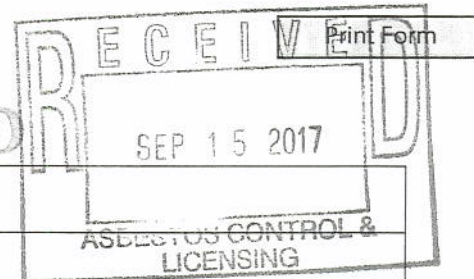
Print Form

OK #1472

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



Date of Notification (1) 09/11/2017		Name of Building Owner/Operator (2) Drew Wirkus							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Drew Wirkus							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Union		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 09/21/2017	Scheduled Completion Date (11) 09/22/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	85 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 09/11/2017					

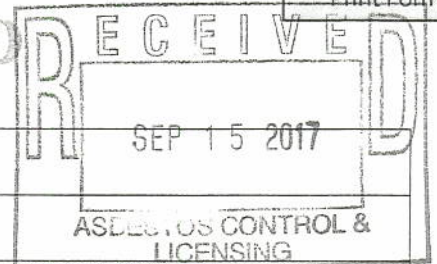


OK # 1150002515

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

Date of Notification (1) 09/11/2017		Name of Building Owner/Operator (2) Patricia Vargas							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Patricia Vargas							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Bloomfield		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-345-8685	01311						
Start Date (10) 09/22/2017	Scheduled Completion Date (11) 09/23/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) <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	110 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 09/11/2017			

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

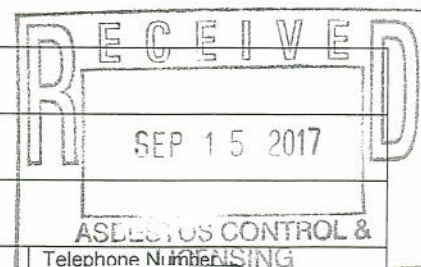


CK # 1491

Date of Notification (1) 09/11/2017		Name of Building Owner/Operator (2) YMCA Somerville							
Agencies Notified	Type Notification	Street Address 2 Green Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerville, NJ 08876							
		Name of Contact Luis Vaello	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) YMCA		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 2 Green Street		Square Feet N/A	# of Floors N/A						
City (5) Somerville		Bldg. Age N/A							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Fitness Center							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 09/23/2017	Scheduled Completion Date (11) 09/24/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Fittings	60 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 09/11/2017		

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

PAID



CK# 101

Date of Notification (1) 09/11/2017		Name of Building Owner/Operator (2) Rebecca Balkin							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Rebecca Balkin							
<div align="center">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West Orange		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685						
Start Date (10) 09/25/2017		Scheduled Completion Date (11) 09/26/2017	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Pipe Insulation	35 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 09/11/2017			

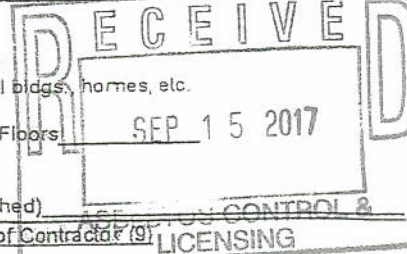
NO CK

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 7-11-17		Name of Building Owner/Operator (2) WEST ORANGE SENIOR CITIZENS HOUSING ASSN. URBAN RENOVATION ENTITY INC	
Agencies Notified	Notification Type	Street Address 410 R.P. MARZULLI Co. 204 BELLEVILLE AVE	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	City, State, Zip Code BLOOMFIELD NJ 07003	
		Name of Contact DAN KITCHEN	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JOHN P. RENNA HOUSE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)	
Street Address [REDACTED]			Sq. Feet _____ # of Floors _____	
City (5) EAST ORANGE	County (6) ESSEX	County Code (7) (State Use Only)	Bldg. Age _____ Current Use (prior if being demolished) _____	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) GCC ENTERPRISES	



Street Address		Street Address 216 LITTLE FALLS RD. UNIT 5 & 6	
City, State, Zip Code		City, State, Zip Code LEDAR GROVE, NJ 07009	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 973-418-6378 (cell) 973-237-8440 (office)	License Number 13VH06938200
Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -		Street Address	
Describe _____		City, State, Zip Code	
Other - Describe _____			

Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input checked="" type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure				
Location of Asbestos-Containing Material (ACM) in Facility (13) First Floor Flooring	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 1400 SF	Abatement Type Rem. Rep. Encap. Encf. <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Name of Reg. Waste Hauler CALL CARTING INC. 450 Bergen Avenue PO Box #440 Kearny, NJ 07032	NJDEP Waste Hauler ID # 09330	Cubic Yards of Waste ± 30	Name of Reg. Landfill Grand Central Pen Arsy / PA
City, State	Disp. Date	City, State	

Completed by (Print or Type) Denise O'Neil	Title Inspector	Signature <i>[Signature]</i>	Date 7/11/2017
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PAID

Print Form

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

CHECK # 2389

Date of Notification (1) 9/5/2017		Name of Building Owner/Operator (2) Claremont Construction Group, Inc.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 15 2017 </div>				
Agencies Notified		Street Address 49 Route 202, PO Box 808						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Far Hills, NJ 07931						
Type Notification		Name of Contact Mr. Dominic Sciarretta, Vice President						
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Commercial Office 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 383-387 Main Street				Square Feet 8,000	# of Floors 1			
City (5) Hackensack				Bldg. Age 60				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial				
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.		Name of Abatement Contractor (9) Sky Contracting, LLC				
Street Address				Street Address 1385 Valley Road, Suite K				
City, State, Zip Code				City, State, Zip Code Wayne, New Jersey 07470				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (973) 928-5040	License No. 00874			
Start Date (10) 9/20/2017		Scheduled Completion Date (11) 12/31/2017		Name of OSHA Monitor Sky Contracting, LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 1385 Valley Road, Suite K				
				City, State, Zip Code Wayne, New Jersey 07470				
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								
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, LLC			
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature		Date 9/5/2017		

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

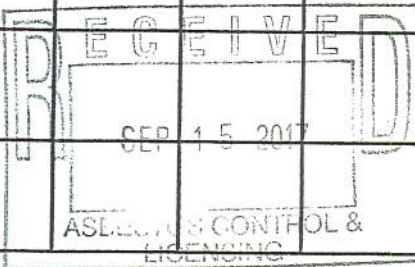
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement - Classroom #3 & HVAC Closet		x		3" Pipe Fitting Insulation	20 each	x			
Basement - Classroom #3 & HVAC Closet		x		12"x12" Beige Floor Tiles w/mastic	18 SF	x			
Basement - Classroom #3 & HVAC Closet		x		Transite Panels	2 SF	x			
Basement - Classroom #4		x		12"x12" Beige Floor Tiles w/mastic	143 SF	x			
Basement - Classroom #5		x		3" Pipe Fitting Insulation	2 each	x			
Basement - Mechanical Chase (West)		x		3" Pipe Fitting Insulation	2 each	x			
Basement - Mechanical Chase (West)		x		Corrugated Pipe Insulation (at wall penetration)	2 LF	x			
Basement - Storage/Mechanical Room (East)		x		3" Pipe Fitting Insulation	4 each	x			
Basement - Storage/Mechanical Room (East)		x		3" Pipe Fitting Insulation	3 each	x			
Roof - Perimeter & Parapet Wall		x		Perimeter Roof Flashing Material	1,026 SF	x			
Roof - Penetrations & Equipment		x		Penetration Roof Flashing Material	95 SF	x			

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

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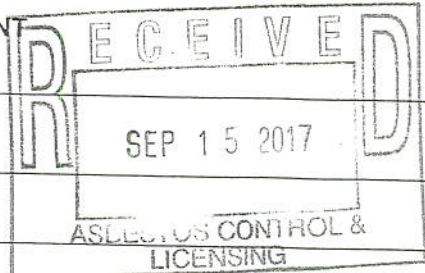
Date of Notification (1) 9 / 14 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 15 2017 ASBESTOS CONTROL & REMEDIATION </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact Telephone Number					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE HIGH SCHOOL Street Address 110 S BROADWAY City (5) PENNSVILLE County (6) SALEM						Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet >50,000 # of Floors 1 Bldg. Age 75 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) SCHOOL					
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES Street Address 318 12TH STREET City, State, Zip Code HAMMONTON, NJ 08037		ASCM No. Name of Abatement Contractor (9) DELTA/BJDS, INC Street Address 1345 INDUSTRIAL BLVD City, State, Zip Code SOUTHAMPTON, PA 18966		Telephone No. 609 704-8850 License No. 00783							
Start Date (10) 6 / 13 / 17		Scheduled Completion Date (11) 9 / 30 / 17		Name of OSHA Monitor CRITERION LABS							
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 Time of Abatement: 7AM-4:30PM- SAT				Street Address 400 STREET ROAD City, State, Zip Code BENSALEM PA 19020							
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) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION AREA		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		FLOOR TILE (PLEASE SEE ATTACH		12 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		SHELVING CONVECTORS		12		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		SELECTIVE FLOOR TILE BY UV'S		108 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		ACM FITTINGS (ASSUMED)		24 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE 19720				Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature <i>Michael Parson</i>				Date 9-14-2017			

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?			DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO	N/A						
ADMINISTRATION AREA	X			EXTERIOR CAULK	24 LF	X			
LIBRARY CLOSET	X			DUCT WITH BLACK MASTIC (CUT AND WRAP)	40SF	X			
1ST FL PRINCIPLES OFFICE CLOSET	X			PIPE (CUT AND WRAP)	10 LF	X			
1ST FL VICE PRINCIPLES OFFICE	X			PIPE (CUT AND WRAP)	10 LF	X			
BACK ENTRANCE BY ELEVATOR	X			PIPE (CUT AND WRAP)	12 LF	X			
COMMUNICATION ROOM	X			PIPE (CUT AND WRAP)	5LF	X			
NURSES OFFICE	X			PIPE (CUT AND WRAP)	5LF	X			
2nd FLOOR LIBRARY	X			TRANSITE	65 SF	X			
<i>Autoclave</i>	X			<i>Pipe</i>	<i>20LF</i>	X			
	X								



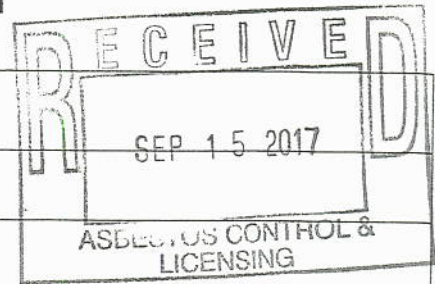


ASB-41
JAN 13

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

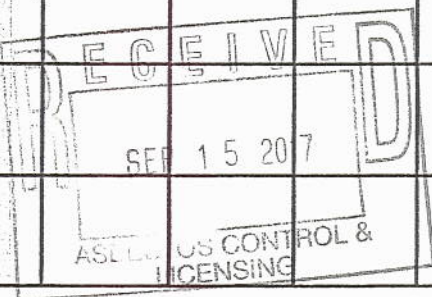
Date of Notification (1) <u>7</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 110 S BROADWAY		Square Feet >50,000							
City (5) PENNSVILLE		# of Floors 1							
County (6) SALEM		Bldg. Age 75							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		ASCM No.							
Street Address 318 12 TH STREET		Name of Abatement Contractor (9) DELTA/BJDS, INC							
City, State, Zip Code HAMMONTON, NJ 08037		Street Address 1345 INDUSTRIAL BLVD							
Project Manager for Monitoring Firm AL OSWALD		City, State, Zip Code SOUTHAMPTON, PA 18966							
Telephone No. 609 704-8850		Telephone No. 215 322-2900							
Start Date (10) 6 / 13 / 17		License No. 00783							
Scheduled Completion Date (11) 8 / 31 / 17		Name of OSHA Monitor CRITERION LABS							
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 Time of Abatement: <u>7</u> AM- <u>4:30</u> PM- <u>4</u> AM		Street Address 400 STREET ROAD							
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		City, State, Zip Code BENSALEM PA 19020							
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
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature Michael Parson		Date 7-27-2017			

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



Date of Notification (1) 7 / 14 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 110 S BROADWAY		Square Feet >50,000							
City (5) PENNSVILLE		# of Floors 1	Bldg. Age 75						
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 318 12TH STREET		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm AL OSWALD		Telephone No. 609 704-8850	License No. 00783						
Start Date (10) 6 / 13 / 17	Scheduled Completion Date (11) 8 / 31 / 17	Name of OSHA Monitor CRITERION LABS							
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 Time of Abatement: 7AM-4:30PM -AM		Street Address 400 STREET ROAD City, State, Zip Code BENSALEM PA 19020							
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) 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
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER	Signature <i>Michael Parson</i>			Date 7-14-2017			

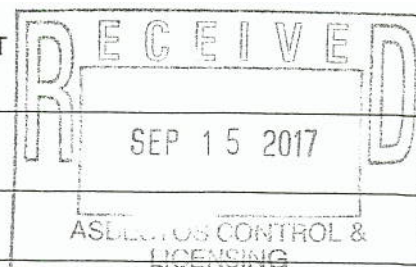
LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?			DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO	N/A						
ADMINISTRATION AREA	X			EXTERIOR CAULK	24 LF	X			
LIBRARY CLOSET	X			DUCT WITH BLACK MASTIC (CUT AND WRAP)	40SF	X			
1ST FL PRINCIPLES OFFICE CLOSET	X			PIPE (CUT AND WRAP)	10 LF	X			
1ST FL VICE PRINCIPLES OFFICE	X			PIPE (CUT AND WRAP)	10 LF	X			
BACK ENTRANCE BY ELEVATOR	X			PIPE (CUT AND WRAP)	12 LF	X			
COMMUNICATION ROOM	X			PIPE (CUT AND WRAP)	5LF	X			
NURSES OFFICE	X			PIPE (CUT AND WRAP)	5LF	X			
	X								
	X								
	X								



NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

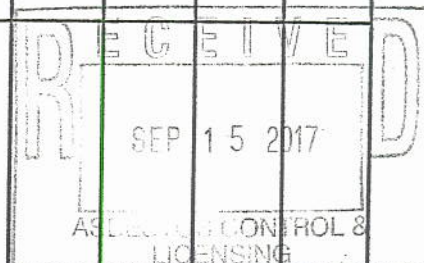
0974-02

NO CK



Date of Notification (1) 7 / 12 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENNSVILLE HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 110 S BROADWAY		Square Feet >50,000							
City (5) PENNSVILLE		# of Floors 1	Bldg. Age 75						
County (6) SALEM	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 318 12 TH STREET		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code HAMMONTON, NJ 08037		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm AL OSWALD	Telephone No. 609 704-8850	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) 6 / 13 / 17	Scheduled Completion Date (11) 8 / 31 / 17	Name of OSHA Monitor CRITERION LABS							
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 Time of Abatement: 7AM- PM/4:30PM- AM		Street Address 400 STREET ROAD City, State, Zip Code BENSALEM PA 19020							
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"/> 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
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER	Signature Michael Parson			Date 7-12-2017			

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?			DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO	N/A						
ADMINISTRATION AREA		X		EXTERIOR CAULK	24 LF	X			
LIBRARY CLOSET		X		DUCT WITH BLACK MASTIC (CUT AND WRAP)	40 SF	X			
1ST FL PRINCIPLES OFFICE CLOSET		X		PIPE (CUT AND WRAP)	10 LF	X			
1ST FL PRINCIPLES OFFICE		X		PIPE (CUT AND WRAP)	10 LF	X			
BACK ENTRANCE BY ELEVATOR		X		PIPE (CUT AND WRAP)	12 LF	X			
		X							
		X							
		X							
		X							

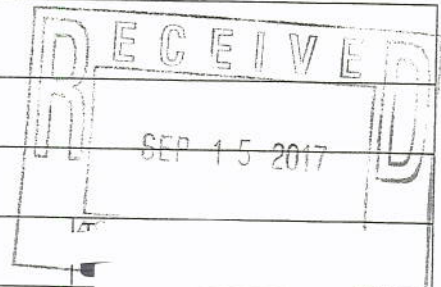


RECEIVED
SEP 15 2017
ASBESTOS CONTROL &
TELEPHONE NUMBER

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

NO CK
0974-02

Date of Notification (1) <u>5</u> / <u>31</u> / <u>17</u>		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT	
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 30 CHURCH STREET
			City, State, Zip Code PENNSVILLE NJ 08070
			Name of Contact



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PENNSVILLE HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 110 S BROADWAY		Square Feet >50,000	# of Floors 1
City (5) PENNSVILLE		Bldg. Age 75	
County (6) SALEM	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8) PENNONI ASSOCIATES, INC	ASCM No. 102	Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 515 GROVE STREET SUITE B		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code HADDON HEIGHTS, NJ 08035		City, State, Zip Code SOUTHAMPTON, PA 18966	
Project Manager for Monitoring Firm Alan Lloyd	Telephone No. 856-656-2875	Telephone No. 215 322-2900	License No. 00783
Start Date (10) <u>6</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor CRITERION LABS	
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 Time of Abatement: <u>7</u> AM- <u>4:30</u> PM- <u> </u> AM		Street Address 400 STREET ROAD	
		City, State, Zip Code BENSALEM PA 19020	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE (PLEASE SEE ATTACH	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHELVING CONVECTORS	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECTIVE FLOOR TILE BY UV'S	108 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM FITTINGS (ASSUMED)	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GRP	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE NEW CASTLE DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688
Completed By (Print or Type) MICHAEL PARSON	Title PROJECT MANAGER	Signature Michael Parson	Date 5/31/2017

Check # 2947

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SEP 15 2017

3 CONTROL &
LICENSING

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Scope of Work (Check All That Apply)			
<input type="checkbox"/>	Demolition	<input checked="" type="checkbox"/>	Renovation
<input type="checkbox"/>	≥3sf or ≥3lf	<input checked="" type="checkbox"/>	Full Containment with Negative Pressure
<input checked="" type="checkbox"/>	≥160 sf or ≥260 lf	<input type="checkbox"/>	Mini - Enclosure
		<input type="checkbox"/>	Glovebag Procedure
		<input checked="" type="checkbox"/>	Non-Exempted (*) and Non-Friable Procedure

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	

ASB-41 11

CK# 8455

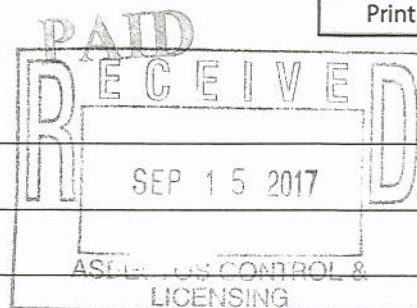
Print Form

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

PAID "OPEN NOTIFICATION"

Date of Notification (1) 9/14/17		Name of Building Owner/Operator (2) PSEG							
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 4000 HADLEY ROAD		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068							
Name of Contact CHRIS MORENO		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 15 2017 ASBESTOS CONTROL & REMEDIATION </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		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 RAYMOND BLVD.		Square Feet Appx 2500 # of Floors 2 Bldg. Age Appx 92 yrs							
City (5) NEWARK		Current Use (Prior if being demolished) SWITCH STATION							
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045							
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA							
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.							
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882							
Telephone No. 732-290-2217		Telephone No. 732-432-8350							
Start Date (10) 9/28/17		License No. 01111							
Scheduled Completion Date (11) 12/31/17		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
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: necessary operators only, OUTDOORS		Street Address 396 WHITEHEAD AVE.							
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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> WRAP + CUT <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
Pump House		X		TRANSITE PANEL	32 SF	X			
OUTSIDE		X		TRANSITE CONDUIT	1000 LF	X			
OUTSIDE		X		WIRE SACK	600 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste Appx 60		Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature Carol Raimo		Date 9/14/17			

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



OK # 5549

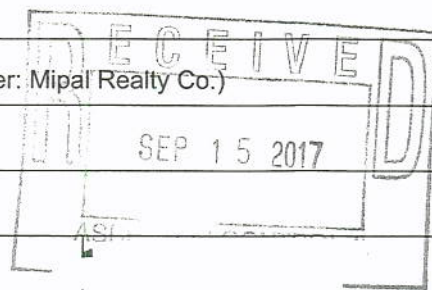
Date of Notification (1) 9/14/17		Name of Building Owner/Operator (2) ACME Supermarkets							
Agencies Notified	Type Notification	Street Address 510 Valley Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Montclair, NJ 07043							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Dave Turotsy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ACME Supermarket		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 510 Valley Road		Square Feet 50,000	# of Floors 2						
City (5) Montclair, NJ		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way, Suite 105		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Office Manager		Telephone No. 610-558-8902	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 9/28/17	Scheduled Completion Date (11) 9/29/17	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		Elbow Pipe Insulation	6 LF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 9/14/17			

PAID

Print Form

OK # 5548

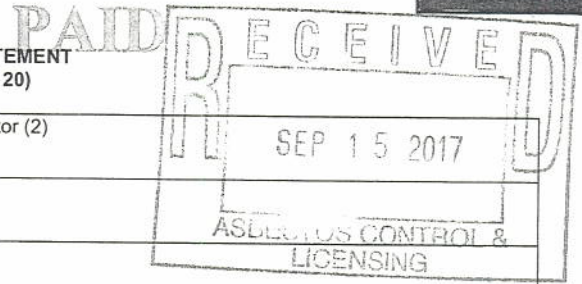
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/14/17		Name of Building Owner/Operator (2) Former Friendly's Restaurant (Owner: Mipal Realty Co.)							
Agencies Notified	Type Notification	Street Address 222 Grand Avenue							
<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 Englewood, NJ 07631							
		Name of Contact Paul Schmidt, Jr.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Friendly's Restaurant		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 1098 Mantua Pike		Square Feet 4,042	# of Floors 1						
City (5) Deptford Township		Bldg. Age 36							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Restaurant (Prior)							
Name of Monitoring Firm Hired by Building Owner (8) Oxford Engineering		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 336 Point Street		Street Address 303 B National Road							
City, State, Zip Code Camden, NJ 08102		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Wayne Moran		Telephone No. 856-541-0700	License No. 01161						
Start Date (10) 10/2/17	Scheduled Completion Date (11) 10/3/17	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 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
Roof flashing	X			Flashing @ exhaust fan	64 SF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date 9/14/17			

CK# 1081

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



Date of Notification (1) 09/13/2017		Name of Building Owner/Operator (2) Phil Tretola							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Phil Tretola							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bloomfield		Square Feet	# of Floors						
		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) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-400-8711	License No. 01332						
Start Date (10) 09/22/2017	Scheduled Completion Date (11) 09/23/2017	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am-4:30pm		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	80 LF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill GROWS North					
City, State Paterson, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature 	Date 09/13/2017					

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

CL # 3261 **PAID**

Date of Notification (1) 9/13/17		Name of Building Owner / Operator (2) Burlington Coat Factory	
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 1830 US Route 130 North City, State & Zip Code Burlington NJ 08016 Name of Contact Mike Woods	

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SEP 15 2017
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #6		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 651 Route 17 Suite 2		Square Feet 72500	# of Floors 1
City (5) Paramus	County (6) Bergen	Bldg. Age 50	
County Code (7)		Current Use (Prior if being demolished) Retail	
Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC		ASCM No.	
Street Address 1350 Broadway, Suite 1904		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code New York, NY		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Eric Telemaque		City, State & Zip Code BRISTOL, PA 19007	ASBESTOS CONTROL & LICENSING
Telephone Number 212-631-9000		Telephone Number 215-788-6040	License Number 00509
Scheduled Start Date (10) September 27, 2017	Scheduled Completion Date (11) October 11, 2017	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: (10:00 PM – 6:00 AM) <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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 4 (see attached phasing plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THROUGHOUT MEN'S AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	14,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

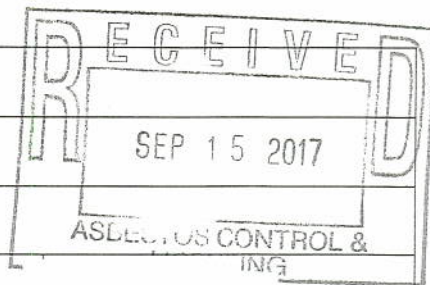
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro / jl</i>	Date 9/13/17

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CK#186

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

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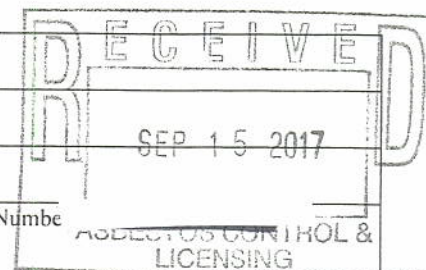


Date of Notification (1) 09/13/2017		Name of Building Owner/Operator (2) New Brunswick Urban Renewal, LLC							
Agencies Notified	Type Notification	Street Address 1970 Brunswick Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville NJ 08648							
		Name of Contact Marko Stankovic, Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Brunswick Crescent 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 800 Crescent Court, Building 800									
City (5) North Brunswick		Square Feet 10,000	# of Floors 2						
		Bldg. Age 57							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 109 Heritage Lane							
City, State, Zip Code		City, State, Zip Code Hamburg, NJ 07419							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645						
		License No. 01334							
Start Date (10) 09/26/2017	Scheduled Completion Date (11) 10/3/2017	Name of OSHA Monitor Checkmark Industrial							
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 109 Heritage Lane							
		City, State, Zip Code Hamburg, NJ 07419							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Building		X		Window Caulking	400 LF	X			
						X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Waste Management					
City, State Wayne, NJ			Disposal Date	City, State Tullytown, PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 09/13/2017			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

PAID

11/10/26



Date of Notification (1): 9/9/17		Name of Building Owner/Operator (2): MR. HUSSAM SAMIZ							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amendment Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address: [REDACTED]							
		City, State, Zip Code: PROSPECT PARK, NJ 07508							
		Name of Contact: HUSSAM	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address: [REDACTED]									
City & State (5): PROSPECT PARK, NJ		Square Feet: NA	# of Floors: 3 Bldg. Age: NA						
County (6): PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): VACANT							
Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMENTAL CONSULTING GROUP, INC.		ASCM No.: NA	Name of Abatement Contractor (9): S/M Enterprise of NJ, Inc.						
Street Address: PO BOX 8466		Street Address: 339 North 6 th Street							
City, State, Zip Code: HALEDON, NJ 07538		City, State, Zip Code: Prospect Park, NJ 07508							
Project Manager for Monitoring Firm: FERNANDO		Telephone No.: 973-418-4036	Telephone No.: (973) 595-6955 License No.: 00641						
Start Date (10): 9/9/17	Scheduled Completion Date (11): 9/10/17	Name of OSHA Monitor: S/M Enterprise of New Jersey, 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: P.O. Box 8265 City, State, Zip Code: Haledon, NJ 07538							
Scope of Work (Check all that apply): <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	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)	Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
BASEMENT		X		PIPE INSULATION	150 LF	X			
Name of Registered Waste Hauler: SERVICES TRANSPORT GROUO, INC.		NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste:	Name of Registered landfill: IESI					
City, State: NEW CASTLE, DE		Disposal Date: 9/14/17		City, State: WAYNESBURG, PA 19720					
Completed By: MIKE ALTADOUKA		Title: PRESIDENT	Signature: 		Date: 9/9/17				

OK #185

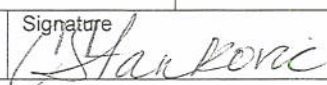
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID

Date of Notification (1) 09/13/2017		Name of Building Owner/Operator (2) Jeff Krawitz		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 15 2017 JL & </div>	
Agencies Notified	Type Notification	Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne NJ 07506 Name of Contact Marko Stankovic			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Krawitz Residents			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.)		
City (5) Hawthorne			Square Feet 1500	# of Floors 2	Bldg. Age 70
County (6) 07506		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Unoccupied	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 109 Heritage Lane			
City, State, Zip Code		City, State, Zip Code Hamburg, NJ 07419			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 09/14/2017		Scheduled Completion Date (11) 09/18/2017		Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One)				Street Address 109 Heritage Lane	
<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 Hamburg, NJ 07419	
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
Basement		X		9x9 Floor Tiles	225 SF	X			
						X			

Name of Registered Waste Hauler Weigle Trucking Co.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 6	Name of Registered Landfill Minerva Landfill	
City, State Linden, PA			Disposal Date	City, State Minerva, Ohio	
Completed by Corey Stankovic		Title CEO	Signature 		Date 09/13/2017