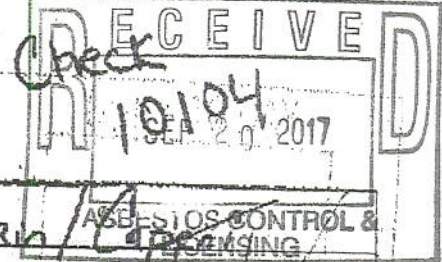


Emergency

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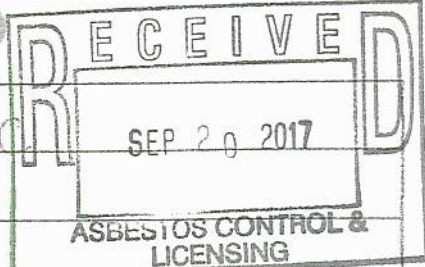
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 9-15-17		Name of Building Owner/Operator (2) Orlando / Byrne / Brn /	
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	
Street Address 10 South Main Street		City, State, Zip Code Pennington NJ 08534	
Name of Contact Gary Vinch (Contractor)		Name of Building Owner/Operator (2) Orlando / Byrne / Brn /	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Farm		Type of Facility (4) ☐ School (K-12) ☐ Subchapter B (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2	
City (5) Hopewell Twp NJ 08525		Bldg. Age 80+-	
County (6) Mercer		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
Start Date (10) 9-18-17		License No. 00394	
Scheduling Completion Date (11) 9-18-17		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Later in Afternoon		Street Address P.O. Box 337	
Scope of Work (Check All That Apply) ☒ AS of 10/26/17 ☐ AS of 10/26/17 ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code New Egypt NJ 08533	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		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)	
Back of Boon Bldg		Siding Shingles	
150 SF		X	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 1	
Name of Registered Landfill Waste Management of PA		City, State Morrisville PA	
Disposal Date 9-19-17		Signature Steve Schenker	
Completed by Steve Schenker		Date 9-15-17	

CK# 3241

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

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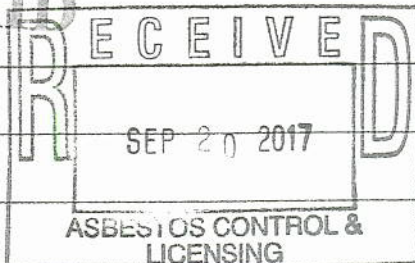


Date of Notification (1) 9/18/17		Name of Building Owner/Operator (2) Circus Partners, LLC						
Agencies Notified	Type Notification	Street Address Rt 1009	City, State, Zip Code Spring Lake, New Jersey					
☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Name of Contact Rick Ross						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Circus Partners, LLC Property		Type of Facility (4)						
Street Address Rt 1009		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Wall	Square Feet 3000	# of Floors 1	Bldg. Age 50+					
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) restaurant						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Rd						
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey						
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029					
Start Date (10) 9/28/17	Scheduled Completion Date (11) 9/30/17	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7 AM - 4 PM		City, State, Zip Code						
Scope of Work (Check All That Apply)								
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition						
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-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
Chimney (pipe)			X trans. te pipe	8 LF	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins Landfill				
City, State Colts Neck, New Jersey		Disposal Date 9/30/17	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature [Signature]	Date 9/18/17				

CK# 3241

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

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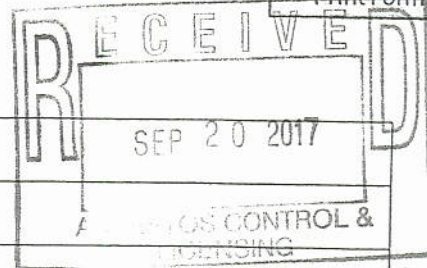


Date of Notification (1) 9/18/17		Name of Building Owner/Operator (2) Sluff Residence		Street Address [REDACTED]		City, State, Zip Code Rumson		Name of Contact Dave		Telephone Number	
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation		ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Sluff Residence						Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]						Square Feet 3500		# of Floors 2		Bldg. Age 50+	
City (5) Rumson						Current Use (Prior if being demolished) Residence					
County (6) Monmouth						County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address						Street Address 95 Montrose Rd					
City, State, Zip Code						City, State, Zip Code Colts Neck, New Jersey					
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 732 294 1757				License No. 00029	
Start Date (10) 9/27/17				Scheduled Completion Date (11) 10/2/17		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Jan - 4pm						Street Address					
						City, State, Zip Code					
Scope of Work (Check All That Apply)											
☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf				☐ Renovation ☒ Demolition				☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-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				Pipe insulation		100 CF		X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.				NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2		Name of Registered Landfill Chairs Landfill Fairless			
City, State Colts Neck, New Jersey				Disposal Date 10/2/17		City, State Easton, PA					
Completed by Bree McGuire				Title Secretary Treasurer		Signature Bree McGuire				Date 9/15/17	

NO CK

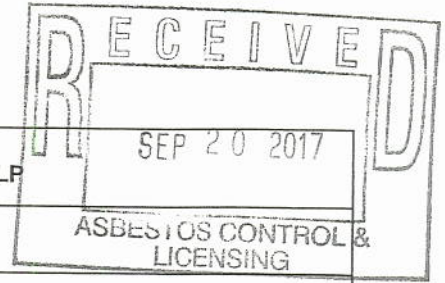
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



Date of Notification (1) 09-07-17		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ON HOLD ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	4000 Hadley Road City, State, Zip Code South Plainfield, NJ 07086							
		Name of Contact Dawn Neville							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Harrison Substation		Type of Facility (4)							
Street Address 57 South 5th Street		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Harrison		Square Feet N/A	# of Floors N/A						
County (6) Hudson		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Electrical Switching yard							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. 631-924-8111	License No. 01136						
Start Date (10) 09-17-17	ON HOLD	Scheduled Completion Date (11) 12-17-17							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor WRS Environmental Services, Inc.							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Cabinet breaker		Street Address 17 Old Dock Road							
		City, State, Zip Code Yaphank, NY 11980							
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	Enclosure
Switching Yard			X	Transite pipe	250 LF	X			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill North					
City, State Newark, NJ 07114		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Amanda Vallone		Title Admin Ops Manager		Signature <i>Amanda Vallone</i>		Date 09-07-17			

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

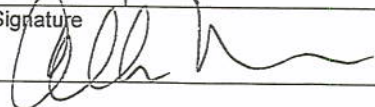


NO CK

Date of Notification (1) 07 / 26 / 17		Name of Building Owner/Operator (2) East First Avenue Storage Urban Renewal LP							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 615-633 East First Avenue							
		City, State, Zip Code Roselle, NJ 07203							
		Name of Contact Eric Dull							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 615-633 East First Avenue		Square Feet	# of Floors						
City (5) Roselle		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 08 / 07 / 17	Scheduled Completion Date (11) 10 / 07 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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
2nd Floor Offices	☐	☐	☒	VAT/Mastic	6,000 SF	☒	☐	☐	☐
1st Floor	☐	☐	☒	VAT/Mastic	2,000 SF	☒	☐	☐	☐
Throughout- 1st and 2nd Floor	☐	☐	☒	Pipe Insulation	2,200 LF	☒	☐	☐	☐
Throughout- 1st and 2nd floor	☐	☐	☒	Windows	1,712 LF	☒	☐	☐	☐
Name of Registered Waste Hauler ATC/ Century Waste LLC		NJDEP Waste Hauler ID No. SW-24310/32797		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/IESI Bethlehem Landfill				
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH/ Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 7/26/17			

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

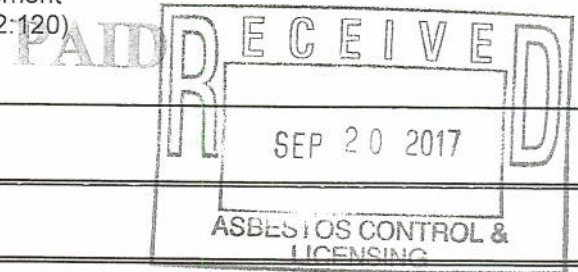
NO CK

Date of Notification (1) 09 / 18 / 17		Name of Building Owner/Operator (2) East First Avenue Storage Urban Renewal LP							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☐ Initial ☒ Amended Amendment #1 ☐ Emergency (including justification) ☐ Cancellation	Street Address 615-633 East First Avenue							
		City, State, Zip Code Roselle, NJ 07203							
		Name of Contact Eric Dull							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 615-633 East First Avenue		Square Feet	# of Floors						
City (5) Roselle		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 08 / 04 / 17	Scheduled Completion Date (11) 11 / 06 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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
2 nd Floor Offices	☐	☐	☒	VAT/Mastic	6,000 SF	☒	☐	☐	☐
1 st Floor	☐	☐	☒	VAT/Mastic	2,000 SF	☒	☐	☐	☐
Throughout- 1 st and 2 nd Floor	☐	☐	☒	Pipe Insulation	2,200 LF	☒	☐	☐	☐
Throughout- 1 st and 2 nd floor	☐	☐	☒	Windows	1,712 LF	☒	☐	☐	☐
Name of Registered Waste Hauler ATC/ Century Waste LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste As Needed	Name of Registered Landfill					
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH/ Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 9/18/17			

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

D&S Proj. #: 17-256

OK # 7135



Date of Notification (1) 10/19/17		Name of Building Owner/Operator (2) elizabeth WANG	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended Amendment #: _____ ☐ Emergency (including justification) ☐ Cancellation	
Street Address [REDACTED]		City, State, Zip Code FAIR LAWN, NJ 07410	
Name of Contact elizabeth, WANG		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) elizabeth WANG			Type of Facility (4) ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) FAIR LAWN			County (6) BERGEN		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		

Street Address [REDACTED]		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code		Street Address 20 California Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07503	
Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/26/17		License Number 01169	
Sched. Completion Date (11) 10/20/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) ☐ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- Describe: _____ ☒ Other-Describe: NORMAL HOURS		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	

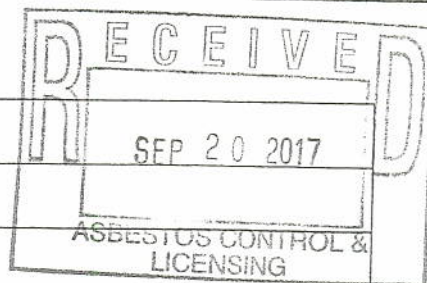
Scope of Work (check all that apply)

☒ >3 sf or >3 lf	☒ Renovation	☐ Full Containment w/negative pressure
☐ ≥160 sf or ≥260 lf	☐ Demolition	☐ 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		☒		PIPE INSULATION	40 lf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/27/17		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/14/ 2017	

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



Date of Notification (1) 09-12-17		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ON HOLD ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	4000 Hadley Road							
		City, State, Zip Code South Plainfield NJ 07080							
		Name of Contact Dawn Neville							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bayway Switching Station		Type of Facility (4)							
Street Address 602 Trenton Ave		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth NJ 07202		Square Feet N/A	# of Floors N/A						
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Switching yard							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111						
		License No. 01136							
Start Date (10) 09-22-17	ON HOLD	Scheduled Completion Date (11) 12-22-17	Name of OSHA Monitor WRS Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Road							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Electrical circuit cabinet</u>		City, State, Zip Code Yaphank NY 11980							
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	Enclosure
Electrical Switching Yard			x	Transite	300 LF	x			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Grows landfill North					
City, State Newark NJ 07114			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Amanda Vallone		Title Admin Ops Manager	Signature <i>Amanda Vallone</i>	Date 09-12-17					

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

PAID

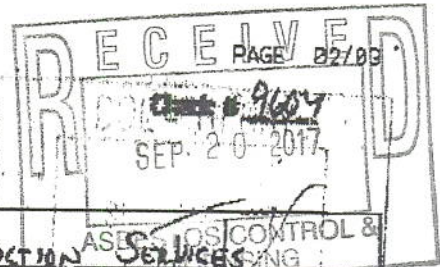
Check # 9606

Date of Notification (1) 9/18/17		Name of Building Owner/Operator (2) FIRST PRESBYTERIAN CHURCH OF ENGLEWOOD							
Agencies Notified	Type Notification	Street Address 150 PALISADES AVE							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code ENGLEWOOD NJ 07631							
		Name of Contact ROBERT RYDER							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FIRST PRESBYTERIAN CHURCH		Type of Facility (4)							
Street Address 150 PALISADES AVE		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ENGLEWOOD		Square Feet 12,000	# of Floors 2						
County (6) BERGEN		Bldg. Age 68							
County Code (7) (STATE USE ONLY)		Current Use (Prior, if being demolished) OFFICE / CHURCH							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC		ASCM No. 0012	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address 300 GRANA AVE		Street Address 185 Vreeland Ave.							
City, State, Zip Code ENGLEWOOD NJ 07631		City, State, Zip Code Midland Park, N.J.							
Project Manager for Monitoring Firm TONY V.		Telephone No. 201-569-6708	License No. 00156						
Start Date (10) 9/29/17	Scheduled Completion Date (11) 10/13/17		Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		City, State, Zip Code Hackensack, N.J. 07606							
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) In Facility (13) <u>TO BE ABATED</u>	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
CRAWL SPACE			X	PIPE	1325 LF	X			
CRAWL SPACE			X	TRANSIT	300 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, N.J. 07105			Disposal Date 9/29/17	City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President	Signature <i>[Signature]</i>	Date 9/18/17					

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 6:20 and 12:120)



OK # 9604

Date of Notification (1) 9/15/17		Name of Building Owner/Operator (2) HOLISTER CONSTRUCTION SERVICES							
Agencies Notified ☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA	Type of Notification ☐ Initial ☐ Amended ☒ Assessment & Emergency (including justification) (3) ☐ Construction	Street Address 339 JEFFERSON ROAD							
		City, State, Zip Code PALSIPPANY, N.J. 07054							
		Name of Contact DAVID WILLIAMS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (5) COMMERCIAL BUILDING		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 214 MAIN ST		Squares Feet 15,000							
City (6) HACKENSACK		No. of Floors 4							
County (8) BERGEN		Bldg. Age 150							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (9)		ASCM No.							
Street Address		Name of Abatement Contractor (10) AMAC Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432							
Telephone No.		Telephone No. (201)202-5841							
Start Date (16) 9/16/17		Scheduled Completion Date (11) 9/20/17							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.							
		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
☒ 25 or more sq ft ☐ 250 or more sq ft ☐ 2500 or more sq ft		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (7) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	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)	Asbestos (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2ND FLOOR			☒	PIPE INSULATION	30LF	☒			
Name of Registered Waste Handler Newark Carting Inc.		NJDEP Waste Handler ID No. 04509		Cubic Yards of Waste 1		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 9/16/17		On		City, State Pan Argy, PA 08702			
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo		Date 9/15/17			