

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



Date of Notification (1) <b>September 26, 2016</b>		Name of Building Owner/Operator (2) <b>Kennedy Companies</b>							
Agency 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>PO BOX 600</b>		City, State, Zip Code <b>Warwick, NY 10990</b>							
Name of Contact <b>Project Manager</b>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Michael Shopping Center, Inc.</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>340 Ramapo Valley Rd</b>		Square Feet <b>TBD</b>	Log. Age <b>TBD</b>						
City (5) <b>Oakland, NJ 07436</b>		County Code (7) (State Code Only) <b>Bergen</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.							
Street Address <b>907 Doolittle Drive</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
City, State, Zip Code <b>Bridgewater, NJ 08907</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Start Date (10) <b>9/27/16</b>	Scheduling Completion Date (11) <b>12/31/17</b>	Telephone No. <b>(973) 748-6000</b>	License No. <b>00781</b>						
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:		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> AS of or AS II <input checked="" type="checkbox"/> ASB of or ASB II		Street Address <b>1500 Kings HWY N, STE 209</b>							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Cleaning Procedures <input checked="" type="checkbox"/> Non-Exempted ("I" and Non-Frable Procedures)									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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)	Amount (usually SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
Wide open area 16' deck			X	VAT/Mastic	TBD	X			
Name of Registered Waste Handler <b>Newark Carting</b>		NJ DEP Waste Handler ID No. <b>22253</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>12/31/17</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature <i>[Signature]</i>		Date <b>9/26/16</b>				



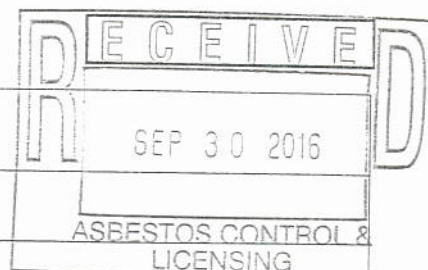
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

**RECEIVED**  
CL 3753  
SEP 30 2016

Date of Notification (1) <b>9/26/16</b>		Name of Building Owner/Operator (2) <b>BASF</b>					
Agency Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>25 MIDDLESEX ESSEX TURNPIKE</b>					
		City, State, Zip Code <b>ISELW . NJ . 08830</b>					
		Name of Contact <b>MS. DIANA WRIGHT</b>					
Telephone Number							
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>BASF</b>		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 <b>25 MIDDLESEX ESSEX TURNPIKE</b>		Square Feet <b>100,000</b>	# of Floors <b>3</b>				
City (5) <b>ISELW</b>		Bldg. Age <b>61 YEARS</b>					
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY) <b>R&amp;D OFFICE/LABS</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ETHI</b>		Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address <b>655 WEST SHORE TRAIL</b>		Street Address <b>450 South River St</b>					
City, State, Zip Code <b>SPARTA . NJ . 07871</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm <b>J.P. VON DOENREN</b>		Telephone No. <b>973-729 5619</b>	License No. <b>00388</b>				
Start Date (10) <b>10/6/16</b>	Scheduled Completion Date (11) <b>11/14/16</b>		Name of OSHA Monitor <b>Omega Environmental</b>				
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: <b>7:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> < 25 sf or < 23 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
<b>1 FLOOR MAT LAB</b>			<b>VATA MASTIC</b>	<b>3500 SF</b>	<input checked="" type="checkbox"/>		
<b>MAT LAB CRAWL SPACE</b>			<b>THERMAL SYSTEM INSULATION</b>	<b>550 LF</b>	<input checked="" type="checkbox"/>		
<b>LAB 39</b>			<b>VAT</b>	<b>60 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>4007</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, N.J. 07601</b>			Disposal Date <b>11/11/16</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>		Date <b>9/26/16</b>			

Check#2605

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



Date of Notification (1) 09 / 27 / 16		Name of Building Owner/Operator (2) Tina Vaccaro	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Tina Vaccaro Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Bloomfield, NJ 07003 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet      # of Floors      Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127	
Start Date (10) 10 / 06 / 16 Scheduled Completion Date (11) 10 / 07 / 16		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
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			

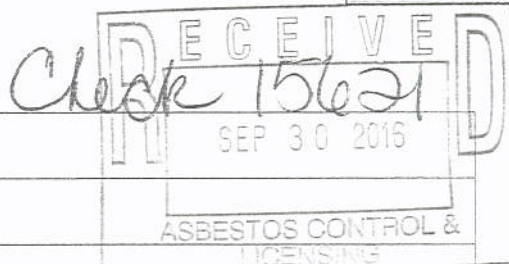
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>	Date 09/27/16	



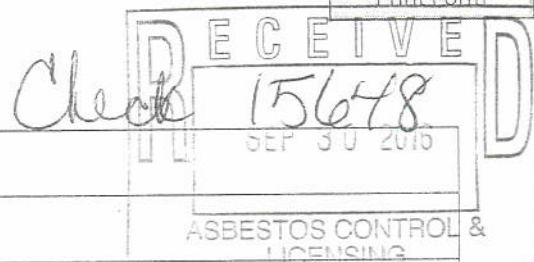
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/26/16		Name of Building Owner/Operator (2) Alicia Williams							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, NJ							
		Name of Contact Alicia	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
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]		Square Feet 2200	# of Floors 2						
City (5) Nutley		Bldg. Age 67							
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) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 9/30/16		Scheduled Completion Date (11) 10/28/16							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/26/16			



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



Date of Notification (1) 9/27/16		Name of Building Owner/Operator (2) Carlos Benito	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Nutley, NJ 07110	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Carlos Benito	Telephone Number

## FACILITY INFORMATION

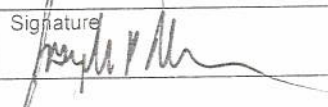
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2300	# of Floors 2
City (5) Nutley		Bldg. Age 62	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 10/24/16	Scheduled Completion Date (11) 11/24/16	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address	
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		City, State, Zip Code	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill
City, State Freehold, NJ	Disposal Date TBD	City, State Birdsboro, PA	
Completed by A. Scott Higgins	Title President	Signature 	Date 9/27/16

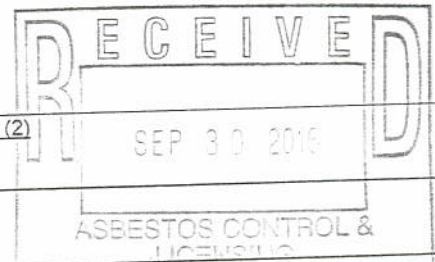
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**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

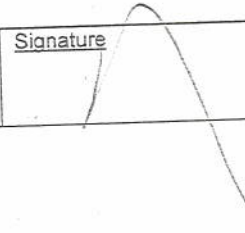
Date of Notification (1) <b>SEPT. 27, 2016</b>		Name of Building Owner/Operator (2) <b>PM JOHNSON, LLC</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   <b>SEP 30 2016</b>   <b>ASBESTOS CONTROL &amp; REMEDIATION</b> </div>					
Agencies Notified		Type Notification				Street Address <b>136 ST. JOSEPH DRIVE</b>			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code <b>STIRLING, NJ 07980</b>			
				Name of Contact <b>PATRICK GOLDEN</b>		Telephone Number <b>732-222-8372</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PM JOHNSON, LLC PROPERTY</b>					Type of Facility (4)				
Street Address <b>19 JOHNSON STREET</b>					<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) <b>MONMOUTH BEACH</b>					Square Feet <b>2100 SF</b>	# of Floors <b>1</b>	Bldg. Age <b>1963</b>		
County (6) <b>MONMOUTH</b>			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>FORMER RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>				ASCM No. _____		Name of Abatement Contractor (9) <b>Finishing Touch Asbestos Abatement Corp., Inc.</b>			
Street Address					Street Address <b>17 Thompson Street</b>				
City, State, Zip Code					City, State, Zip Code <b>West Long Branch, NJ 07764</b>				
Project Manager for Monitoring Firm				Telephone No.		Telephone No. <b>732-222-8372</b>	License No. <b>00040</b>		
Start Date (10) <b>SEPT. 29, 2016</b>			Scheduled Completion Date (11) <b>SEPT. 30, 2016</b>			Name of OSHA Monitor <b>N/A</b>			
Occupancy Status During Abatement (Check Only One)					Street Address				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____					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) <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			X	NON-FRIABLE AC SIDING	1400 SF	X			
Name of Registered Waste Hauler <b>Finishing Touch Asbestos Abatement Corp., Inc.</b>				NJDEP Waste Hauler ID No. <b>12058</b>	Cubic Yards of Waste <b>5 CY</b>	Name of Registered Landfill <b>TRRF LANDFILL</b>			
City, State <b>WEST LONG BRANCH, NJ</b>				Disposal Date <b>10/3/16</b>	City, State <b>TULLYTOWN, PA</b>				
Completed by <b>JOSEPH P. MILLER</b>			Title <b>PRESIDENT</b>	Signature 			Date <b>9/27/16</b>		



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

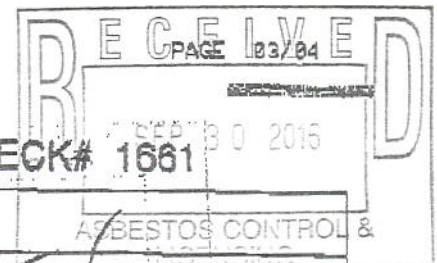


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<u>Date of Notification (1)</u> Sept 23, 2016		<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC	
<u>Agencies Notified</u>  (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Notification Type</u>  ( ) Initial Notification (X) Amended Certification ( ) Cancelled	<u>Street Address</u> 80 Park Plaza	
		<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> Domenic Fiorino	<u>Tel. Number</u>
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Sewaren Generating Station		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 751 Cliff Road		Sq. Feet <u>DOCK</u> # of Floors 8	
<u>City (5)</u> Sewaren	<u>County (6)</u> Middlesex	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> Current Use (prior if being demolished) Electric Generating Station
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.
<u>Street Address</u>		<u>Street Address</u> PO BOX 295	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225
<u>Scheduled Start Date (10)</u> SEPT 26, 2016	<u>Scheduled Completion Date (11)</u> Oct 10, 2017	<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe <u>Asbestos is on Dock</u>		<u>Street Address</u> 5 Linwood Ct  <u>City, State, Zip Code</u> Hamilton, NJ 08690	
<u>Source of Work (Check all that apply)</u> ( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
DOCK	X	ASBESTOS PIPING	800 linear feet
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 200
<u>City, State</u> Elizabeth, NJ 07114-2436		<u>Disp. Date</u>	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery
<u>Completed by (Print or Type)</u> ROBERT GROGAN		<u>Title</u> VP	<u>Signature</u> 
		<u>Date</u> 9/23/16	

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ASSURED SERVICES



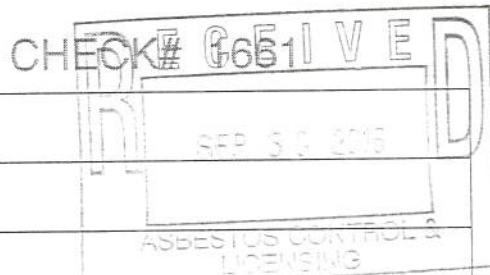
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

CHECK# 1661

Date of Notification (1) 09/26/2016		Name of Building Owner/Operator (2) GEORGE DUBOIS							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code GLASSBORO NJ 08028							
Name of Contact GEORGE		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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1418							
City (5) GLASSBORO		# of Floors 2							
County (6) GLOUCESTER		Bldg. Age 91							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.							
Street Address 1012 INDUSTRIAL DRIVE		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
City, State, Zip Code WEST BERLIN NJ 08091		Street Address 570 CLEMS RUN							
Project Manager for Monitoring Firm MATT DEPALMA		City, State, Zip Code MULLICA HILL NJ 08062							
Telephone No. 858-809-1202		Telephone No. 610-304-4676							
Start Date (10) 09/27/2016		License No. 01145							
Scheduled Completion Date (11) 09/28/2016		Name of OSHA Monitor EMSL							
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: RESIDENTIAL-BASEMENT VACANT FIRE		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 150$ sf or $\geq 250$ ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	NF1 FLOOR TILE	300 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJ DEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 10		Name of Registered Landfill MINERVA LANDFILL			
City, State MULLICA HILL NJ		Disposal Date 09/28/2016		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>		Date 09/26/2016			

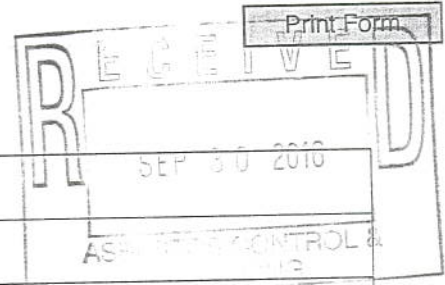


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/26/2016		Name of Building Owner/Operator (2) GEORGE DUBOIS							
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 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 GLASSBORO NJ 08028							
		Name of Contact GEORGE	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
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]		Square Feet 1416	# of Floors 2						
City (5) GLASSBORO		Bldg. Age 91							
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	License No. 01145						
Start Date (10) 09/27/2016	Scheduled Completion Date (11) 09/28/2016	Name of OSHA Monitor EMSL							
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: RESIDENTIAL-BASEMENT VACANT FIRE		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	NF1 FLOOR TILE	300 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 09/28/2016		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 			Date 09/26/2016		

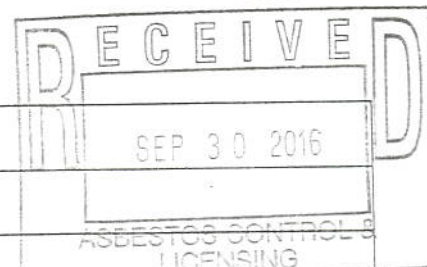
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/26/2016		Name of Building Owner/Operator (2) Seaview Acquisitions, LLC							
Agencies Notified	Type Notification	Street Address 8 Industrial Way West, 2nd Floor							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Eatontown, NJ 07724							
		Name of Contact Skip	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Value City		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 Rt 66 & Rt 35		Square Feet 140,000	# of Floors 2						
City (5) Ocean Township		Bldg. Age 25+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 211 East Essex Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Linwood, NJ 08221							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
		License No. 01172							
Start Date (10) 09/26/16	Scheduled Completion Date (11) 10/21/2016	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			X	Tile	2,100 sf	X			
Roof			X	Roofing	70,000 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 6626 Delilah Road Egg Harbor Township, NJ			Disposal Date 10/21/16	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature 			Date 09/26/2016			



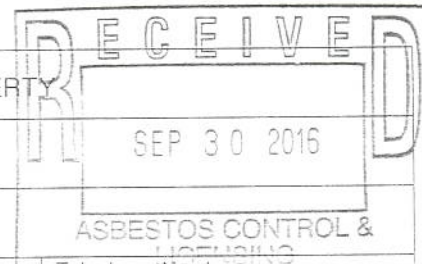
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>09/09/16</b>		Name of Building Owner/Operator (2) 1410 Grand Adams LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1422 Grand St. Suite 5B		City, State, Zip Code Hoboken, NJ 07030							
Name of Contact Chris Mazzola		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Value City		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 Rt 66 & Rt 35		Square Feet 140,00							
City (5) Ocean Township		# of Floors 2							
County (6) Monmouth		Bldg. Age 25+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. _____							
Name of Abatement Contractor (9) Site Enterprises, Inc.		Street Address 211 East Essex Ave							
Street Address PO Box 365		City, State, Zip Code Linwood, NJ 08221							
City, State, Zip Code Berlin, NJ 08009		Telephone No. 609-567-1250							
Project Manager for Monitoring Firm James Proctor		License No. 01172							
Start Date (10) <b>09/26/16</b>		Scheduled Completion Date (11) <b>10/21/16</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
Street Address PO Box 365		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			X	Tile	2,100 sf	X			
Roof			X	Roofing	70,000 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 20 cy		Name of Registered Landfill Tullytown Landfill			
City, State 211 East Essex Ave. Linwood, NJ 08221		Disposal Date <b>10/21/16</b>		City, State Bristol, PA					
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date <b>09/09/16</b>			

CK14314

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

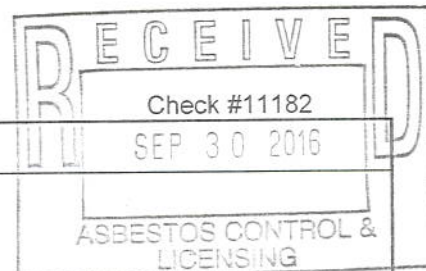


Date of Notification (1) SEPT. 27, 2016		Name of Building Owner/Operator (2) FOX & FOXX DEVELOPMENT PROPERTY							
Agencies Notified	Type Notification	Street Address 940 AMBOY AVENUE, SUITE 101							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EDISON, NJ 08837							
		Name of Contact JIM WIRKOWSKI							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FORMER 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 65 WALTUMA AVENUE		Square Feet 2536 SF	# of Floors 2						
City (5) EDISON		Bldg. Age 1883							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. _____	License No. 00040						
Start Date (10) OCT. 7, 2016	Scheduled Completion Date (11) OCT. 11, 2016	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
LIVING ROOM			X	VAT	374 SF	X			
BASMENT			X	VAT	300 SF	X			
EXTERIOR			X	NON FRIABLE SIDING	1900 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste	Name of Registered Landfill TRRF LANDFILL					
City, State WEST LONG BRANCH, NJ 07764			Disposal Date 10/12/16	City, State TULLYTOWN, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 			Date 9/27/16			



CK1182

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



Date of Notification (1)		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified	Type Notification	Street Address  <b>80 Chestnut Ridge Road</b>	
<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"/> Cancellation	City, State & Zip Code <b>Montvale, NJ 07645</b>	
		Name of Contact <b>Jim Kalafsky</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>80 Chestnut Ridge Road</b>		Square Feet <b>4,628</b>	# of Floors <b>1</b>
City (5) <b>Montvale</b>		Bldg. Age <b>60</b>	
County (6) <b>Bergen</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>New York Environmental</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>88 Harbor Road</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Port Washington, NY 11050</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Michael Baudo</b>		Telephone Number <b>516-944-9500</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>October 8, 2016</b>	Scheduled Completion Date (11) <b>December 31, 2016</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

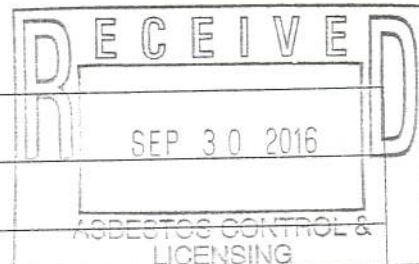
Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 1$ ft	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft	<input 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) <b>TO BE ABATED</b> 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) <b>700SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Lobby/ATM Area</b>			<b>X</b>	<b>Floor Tile</b>		<b>X</b>			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date		City, State <b>Morrisville, PA</b>					
Completed By <b>John Mezzina</b>	Title <b>Vice President</b>	Signature 				Date <b>September 27, 2016</b>			

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

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

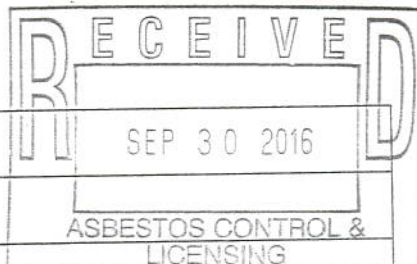


Date of Notification (1) 9/28/16		Name of Building Owner/Operator (2) Horizon Properties							
Agencies Notified	Type Notification	Street Address 7 Glenwood Ave. Suite 412							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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 East Orange							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		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) Nutley	Square Feet 2000	# of Floors 2	Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 10/09/16	Scheduled Completion Date (11) 10/09/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
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) 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				VAT	150 SF	x			
Basement				TSI	15 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 10/09/16		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 9/28/16		



CK 5120

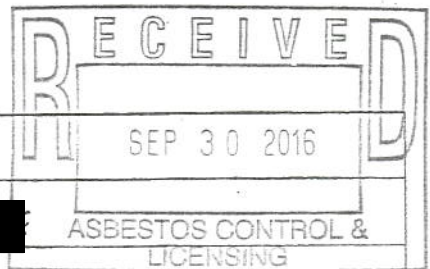
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/27/16		Name of Building Owner/Operator (2) Justin & Gina Kendra							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Beach Haven NJ 08008							
		Name of Contact Justin	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Justin & Gina Kendra		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 1000+	# of Floors 2						
City (5) North Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/10/16	Scheduled Completion Date (11) 9/14/16	Name of OSHA Monitor Same							
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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	2200 SF	X			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/14/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 9/27/16	

CK 3752

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



Date of Notification (1) <b>9-26-16</b>		Name of Building Owner/Operator (2) <b>MR. DUNCAN</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]					
		City, State, Zip Code <b>BERGENFIELD, NJ 07621</b>					
		Name of Contact <b>MR. DUNCAN</b>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MR. DUNCAN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) <b>BERGENFIELD</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>				
County (6) <b>BERGEN</b>		Bldg. Age <b>93 yrs</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address		Street Address <b>450 South River St</b>					
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>				
Start Date (10) <b>10-7-16</b>	Scheduled Completion Date (11) <b>10-8-16</b>	Name of OSHA Monitor <b>Omega Environmental</b>					
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: <b>8AM 5PM</b>		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>BASEMENT</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>45 LF</b>	<b>X</b>	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1240</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10-8-16</b>		City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>R. VELDRAN</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>		Date <b>9-26-16</b>			



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VMC COMPANY INC

**RECEIVED**  
 PAGE 02/04  
 Print Form  
 SEP 30 2016  
 ASBESTOS CONTROL & LICENSING

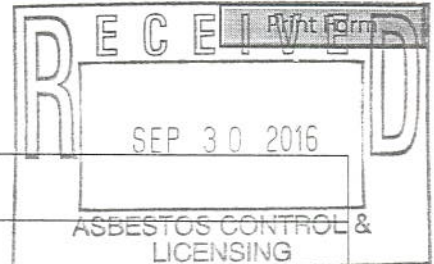
Ch4697

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

Date of Notification (1) 09/23/2016		Name of Building Owner/Operator (2) Fairleigh Dickinson University							
Agencies Notified	Type Notification	Street Address 1000 River Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07601							
		Name of Contact Craig Gorczyca							
Name of Facility Where Abatement is Taking Place (3) Giovalto Library									
Street Address 1000 River Road		Type of Facility (4)							
City (5) Teaneck		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Library						
Name of Monitoring Firm Hired by Building Owner (8) EDI		ASCM No. 0095	Name of Abatement Contractor (9) VMC Company Inc						
Street Address 5434 King Avenue		Street Address 208 Plaget Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-306-4545	Telephone No. 973-253-8828						
Start Date (10) 09/27/2016		Scheduled Completion Date (11) 09/29/2016	License No. 00704						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor VMC Company Inc							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Exterior work, occupied building		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"/> ≥150 sf or ≥250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior			X	Window caulk	300 LF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President		Signature V. Roszkowski		Date 09/23/2016			

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

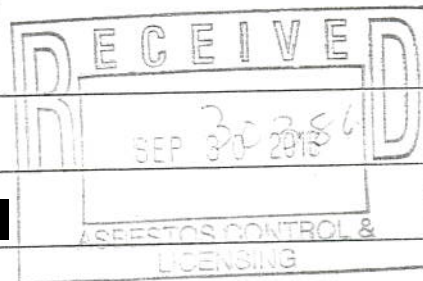


Date of Notification (1) 09/26/2016		Name of Building Owner/Operator (2) Jessica Lane							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" 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 Fair Lawn, NJ 07410							
		Name of Contact Jessica Lane	Telephone Number						
<b>FACILITY INFORMATION</b>									
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]		Square Feet N/A	# of Floors N/A						
City (5) Fair Lawne		Bldg. Age N/A							
County (6) Bergen	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. 973-345-8685	License No. 01311						
Start Date (10) 10/06/2016	Scheduled Completion Date (11) 10/07/2016	Name of OSHA Monitor D&S Abatement, 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 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	95 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 Tullytown, PA					
Completed by Ned Joksimovic		Title PM	Signature 			Date 09/26/2016			



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

Ch 30386



Date of Notification (1) September 27, 2016		Name of Building Owner/Operator (2) Dennis Suszkowski	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL  [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Freehold, NJ 07728	
		Name of Contact Dennis Suszkowski	Telephone Number _____

**FACILITY INFORMATION**

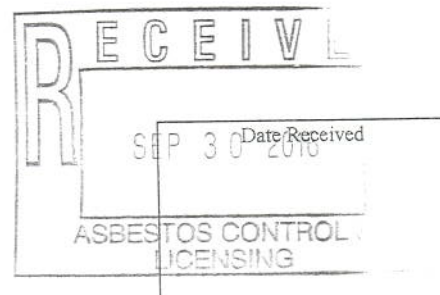
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]					
City Freehold	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 2	Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 9/28/16		Scheduled Completion Date (11) 9/29/16			
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [ x ] >3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf			[ ] Full Containment with Negative Pressure [ x ] 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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	E	E			N	M	P	C
Basement		X		Asbestos pipe insulation	6 lf	X			
Basement		X		Asbestos boiler insulation	30 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/30/11/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/27/2016

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

GUARDIAN CONTRACTING, INC.  
1889 ROUTE 9  
SUITE 61  
TOMS RIVER, NEW JERSEY 08755

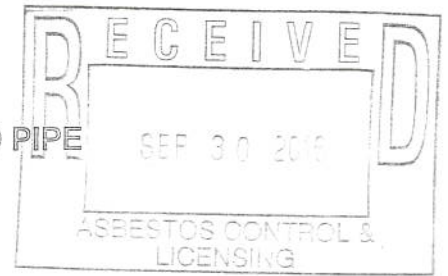


## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No): Y			
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Dennis Suszkowski					
Address: [REDACTED]					
City: Freehold		State: New Jersey		Zip: 07728	
Contact: Dennis Suszkowski		Tel: 732-598-3131			
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola		Tel: 732-349-9932			
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:		Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): R					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 105 West Main Street					
City: Freehold		State: New Jersey		County: Monmouth	
Site Location: Basement					
Building Size: 2000 sf		# of Floors: 2		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed				Nonfriable Asbestos Material Not To Be Removed	
2. Category I ACM not removed				Cat I Cat II	
3. Category II ACM not removed					
Pipes (Linear feet): 6 lf & 30 lf		Asbestos pipe/boiler insulation		Basement	
Surface Area (Square feet):					
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/28/16 Complete: 9/29/16					



## "WRAP AND CUT" REMOVAL PROCEDURES FOR INSULATED PIPE



### DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

### PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

### DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

AbateTech, Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and "candy-striped" around the pipe system to the best seal possible.

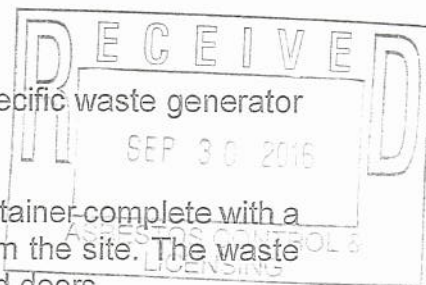
Upon the wetting, wrapping and sealing of thermal system insulation AbateTech, Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, AbateTech, Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

AbateTech, Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by AbateTech, Inc. shall be available at all times at the work site. AbateTech, Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the

prescribed Federal OSHA warning signs and shall include site specific waste generator information.

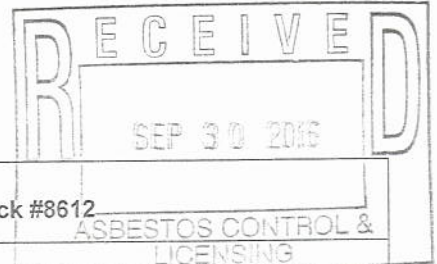


AbateTech, Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors



CH8612

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



Date of Notification (1) 9 / 27 / 16		Name of Building Owner/Operator (2) South Jersey Gas / Job #1609-5068 Check #8612	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza	
		City, State, Zip Code Folsom, NJ	
		Name of Contact Patrick Carr	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Former SJ Gas- Block 387 Lot 1		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 304 Turnpike Road		Square Feet	# of Floors
City (5) Atlantic City, NJ		Bldg. Age	
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former SJ Gas Site	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-839-2432	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 10 / 10 / 16	Scheduled Completion Date (11) 10 / 28 / 16	Name of OSHA Monitor EMSL Analytical	
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: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

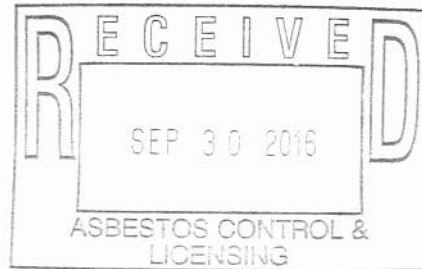
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please see attached highlighted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see attached highlighted	See attached	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill A.C.U.A. Landfill	
City, State Lumberton, NJ		Disposal Date 10/28/16	City, State Atlantic City, NJ		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 9/27/16		

# SECTION 3.0 ASBESTOS INVENTORY

Former South Jersey Gas Florida Avenue MGP Site

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
<b>Block 387, Lot #9 &amp; #10</b>		
Lot #9, Garage #1	Transite Panels	30 square feet (SF)
Exterior	Black Mastic A/W Gray Wall Caulk	4 linear feet (LF)
Exterior	Black Roofing Flashing	30 LF
Exterior	Black Roofing	480 SF
Lot #9, Garages 2-5	Black Mastic on Stored Roofing Shingles	50 SF
<b>Block 387, Lot #5 and #6</b>		
Exterior - Island Ave. Side	Transite Shingles	1200 SF
4 <sup>th</sup> Garage	Black Mastic on Roof Shingles	40 SF
1 <sup>st</sup> Floor - Garage Area	Black Tar on Window	20 SF
1 <sup>st</sup> Floor - Garage Area	Black Window Caulk	8 LF
1 <sup>st</sup> Floor - Garage Area and Shop	Transite Pipe Exhaust	23 LF
1 <sup>st</sup> Floor - Shop (on Floor - Middle Area)	Black Roofing Paper	120 SF
1 <sup>st</sup> Floor - Shop (covered in Fiberglass)	Compressed Paper Pipe Insulation	80 LF
1 <sup>st</sup> Floor - Shop (North end)	Black Flashing	60 SF



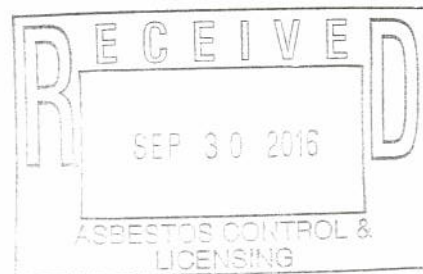


### SECTION 3.0 ASBESTOS INVENTORY

Former South Jersey Gas Florida Avenue MGP Site

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
Block 387, Lot #5 and #6		
2 <sup>nd</sup> Floor	Drywall Material	930 SF
Roof	Black Flashing Material	300 LF
Exterior	Black Tar on Window	20 SF
Exterior	Black Window Caulk	8 LF
1 <sup>st</sup> Floor – Shop	Gray Window Glaze	32 SF
Exterior	Black Tar on Concrete	40 SF

- Quantities are approximated and to be used for budget purposes only.

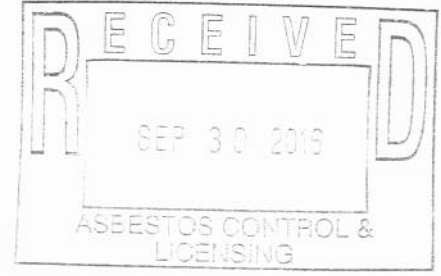


# SECTION 3.0 ASBESTOS INVENTORY

Former South Jersey Gas Florida Avenue MGP Site

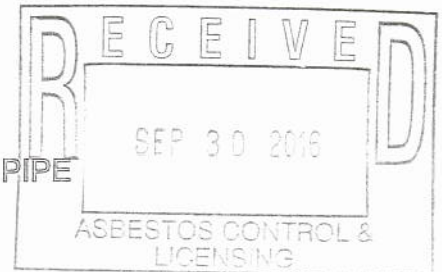
<u>Location</u>	<u>Material</u>	<u>Quantity</u>
Block 387, Lot #1 304 Turnpike Rd.		
Office Corridor	Dark Brown with Light Brown Streaks 12" x 12" Floor Tile/Mastic	350 square feet (SF)
Offices	Light Brown with White Streaks 12" x 12" Floor Tile/Mastic	2,584 SF
Offices	Transite Window Sills	40 SF
Exterior	Black Roof Flashing	400 linear feet (LF)
Throughout	Fire Doors	5 EA

- Quantities are approximated and to be used for budget purposes only.





## "WRAP AND CUT" REMOVAL PROCEDURES FOR INSULATED PIPE



### DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

### PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

### DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

AbateTech, Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and "candy-striped" around the pipe system to the best seal possible.

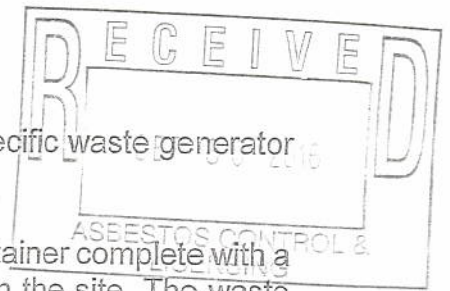
Upon the wetting, wrapping and sealing of thermal system insulation AbateTech, Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

Where no spatial openings are present, AbateTech, Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

AbateTech, Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by AbateTech, Inc. shall be available at all times at the work site. AbateTech, Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the

prescribed Federal OSHA warning signs and shall include site specific waste generator information.

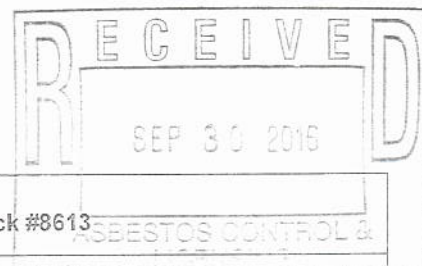


AbateTech, Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors



CK 8613

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

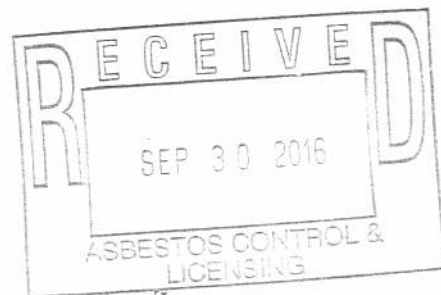


Date of Notification (1) <div style="text-align: center;">9 / 27 / 16</div>		Name of Building Owner/Operator (2) <b>South Jersey Gas / Job #1609-5068 Check #8613</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 South Jersey Plaza</b> City, State, Zip Code <b>Folsom, NJ</b> Name of Contact <b>Patrick Carr</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former SJ Gas- Block 387 Lot 5 &amp; 6</b>		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 <b>300/302 Turnpike Road</b>		Square Feet	# of Floors						
City (5) <b>Atlantic City, NJ</b>		Bldg. Age							
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Former SJ Gas Site</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>609-839-2432</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">10 / 10 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 28 / 16</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
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: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Please see attached highlighted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see attached highlighted	See attached	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>A.C.U.A. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>10/28/16</b>		City, State <b>Atlantic City, NJ</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>Gmt</i>			Date <b>9/27/16</b>		

# SECTION 3.0 ASBESTOS INVENTORY

Former South Jersey Gas Florida Avenue MGP Site

Location	Material	Quantity
Block 387, Lot #9 & #10		
Lot #9, Garage #1	Transite Panels	30 square feet (SF)
Exterior	Black Mastic A/W Gray Wall Caulk	4 linear feet (LF)
Exterior	Black Roofing Flashing	30 LF
Exterior	Black Roofing	480 SF
Lot #9, Garages 2-5	Black Mastic on Stored Roofing Shingles	50 SF
Block 387, Lot #5 and #6	Yellow Mastic on Roof Shingles	1200 SF
Exterior - Island Ave. Side	Black Mastic on Roof Shingles	40 SF
4 <sup>th</sup> Garage	Black Tar on Window	20 SF
1 <sup>st</sup> Floor - Garage Area	Black Window Caulk	8 LF
1 <sup>st</sup> Floor - Garage Area	Transite Pipe Exhaust	23 LF
1 <sup>st</sup> Floor - Garage Area and Shop	Black Roofing Paper	120 SF
1 <sup>st</sup> Floor - Shop (on Floor - Middle Area)	Compressed Paper Pipe Insulation	80 LF
1 <sup>st</sup> Floor - Shop (covered in Fiberglass)	Black Flashing	60 SF
1 <sup>st</sup> Floor - Shop (North end)		

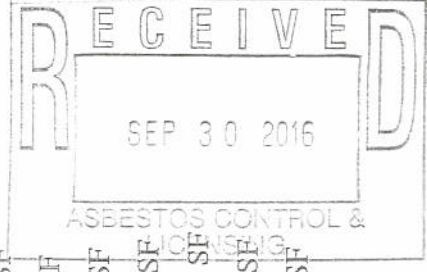




# SECTION 3.0 ASBESTOS INVENTORY

Former South Jersey Gas Florida Avenue MGP Site

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
<b>Block 387, Lot #5 and #6</b>		
1 <sup>st</sup> Floor – Shop	Black Window Glaze	80 SF
1 <sup>st</sup> Floor – Shop	Brown Flooring	30 SF
1 <sup>st</sup> Floor – Shop (At Acid Storage)	White Board Insulation	6 SF
1 <sup>st</sup> Floor – Shop	Drywall Material	360 SF
1 <sup>st</sup> Floor – Shop (NW Side)	White Paper Under Metal Ceiling	36 SF
1 <sup>st</sup> Floor – Shop (Stored on West Side)	Transite Panels	96 SF
1 <sup>st</sup> Floor – Storage	Drywall Material	150 SF
1 <sup>st</sup> Floor – Storage	Compressed Paper Pipe Insulation	38 LF
1 <sup>st</sup> Floor – Storage	Black Roofing Debris	20 SF
1 <sup>st</sup> Floor – Storage (Gas Meter Room)	Transite Pipe	3 LF
1 <sup>st</sup> Floor – Storage	Air Cell Pipe Insulation	5 LF
1 <sup>st</sup> Floor – Storage	Corrugated Transite Ceiling Material	20 SF
1 <sup>st</sup> Floor – Storage	Off-White Chimney Packing	2 SF
1 <sup>st</sup> Floor – Storage (by stairs to 2 <sup>nd</sup> Floor)	Decorative Transite Wall Panels	20 SF
Stairs to 2 <sup>nd</sup> Floor	Drywall Material	550 SF
2 <sup>nd</sup> Floor	Brown Floor Material	3040 SF
2 <sup>nd</sup> Floor (Payroll)	Brown Decorative Linoleum	512 SF
2 <sup>nd</sup> Floor (Electrical Closet)	Black Flooring Material	60 SF

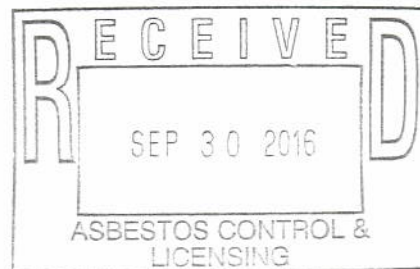


# SECTION 3.0 ASBESTOS INVENTORY

Former South Jersey Gas Florida Avenue MGP Site

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
<b>Block 387, Lot #5 and #6</b>		
2 <sup>nd</sup> Floor	Drywall Material	930 SF
Roof	Black Flashing Material	300 LF
Exterior	Black Tar on Window	20 SF
Exterior	Black Window Caulk	8 LF
1 <sup>st</sup> Floor – Shop	Gray Window Glaze	32 SF
Exterior	Black Tar on Concrete	40 SF

- Quantities are approximated and to be used for budget purposes only.



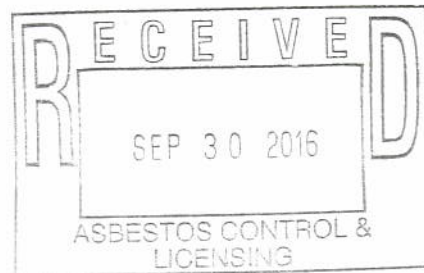


# SECTION 3.0 ASBESTOS INVENTORY

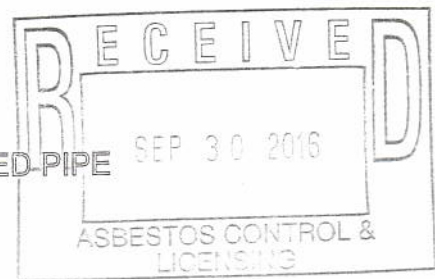
Former South Jersey Gas Florida Avenue MGP Site

<u>Location</u>	<u>Material</u>	<u>Quantity</u>
Block 387, Lot #1		
Office Corridor	Dark Brown with Light Brown Streaks 12" x 12" Floor Tile/Mastic	350 square feet (SF)
Offices	Light Brown with White Streaks 12" x 12" Floor Tile/Mastic	2,584 SF
Offices	Transite Window Sills	40 SF
Exterior	Black Roof Flashing	400 linear feet (LF)
Throughout	Fire Doors	5 EA

- Quantities are approximated and to be used for budget purposes only.



## "WRAP AND CUT" REMOVAL PROCEDURES FOR INSULATED PIPE



### DESCRIPTION OF THE WORK

This Section describes the procedures to remove asbestos containing insulating materials utilizing "wrap and cut" methods.

### PRODUCTS

- Amended Water
- Wettable/Adhesive Lagging Cloth
- Encapsulant (if specified in Section "Scope of Work")
- Disposal Bags
- Six mil polyethylene sheeting
- HEPA vacuum
- Duct Tape
- "Saw-zall"

### DESCRIPTION OF THE WORK

All work shall be conducted in strict accordance with applicable federal, state and local regulations and shall be coordinated through the Owner's representative.

AbateTech, Inc. shall adequately wet all ACM with amended water and wrap all exposed thermal system insulation with two individual layers of 6-mil polyethylene sheeting. Each layer shall be sealed with high grade duct tape, and "candy-striped" around the pipe system to the best seal possible.

Upon the wetting, wrapping and sealing of thermal system insulation AbateTech, Inc. shall cut the pipe in existing spatial openings into sections no greater than ten (10) linear feet. These wetted, wrapped and sealed sections shall be properly labeled and disposed of as asbestos waste.

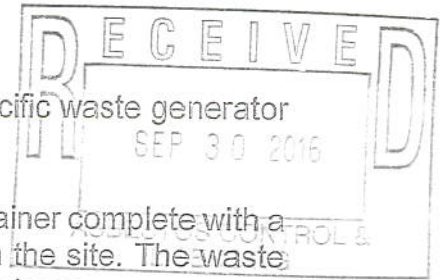
Where no spatial openings are present, AbateTech, Inc. shall perform glove bag abatement to remove approximately six (6) inches of ACM thermal system insulation to facilitate the cutting of the pipe as described.

AbateTech, Inc. shall remove all asbestos containing materials from the work site in double 6-mil polyethylene waste bags or impermeable packages. All asbestos materials shall be adequately wet with amended water using a fine low pressure sprayer or other wetting mechanism. The surfactant used by AbateTech, Inc. shall be available at all times at the work site. AbateTech, Inc. shall assure that all asbestos waste materials are sufficiently saturated with amended water to prevent fiber emission and/or visible emissions.

All asbestos waste bags, pipe sections and other waste packages shall be labeled with the

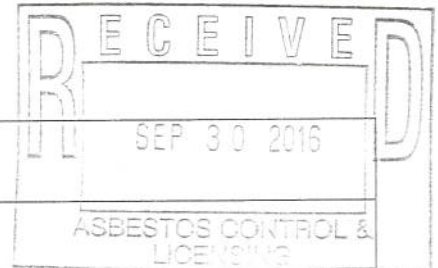


prescribed Federal OSHA warning signs and shall include site specific waste generator information.



AbateTech, Inc. shall provide a fully enclosed, watertight waste container complete with a locking device for storage of all contaminated waste removed from the site. The waste container shall have asbestos warning signs affixed to all sides and doors

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



Date of Notification (1) 9 / 28 / 16		Name of Building Owner/Operator (2) PSE&G / Job # 1609-5061 Check # 8615							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road							
		City, State, Zip Code South Plainfield, NJ							
		Name of Contact Greg Marone	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G Control 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 and commercial buildings, homes, etc.)							
Street Address 1133 Springfield Rd.		Square Feet	# of Floors						
City (5) Union, NJ 07083		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO BOX 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	License No. 00529						
Start Date (10) 10 / 10 / 16	Scheduled Completion Date (11) 10 / 12 / 16	Name of OSHA Monitor EMSL Analytical							
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: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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) 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			
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stucco	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Camden, NJ		Disposal Date 10/12/16		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9/28/16		



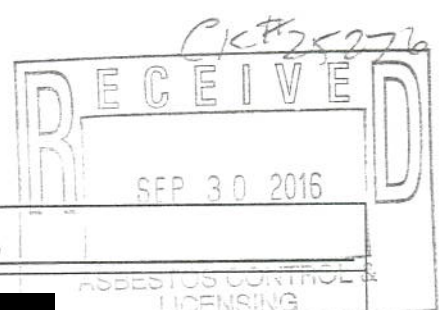
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>9</u> / <u>28</u> / <u>16</u>		Name of Building Owner/Operator (2) JC Penney Corporation / Job #1609-5069 Check # <u>8671</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive MS 2108 City, State, Zip Code Plano, Texas 75024 Name of Contact Timothy Parks Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JC Penney- Woodbridge Center Store #1983		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 428 Woodbridge Center Drive		Square Feet	# of Floors						
City (5) Woodbridge, NJ 07095		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Department Store							
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1600 Route 22 East, Suite #107		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Thomas Rubino	Telephone No. 908-688-7800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>10</u> / <u>10</u> / <u>16</u>	Scheduled Completion Date (11) <u>10</u> / <u>14</u> / <u>16</u>	Name of OSHA Monitor EMSL Analytical							
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/9:30PM-6AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Upper Level Portrait Studio, East Side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Carpet Padding Mastic	640 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Level Portrait Studio, West Side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Carpet Padding Mastic	310 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 10/14/16	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9/28/16			

CK 25276

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

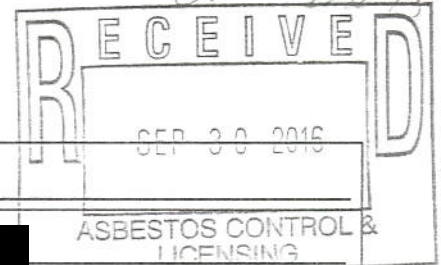


Date of Notification (1) <u>9/29/16</u>		Name of Building Owner/Operator (2) <u>Azevedo</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>
	City, State, Zip Code <u>Hillside, NJ 07205</u>		Name of Contact <u>Damiao Azevedo</u>
Telephone Number _____			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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 <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>		Square Feet <u>1500</u>	
City (5) <u>Hillside, NJ</u>		# of Floors <u>2</u>	Bldg. Age <u>75+/-</u>
County (6) <u>Union</u>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>10/10/16</u>	Scheduled Completion Date (11) <u>10/20/16</u>		Name of OSHA Monitor <u>MECS</u>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Boiler Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/20/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/29/16</u>



CH 25275

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



Date of Notification (1) <u>9/29/16</u>		Name of Building Owner/Operator (2) <u>Merritt</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>	
		City, State, Zip Code <u>Princeton, NJ 08542</u>	
		Name of Contact <u>Jenn Dionne - Callaway Realtors</u>	Telephone Number _____

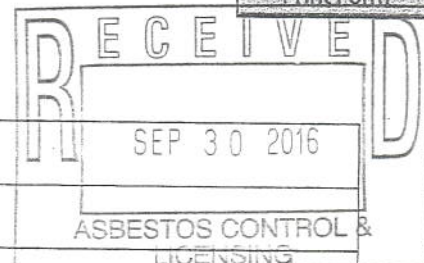
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>			
City (5) <u>Princeton, NJ 08542</u>		Square Feet <u>6000</u>	# of Floors <u>2</u>
		Bldg. Age <u>85+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>10/10/16</u>	Scheduled Completion Date (11) <u>10/17/16</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>15 lf</u>	<input checked="" type="checkbox"/>			
<u>Attic</u>		<input checked="" type="checkbox"/>		<u>Duct Insulation</u>	<u>12 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/17/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/29/16</u>

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



Date of Notification (1) 9/28/2016		Name of Building Owner/Operator (2) Englewood Hospital							
Agencies Notified	Type Notification	Street Address 358 Engle Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Englewood, NJ. 07631							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact harry Hahn	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Englewood Hospital		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 350 Engle Street		Square Feet 20,000	# of Floors 6						
City (5) Englewood, New Jersey 07631		Bldg. Age +60							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental		ASCM No. 0023	Name of Abatement Contractor (9) M.A.B. Renovation Group., Corp.						
Street Address 1600 Route 22 East		Street Address 207 West 102nd Street # 5D							
City, State, Zip Code Union New Jersey 07083		City, State, Zip Code New York, New York 10025							
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-688-7800	Telephone No. 917-715-5424						
Start Date (10) 10/07/2016		Scheduled Completion Date (11) 12/07/2016	License No. 01277						
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: _____		Name of OSHA Monitor N/A							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address  City, State, Zip Code							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
3rd Floor Corridor			x	Floor Tile and Mastic	1000	x			
Name of Registered Waste Hauler Four Aces Trucking, LLC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Tullytown RRF					
City, State 36 Wickatunk Road Manalapan, NJ. 07726			Disposal Date	City, State 200 Bordentown Rd., PA.					
Completed by Pedro Patrie		Title President	Signature 			Date 09-27/2016			