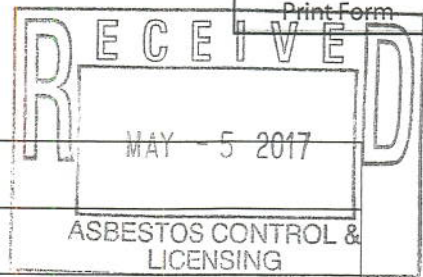
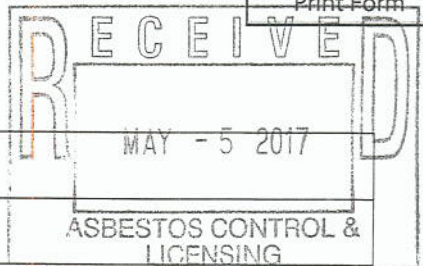


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/28/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Elizabeth, NJ 07201							
		Name of Contact Mustapha Akinkunmi	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) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500	# of Floors 2						
City (5) Elizabeth, NJ 07201		Bldg. Age 70+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 5/16/2017	Scheduled Completion Date (11) 5/19/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe wrap	150 lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>			Date 4/28/2017			

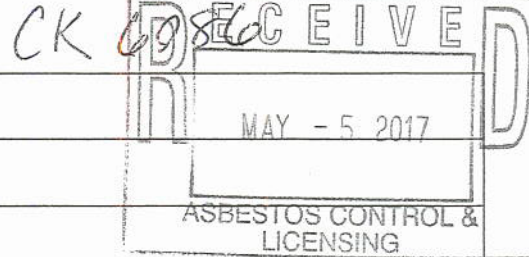
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/28/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Elizabeth, NJ 07201							
		Name of Contact Mustapha Akinkunmi							
		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) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500	# of Floors 2						
City (5) Elizabeth, NJ 07201		Bldg. Age 70+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCN No. _____							
		Name of Abatement Contractor (9) Brinks Tank Services							
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 5/16/2017	Scheduled Completion Date (11) 5/19/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe wrap	150 lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alamers</i>			Date 4/28/2017			

Emergency CK 1001

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

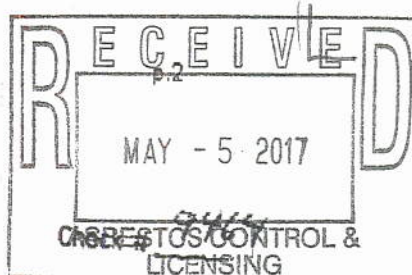


Date of Notification (1) 5/2/17		Name of Building Owner/Operator (2) Chris Haines Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Chris	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chris Haines Private Home		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Manahawkin NJ 08050		Square Feet 1000+	# of Floors 1 Bldg. Age 35+						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 00727						
Start Date (10) 5/3/17	Scheduled Completion Date (11) 5/4/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address + _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
kitchen living room bedrooms			x	floor tile	600 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 5/4/17	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/2/17			

May 02 17 05:36a

A. MAC Contracting, Inc.

2012620321



DOL - 10 DAY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:83 and 12:12b)

CR4404

Date of Notification (1) 5/2/17

Agencies Notified (2) WAIVER APPROVED

☒ EPA ☐ DOL ☒ DOH ☐ DCA

☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation

Name of Building Owner/Operator (3) SHELBOURNE HEALTHCARE DEVELOPMENT GROUP LLC

Street Address 575 E. LANCASTER AVE, SUITE 300

City, State, Zip Code RAOUL, PA 19087

Name of Contact JACK SNYDER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SHELBOURNE HEALTHCARE

Street Address 237 + 239 WYCKOFF AVE

City (5) WALOWICK

County (6) BERGEN

County Code (7) (STATE USE ONLY) _____

Type of Facility (4)

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

Square Feet 3200 # of Floors 2 Bldg. Age 62

Current Use (Prior if being demolished) RCS

Name of Monitoring Firm Hired by Building Owner (8) _____

ASCM No. _____

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address 185 Vreeland Ave.

City, State, Zip Code Midland Park, N.J.

Telephone No. 201-262-5841 License No. 00156

Start Date (10) 5/2/17 Scheduled Completion Date (11) 5/30/17

Occupancy Status During Abatement (Check Only One)

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

Street Address 280 Huyler Street

City, State, Zip Code Hackensack, N.J. 07608

Scope of Work (Check All That Apply)

☐ 23 sf or 23 lf ☒ 2100 sf or 2280 lf

☐ Renovation ☒ Demolition

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

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

Name of Registered Waste Hauler Newark Carting, Inc.

NJOEP Waste Hauler ID No. 04509

Cubic Yards of Waste 12

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Newark, N.J. 07105

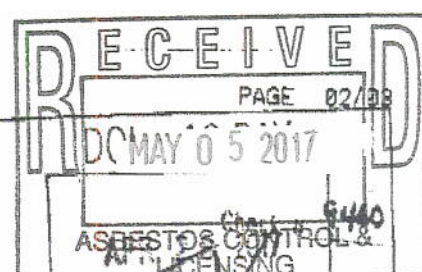
Disposal Date 5/2/17

City, State Pen Argyl, PA 08072

Completed by R. McDonald Title President Signature R. McDonald Date 5/2/17

04/29/2017 14:09 2012620321

AMAC



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

ASBESTOS CONTROL &
 AIR LICENSING

CH94600

Date of Notification (1) 4 / 28 / 17

Name of Building Owner/Operator (2) 287 HUTCHINSON

Street Address [REDACTED]

City, State, Zip Code ENGLEWOOD, N.J. 07631

Name of Contact NICOLE LOWE

Telephone Number [REDACTED]

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

Type Notification
☐ Initial
☐ Amended
☒ Amendment # [REDACTED]
☒ Emergency (including justification)
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL

Street Address [REDACTED]

City (5) ENGLEWOOD

County (6) BERGEN

County Code (7) (STATE USE ONLY)

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

Square Feet [REDACTED] # of Floors [REDACTED] Bldg Age [REDACTED]

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.

Street Address [REDACTED]

City, State, Zip Code [REDACTED]

Name of Abatement Contractor (9) AMAC Contracting Int.

Street Address 185 Vreeland Ave

City, State, Zip Code Midland Park, NJ 07432

Project Manager for Monitoring Firm [REDACTED] Telephone No. [REDACTED]

Telephone No. 201-262-8341 License No. 00168

Start Date (10) 4 / 29 / 17 Scheduled Completion Date (11) 5 / 10 / 17

Name of OSHA Monitor Omega Environmental Services

Street Address 280 Huyler St

City, State, Zip Code Hackensack, NJ 07606

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM

Scope of Work (Check all that apply)
☐ < 3 sf or < 23 ft
☒ > 100 sf or > 280 ft
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible 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 LP)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<u>Basement</u>	☐	☐	☐	<u>VAT</u>	<u>207 SF</u>	☒	☐	☐	☐
<u>1st Floor</u>	☐	☐	☐	<u>VAT</u>	<u>12 SF</u>	☒	☐	☐	☐
<u>2nd Floor</u>	☐	☐	☐	<u>VAT</u>	<u>150 SF</u>	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Newark Carting

NJDEP Waste Hauler ID No. 04500

City, State Newark, NJ

Cubic Yards of Waste 3

Name of Registered Landfill IESI PA Bethlehem Landfill Corp

City, State Bethlehem, PA

Disposal Date 4/28/17

Completed By (Print or Type) Joseph Vaccaro Title Vice President

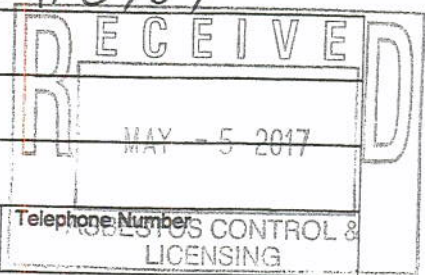
Signature J. Vaccaro Date 4/28/17

ASB-4
 JAN 13

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

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

CK# 0984



Date of Notification (1) 5/2/17		Name of Building Owner/Operator (2) City of Garfield	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation		Street Address 111 Outwater Ln
			City, State, Zip Code Garfield, NJ 07026
			Name of Contact
			Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Garfield Public Library		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 500 Midland Ave		Square Feet 10,000	# of Floors 2
City (5) Garfield		Bldg. Age 50+	
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) Environvision Consultants		ASCM No.	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address 21 Wagaw Rd		Street Address 360 Palisade Ave	
City, State, Zip Code Fair Lawn, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973-636-9145	Telephone No. 973-460-6026
License No. 01255			
Start Date (10) 5/5/17	Scheduled Completion Date (11) 5/9/17	Name of OSHA Monitor Harmony Contracting Inc	
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check All That Apply)			
☒ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☒ Renovation ☐ Demolition	☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement		x	Pipe Insulation
Basement Storage Room	x		VAT
2nd Floor Loft		x	VAT
Amount (Specify SF or LF)		Abatement Type	
		Removal	Repair
		Encapsulate	Enclosure
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD
City, State Garfield, NJ		Name of Registered Landfill GROWS Landfill	
Disposal Date TBD		City, State Morrisville, PA	
Completed by Kristina Caporino		Title Secretary	Signature <i>Kristina Caporino</i>
		Date 5/2/17	

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

RECEIVED
MAY - 5 2017

Date of Notification (1) 5 / 1 / 17		Name of Building Owner/Operator (2) Sterling High School District	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 501 South Warwick Road	
		City, State, Zip Code Somerdale, NJ 08083	
		Name of Contact Gregg D'Ippolito	Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sterling High School		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 801 Preston Avenue			
City (5) Somerdale	Square Feet 50,000	# of Floors 2	Bldg. Age 80
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		ASCM No.	
Name of Abatement Contractor (9) Shade Environmental, LLC			
Street Address 5434 King Avenue, Suite 101		Street Address 623 Cutler Avenue	
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 888-306-4545	License No. 00842
Start Date (10) 05 / 12 / 17	Scheduled Completion Date (11) 05 / 13 / 17	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

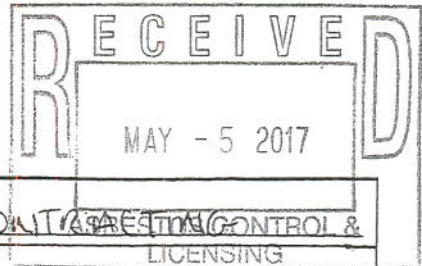
☒ ≥3 sf or ≥3 lf	☒ Renovation	☐ Full Containment with Negative Pressure
☐ ≥160 sf or ≥260 lf	☐ Demolition	☐ Mini-Enclosure
		☐ Glovebag Procedure
		☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
Gymnasium	☐	☒	☐	Vibration Collars (Wrap & Cut)	48 LF	☒	☐	☐	☐
Gymnasium	☐	☒	☐	Elbows/Fittings (Wrap & Cut)	32 LF	☒	☐	☐	☐
Cafeteria Hallway	☐	☒	☐	Elbows/Fittings (Wrap & Cut)	16 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill	
City, State Freehold, NJ		Disposal Date 05/13/2017		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 5/1/17	

CK4231

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



Date of Notification (1) 5-1-17		Name of Building Owner/Operator (2) EARTHTECH CONTAMINATION CONTROL & LICENSING	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 155 RT 50	
		City, State, Zip Code GREENFIELD N.J. 08230	
		Name of Contact BRUCE	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) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) OCEAN CITY		Square Feet 2000	# of Floors 2
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEMCO INC
Street Address		Street Address 369 S SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444
Start Date (10) 5-10-17	Scheduled Completion Date (11) 5-17-17	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition	
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING			TRANSITE
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste
City, State MAPLE SHADE N.J.		Disposal Date	Name of Registered Landfill C.M.C.M.U.A
City, State WOODBINE			
Completed By MICHAEL KLOMA	Title SUP.	Signature <i>[Signature]</i>	Date 5-1-17

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

Date of Notification (1) 5/2/2017		Name of Building Owner/Operator (2) Susan Petras		RECEIVED MAY - 5 2017 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address [REDACTED]		
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial Notification ☐ Amended Notification ☐ EMERGENCY ☐ Cancellation	City, State, Zip Code Avenel, NJ, 07001		
		Name of Contact Susan Petras	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Susan Petras			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age 1700 2 75		
City (5) Avenel	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number		Telephone Number	License Number
	N/A		(973) 744-8800	00371
Scheduled Start Date (10) 05 12 2017 Month Day Year	Sched. Completion Date (11) 05 15 2017 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» ☐ Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

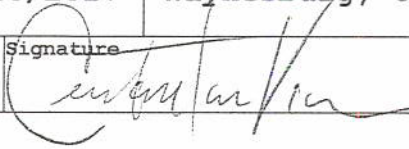
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	140 LF	X			

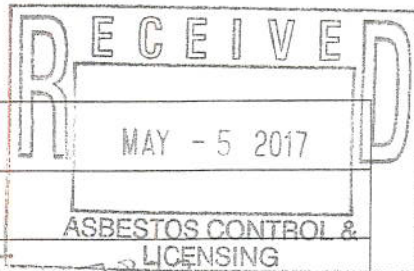
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 05/16/2017	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 5/2/2017		

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



Date of Notification (1) 5-2-2017		Name of Building Owner/Operator (2) Team Rhodi, LLC							
Agencies Notified	Type Notification	Street Address 615 Jersey Avenue							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Gerald Eglentowicz							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 315 Johnston Avenue		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City, NJ 07304		Square Feet 2300	# of Floors 3						
County (6) Hudson		Bldg. Age 127+							
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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-333-8855	01174						
Start Date (10) 5-12-2017	Scheduled Completion Date (11) 5-13-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☐ Renovation ☒ ≥160 sf or ≥260 lf ☒ Demolition									
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing material	1850 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 10	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ		Disposal Date 5-13-2017		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 5-2-2017			

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



Date of Notification (1) 5/1/17		Name of Building Owner/Operator (2) Joseph Cacicedo							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification ☐ Initial ☐ Amended ☐ Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address [REDACTED] City, State, Zip Code Berkeley Heights, NJ 07922 Name of Contact Eric Plackis Telephone Number _____						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2211	# of Floors 2						
City (5) Berkeley Heights		Bldg. Age 70							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. _____	Name of Abatement Contractor (9) Brick Industries Inc.						
Street Address [REDACTED]		Street Address P.O. Box 915							
City, State, Zip Code _____		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. (732)899-7499						
Start Date (10) 5/1/17		Scheduled Completion Date (11) 5/8/17	License No. 01196						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor _____							
Street Address _____		City, State, Zip Code _____							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 200 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				Asbestos floor tile	200 SF	☒			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 5/8/17	City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]			Date 5/1/17			

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

check # 11205

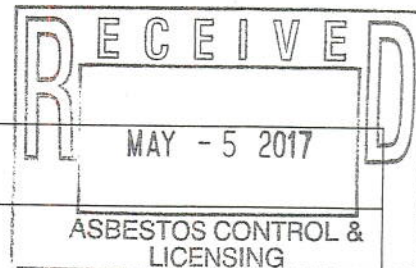
Date of Notification (1) 5 / 4 / 17		Name of Building Owner/Operator (2) City of Camden		RECEIVED MAY - 5 2017	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	Street Address PO Box 95120			
City, State, Zip Code Camden, NJ 08101					
		Name of Contact James Rizzo		Telephone Number _____	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 1175 1177 1179 MECHANIC STREET STRUCTURES			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 1175 1177 1179 MECHANIC STREET STRUCTURES					
City (5) Camden			Square Feet varies	# of Floors varies	Bldg. Age 50+
County (6) CAMDEN		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems		
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60			
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 215 542 7000	License No. 00847	
Start Date (10) 5 / 5 / 17		Scheduled Completion Date (11) 6 / 31 / 17		Name of OSHA Monitor CES	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM / ____PM-____AM			Street Address 1121 N Bethlehem Pike -Suite 60		
			City, State, Zip Code Spring House, PA 19477		
Scope of Work (Check all that apply)					
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Notice of Hazard	☐	☐	☒	See Attached Notice of Hazard	200 YD per res	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS	
City, State Fairless Hills, PA		Disposal Date 631/17	City, State Tullytown PA		
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 5/4/2017		

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



Date of Notification (1) 05 / 04 / 17		Name of Building Owner/Operator (2) Bank of America							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 655 Third Avenue 12th Floor							
		City, State, Zip Code New York, NY 10017							
		Name of Contact Dino Nappi	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 73 Main Street									
City (5) New Egypt		Square Feet 10,000	# of Floors 1						
		Bldg. Age 30							
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 413 N. Blackhorse Pike		Street Address 47 Foster Road							
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Horward Zenobie		Telephone No. 855-209-1831	License No. 00774						
Start Date (10) 05 / 13 / 17	Scheduled Completion Date (11) 06 / 30 / 17	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: Saturday and Sunday AM-1:00pm to 9:00 pm PM/8:00 am to 8:00PM- AM		Street Address 10 59 Jackson Avenue							
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code LIC, NY 11101							
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	☐	☒	☐	Floor Tile and Mastic	1,100 SF	☒	☐	☐	☐
	☐	☒	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 05/20/17		City, State Bethlehem, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 			Date 05-04-17		

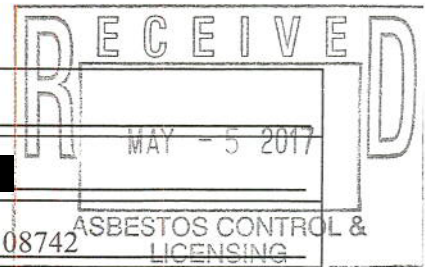
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 2859

Date of Notification (1) 05 / 04 / 17		Name of Building Owner / Operator (2) Mondelez International	
Agencies Notified ☐ EPA ☐ DEP ☒ DOH ☒ DOL		Type of Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency w/ justification ☐ Cancellation	
Street Address 2211 Route 208 North City, State, Zip Code Fairlawn, New Jersey, 07410		Name of Contact JUDITH KEARN	
Telephone Number		MAY - 5 2017	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mondelez International		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 2211 Route 208		Square Feet 1,000,000	
City (5) Fairlawn		# Of Floors 3	
County (6) Bergen		Building Age 40 +	
County Code (7)		Current Use (Prior if being demolished) Bakery/WAREHOUSE	
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	
Sched. Start Date (10) 05 / 27 / 17		Sched. Completion Date (11) 05 / 28 / 17	
Telephone Number 973-884-8682		License Number 00860	
Occupancy Status During Abatement (Check Only 1) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☒ Other - Describe: 7:00 AM-7:00 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
☐ Demolition ☒ Renovation ☐ Full Containment with Negative Pressure			
☒ ≥3sf or ≥3lf ☐ Mini - Enclosure			
☐ ≥160 sf or ≥260 lf ☒ Glovebag Procedure			
☐ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <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)
BAKERY 1ST FLOOR	☐ YES ☒ NO ☐ N/A	PIPE & FITTING	130 LF
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	
Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature 	Date 05/04/17

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

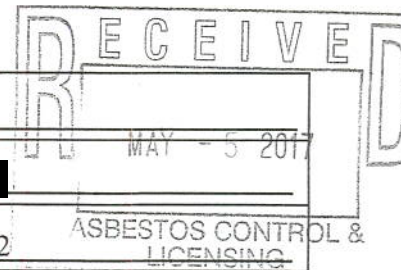
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Date of Notification (1) <u>5/2/17</u>		Name of Building Owner/Operator (2) <u>Capestro</u>	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☐ Initial ☒ Amended Amendment # <u>2</u> ☐ Emergency (including justification) ☐ Cancellation	Street Address <u>[REDACTED]</u>	
		City, State, Zip Code <u>Pt. Pleasant Beach, NJ 08742</u>	
		Name of Contact <u>Steve Gladstone</u>	Telephone Number <u>[REDACTED]</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>[REDACTED]</u>			
City (5) <u>Pt Pleasant, NJ</u>		Square Feet <u>3000</u>	# of Floors <u>2</u>
		Bldg. Age <u>85+/-</u>	
County (6) <u>Ocean</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	Telephone No. <u>(609) 259-9688</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>5/15/17</u>	Scheduled Completion Date (11) <u>5/18/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ 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)			
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☒ Renovation ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement/Crawlspace</u>	☒		<u>Thermal Pipe Insulation</u>
			<u>250 lf</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>3 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/18/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>5/2/17</u>

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

Check # 25489



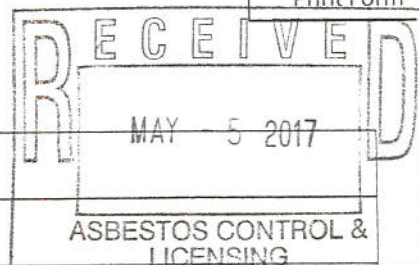
Date of Notification (1) <u>5/4/17</u>		Name of Building Owner/Operator (2) <u>Halliday</u>	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address
	City, State, Zip Code <u>Princeton, NJ 08542</u>		Name of Contact <u>Anne Halliday</u>
	Telephone Number _____		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 		Square Feet # of Floors Bldg. Age <u>2000</u> <u>2</u> <u>70+/-</u>	
City (5) <u>Princeton, NJ</u>		Current Use (Prior if being demolished) _____	
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY) _____	
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>	
Start Date (10) <u>5/15/17</u>		Scheduled Completion Date (11) <u>5/18/17</u>	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>8 am - 4 pm</u>		Name of OSHA Monitor <u>MECS</u>	
Street Address <u>PO Box 341</u>		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
☒ ≥3 sf or ≥3 lf ☒ Renovation ☒ ≥160 sf or ≥260 lf ☐ Demolition			
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Attic Eve</u>		☒	<u>Thermal Duct Insulation</u>
			<u>(Wrap and Cut)</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>1/2 cu</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>Fairless Landfill</u>	
Disposal Date <u>5/18/17</u>		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/4/17</u>

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

VIA U.S. MAIL
RECEIVED
MAY - 5 2017

Date of Notification (1) 5/2/17		Name of Building Owner/Operator (2) APMT BUILDERS, LLC					
Agencies Notified ☒ EPA ☒ DEP ☒ DOL ☒ DOH ☒ DCA		Type Notification ☒ Initial ☒ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation					
Street Address 175 WINDSOR ST		City, State, Zip Code KEARNY N.J. 07032					
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Name of Contact MRS KADIA MARTIN					
Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		Telephone Number					
Square Feet 2000		# of Floors 2					
Bldg. Age 80		Current Use (Prior if being demolished) HOUSE					
City (5) KEARNY N.J. 07032		County Code (7) (STATE USE ONLY)					
County (6)		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.					
Street Address [REDACTED]		Name of Abatement Contractor (9) NOVATECH INC					
City, State, Zip Code [REDACTED]		Street Address P.O. Box 814					
Project Manager for Monitoring Firm		City, State, Zip Code Old Bridge N.J. 08857					
Telephone No.		Telephone No. 732 238-7500					
License No.		License No. 00806					
Start Date (10) 5/11/17		Scheduled Completion Date (11) 6/30/17					
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Name of OSHA Monitor NOVATECH INC					
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure		Street Address P.O. Box 814					
City, State, Zip Code Old Bridge N.J. 08857		City, State, Zip Code Old Bridge N.J. 08857					
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
EXTERIOR			X	SIDING	< 1000 SF	X	
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 10		Name of Registered Landfill GROWS	
City, State Old Bridge N.J. 08857		Disposal Date 7/3/17		City, State MADISON PA		Date 5/2/17	
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]		Date 5/2/17	

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



CK 2236

Date of Notification (1) 5-1-2017		Name of Building Owner/Operator (2) Team Rhodi, LLC							
Agencies Notified	Type Notification	Street Address 615 Jersey Avenue							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Gerald Eglentowicz	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 313 Johnston Avenue		Square Feet 2374	# of Floors 3						
City (5) Jersey City, NJ 07304		Bldg. Age 75+							
County (6) Hudson	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 5-10-2017	Scheduled Completion Date (11) 5-11-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		Roofing material	1550 SF	X			
Name of Registered Waste Hauler Green Environmental Services, llc		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 10	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ			Disposal Date 5-11-2017	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 5-1-2017			

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08825-0369
Telephone: 609-826-4950 Fax: 609-826-4976

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Brown
(signature)
Date: 5/2/17 Time: 11:52 AM
MAY - 5 2017

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

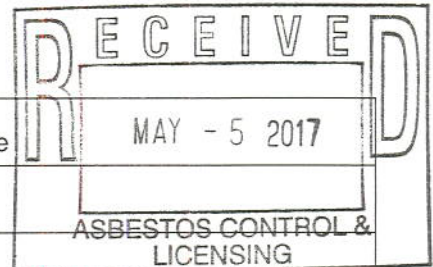
Must be submitted 10 days prior to the beginning of work. Please type or print legibly. ASBESTOS CONTROL & LICENSING

NO CK

NOTIFICATION INFORMATION			
Date of Notification: <u>5 / 2 / 2017</u>			
☒ Initial	☐ Amended	☐ Cancellation	☒ Emergency (must include justification)
Type of Work: ☐ Demolition ☒ Renovation			
BUILDING INFORMATION			
Name of Building Owner/Operator: <u>Sherri Clements</u>			
Street Address: <u>33 General Lane</u>		City: <u>Willingboro</u>	State: <u>NJ</u> Zip: <u>08048</u>
Name of Contact: <u>Renee Garrison - Adams Technical Maint.</u>		Telephone No: _____	
FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place: <u>Clements Residence</u>			
Describe Facility Use: <u>Residence</u>			
Street Address: <u>[REDACTED]</u>		City: <u>Willingboro</u>	State: <u>NJ</u> Zip: <u>08048</u>
County Name: <u>Burlington</u>		County Code (State Use Only): _____	
Scheduled Start Date: <u>5 / 3 / 2017</u>		Scheduled Completion Date: <u>5 / 5 / 2017</u>	
Occupancy Status During Activity (check only one):			
☒ Facility Closed/Vacated During Entire Activity			
☐ Activity Performed Outside Normal Facility Hours—Describe: _____			
☐ Other—Describe: _____			
Scope of Work (check all that apply):			
☒ Floor Tile	Square Footage: <u>748 SF</u>	Percentage Asbestos: <u> </u> %	
☒ Mastic	Square Footage: <u>748 SF</u>	Percentage Asbestos: <u> </u> %	
CONTRACTOR INFORMATION			
Company Name: <u>Shade Environmental, LLC</u>		Telephone No.: <u>856-755-0099</u>	
Street Address: <u>623 Cutler Avenue</u>		City: <u>Maple Shade</u>	State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable): <u>00842</u>			
Monitoring Firm (if applicable): <u>Mgmt. & Enviro. Consulting Services</u>		Telephone No.: <u>609-298-4070</u>	
SIGNATURE			
Completed By (type or print legibly): <u>Christina Lynch</u>		Title: <u>Vice President of Operations</u>	
Signature: <u><i>Christina Lynch</i></u>		Date: <u>May 2, 2017</u>	

CK 6087

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



Date of Notification (1) 5/2/17		Name of Building Owner/Operator (2) Kenneth & Maureen Kinkela Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Ken	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kenneth & Maureen Kinkela Private Home		Type of Facility (4)							
Street Address [REDACTED]		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Manahawkin NJ 08050		Square Feet 1000+	# of Floors 2 Bldg. Age 35+						
County (6) Ocean	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) 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) 5/11/17	Scheduled Completion Date (11) 5/17/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☐ Renovation ☒ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 siding			x	exterior siding	1800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 5/17/17	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 5/2/17			

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31794
ASBESTOS CONTROL &
LICENSING

ASB-41
JAN 13

* Do not use this form for asbestos licensure exempted activities