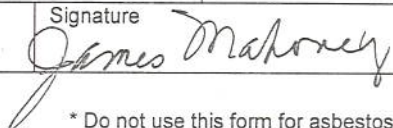


CK 2303

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

RECEIVED

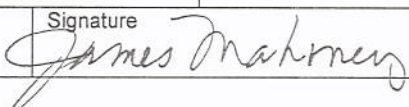
Date of Notification (4/7/15		Name of Building Owner/Operator (2) Essex County Vocational School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address 60 Nelson Place							
		City, State, Zip Code Newark N.J. 07102							
		Name of Contact John Healy		Telephone # _____					
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) United Medical Center Annex Building				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 498-544 West Market St.									
City (5) Newark				Square Feet 72,950	# of Floors 5				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant				
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick			ASCM No. _____	Name of Abatement Contractor (9) Tricon Enterprises Inc					
Street Address 232 Kings Highway East			Street Address 322 Beers St						
City, State, Zip Code Haddonfield, NJ 08033			City, State, Zip Code Keyport N.J. 07735						
Project Manager for Monitoring Firm Marco Carulli			Telephone No. (856)795-9595 Ext.1066	Telephone No. 732-739-1200	License No. 01095				
Start Date (10) 4/ 20/15		Scheduled Completion Date (11) 10/1/15		Name of OSHA Monitor n/a					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached			x			x			
Name of Registered Waste Hauler Hilltop Enterprises, Inc.			NJDEP Waste Hauler ID No 0035966	Cubic Yards of Waste 800	Name of Registered Landfill Minerva Landfill				
City, State West Chester, PA 19380				Disposal Date 11/1/15	City, State Waynesburg, OH 44688				
Completed by James Mahoney			Title Project manager	Signature 			Date 4/7/15		

[illegible]

CK 2303

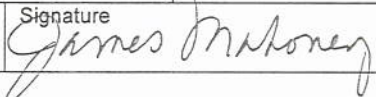
**State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)**

RECEIVED

Date of Notification (4/7/15		Name of Building Owner/Operator (2) Essex County Vocational School			
Agencies Notified X EPA X DOL X DOH DCA	Type Notification X Initial Amended Amendment # Emergency (including justification) Cancellation	Street Address 60 Nelson Place			
		City, State, Zip Code Newark N.J. 07102			
		Name of Contact John Healy		Telephone Number	
FACILITY INFORMATION					
name of Facility Where Abatement is Taking Place (3) United Medical Center Compass Bldg..				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 498-544 West Market St.				Square Feet 154,650	# of Floors 7
City (5) Newark				Bldg. Age 100 +	
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick		ASCM No.		Name of Abatement Contractor (9) Tricon Enterprises Inc	
Street Address 232 Kings Highway East		Street Address 322 Beers St			
City, State, Zip Code Haddonfield, NJ 08033		City, State, Zip Code Keyport N.J. 07735			
Project Manager for Monitoring Firm Marco Carulli		Telephone No. (856)795-9595 Ext. 1066		Telephone No. 732-739-1200	License No. 01095
Start Date (10) 4/20/15		Scheduled Completion Date (11) 10/1/15		Name of OSHA Monitor n/a	
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: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
≥3 sf or ≥3 lf X ≥160 sf or ≥260 lf		Renovation X Demolition		X Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure X 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)
	Yes	No	N/A		
See attached			X		
Name of Registered Waste Hauler Hilltop Enterprises, Inc.		NJDEP Waste Hauler ID No 0035966		Cubic Yards of Waste 1,800	Name of Registered Landfill Minerva Landfill
City, State West Chester, PA 19380		Disposal Date 11/1/15		City, State Waynesburg, OH 44688	
Completed by James Mahoney		Title Project manager		Signature 	Date 4/7/15

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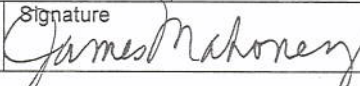
**State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)**

Date of Notification (4/7/15		Name of Building Owner/Operator (2) Essex County Vocational School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address 60 Nelson Place							
		City, State, Zip Code Newark N.J. 07102							
		Name of Contact John Healy	Telephone Number						
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) United Medical Center North Tower		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 498-544 West Market St.		Square Feet 13,200	# of Floors 8						
City (5) Newark		Bldg. Age 100 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc.						
Street Address 232 Kings Highway East		Street Address 322 Beers St							
City, State, Zip Code Haddonfield, NJ 08033		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm Marco Carulli		Telephone No. (856)795-9595 Ext. 1066	License No. 01095						
Start Date (10) 4/ 20/15	Scheduled Completion Date (11) 10/1/15	Name of OSHA Monitor n/a							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached			x			x			
Name of Registered Waste Hauler Hilltop Enterprises, Inc.		NJDEP Waste Hauler ID No 0035966	Cubic Yards of Waste 1600	Name of Registered Landfill Minerva Landfill					
City, State West Chester, PA 19380		Disposal Date 11/1/15		City, State Waynesburg, OH 44688					
Completed by James Mahoney		Title Project manager	Signature 			Date 4/7/15			

[illegible]

CK 2303

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

Date of Notification (4/7/15		Name of Building Owner/Operator (2) Essex County Vocational School					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # _____ Emergency (including justification) Cancellation	Street Address 60 Nelson Place					
		City, State, Zip Code Newark N.J. 07102					
		Name of Contact John Healy	Telephone Number				
FACILITY INFORMATION							
name of Facility Where Abatement is Taking Place (3) United Medical Center South 10 th Street Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 498-544 West Market St.							
City (5) Newark		Square Feet 35,000	# of Floors 3				
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant				
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc.				
Street Address 232 Kings Highway East		Street Address 322 Beers St					
City, State, Zip Code Haddonfield, NJ 08033		City, State, Zip Code Keyport N.J. 07735					
Project Manager for Monitoring Firm Marco Carulli		Telephone No. (856)795-9595 Ext. 1066	Telephone No. 732-739-1200				
License No. 01095							
Start Date (10) 4/ 20/15	Scheduled Completion Date (11) 10/1/15		Name of OSHA Monitor n/a				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
See attached	Yes No N/A			x			
Name of Registered Waste Hauler Hilltop Enterprises, Inc.		NJDEP Waste Hauler ID No 0035966	Cubic Yards of Waste 600	Name of Registered Landfill Minerva Landfill			
City, State West Chester, PA 19380		Disposal Date 11/1/15		City, State Waynesburg, OH 44688			
Completed by James Mahoney		Title Project manager	Signature 		Date 4/7/15		

[illegible]

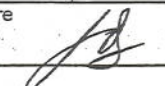
State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<u>Date of Notification (1)</u> April 3, 2015		<u>Name of Building Owner/Operator (2)</u> The First Reformed Church	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 529 Newark Pompton Turnpike		<u>City, State, Zip Code</u> Pompton Plains, NJ	
<u>Name of Contact</u> Elaine Bednarek		<u>Telephone Number</u> _____	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> The First Reformed Church		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> Unknown <u># of Floors:</u> _____ <u>Bldg. Age:</u> _____ years	
<u>Street Address</u> 529 Newark Pompton Turnpike		<u>Current Use (prior if being demolished):</u> _____	
<u>City (5)</u> Pompton Plains	<u>County (6)</u> Passaic	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> EnviroVision Consultants inc.		<u>ASCM No.</u> 00079	
<u>Street Address</u> 20-21 Wagaraw Road, Bldg # 34A		<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<u>City, State, Zip Code</u> Fairlawn, NJ 07410		<u>Street Address</u> 511 MAIN STREET	
<u>Project Manager for Monitoring Firm</u> Fred Larson		<u>City, State, Zip Code</u> Butler, NJ 07405	
<u>Telephone Number</u> 973-636-9145		<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> April 6, 2015		<u>Scheduled Completion Date (11)</u> April 10, 2015	
<u>Name of OSHA Monitor</u> EMSL inc.		<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 Other - Describe: _____	
<u>Street Address</u> 1056 Stelton Road		<u>City, State, Zip Code</u> Piscataway, NJ 08854	
<u>Source of Work (Check all that apply)</u> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Basement	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> VAT & Mastic	<u>Amount (Specify SF or LF)</u> 1,500 SF <u>Abatement Type</u> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 20	<u>Name of Registered Landfill</u> Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
<u>Hauler #1</u> Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 <u>Hauler #2</u> Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		<u>Disposal Date</u> April 10, 2015	<u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH
<u>Completed by (Print or Type)</u> Marin Graure	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Marin Graure</i>	<u>Date</u> April 3, 2015

GAC # 2015-482

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

Date of Notification (1) 04-06-15		Name of Building Owner/Operator (2) 649 Westwood Avenue LLC					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 649 Westwood Ave. City, State, Zip Code River Dale, NJ 07675 Name of Contact Keith A. Michels Telephone Number 				
	FACILITY INFORMATION						
	Name of Facility Where Abatement is Taking Place (3) Private Residence Street Address 649 Westwood Ave. City (5) River Dale County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, 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) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC Street Address 522 7th Street City, State, Zip Code Union City NJ 07087 Telephone No. 201 216-9603 License No. 01206				
Start Date (10) 04-08-15		Scheduled Completion Date (11) 04-09-15	Name of OSHA Monitor Delfa Contracting LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th Street City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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		
Firts Floor / Kitchen	x		VAT	140 Sf	x		
Firts Floor / Living Room	x		VAT	140 Sf	x		
Basement	x		Boiler Insulation	24 SF	x		
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource Recovery Facility			
City, State Union City NJ 07087		Disposal Date 04-10-15		City, State Tullytown, PA			
Completed by Jaime Delgado		Title Proj. Manager		Signature 		Date 04-06-15	

04/03/2015 09:22AM 9736381779

PAGE 03/04

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 8:16)				Emergency notification	
Check#2151					
Date of Notification (1) 04 / 03 / 15		Name of Building Owner/Operator (2) "Buddy1990 LLC"			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 64 Hawthorne Place City, State, Zip Code Montclair, NJ 07043 Name of Contact Brandon Rogers Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 64 Hawthorne Place City (5) Montclair, NJ 07043 County (6) Essex			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 and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age		
County Code (7) (STATE USE ONLY) Essex			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.		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) 04 / 04 / 15		Scheduled Completion Date (11) 04 / 05 / 15		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35 E 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 checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pipe insulation 220 LF	
First floor		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		VAT floor tiles 150 SF	
Second floor		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		VAT floor tiles 80 SF	
Third floor		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		VAT floor tiles 500 SF	
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD	
Name of Registered Landfill T.R.R.F. Inc. City, State Tullytown, PA					
Completed By (Print or Type) N. Jevtic 258.21 MAY 11		Title Owner		Signature Date 04/03/2015	

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

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

Ch# 1120

DIAPY.S.741

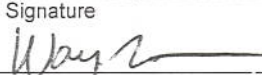
2015 APR 17 AM 12:27

Date of Notification (1) 4/07/15		Name of Building Owner/Operator (2) MR JACK FERREIRA					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 113 POLK ST					
		City, State, Zip Code NEWARK					
		Name of Contact MR FERREIRA					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 113 POLK ST		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 113 POLK ST		Square Feet 2,500	# of Floors 2				
City (5) NEWARK		Bldg. Age 80					
County (6) ESSEX		Current Use (Prior if being demolished) HOUSE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) NOVATECH INC					
City, State, Zip Code		Street Address P.O. Box 814					
Project Manager for Monitoring Firm		City, State, Zip Code OLD BRIDGE NJ 08857					
Telephone No.		Telephone No. 732 2387500					
Start Date (10) 4/16/15		License No. 00806					
Scheduled Completion Date (11) 5/16/15		Name of OSHA Monitor NOVATECH INC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814					
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		City, State, Zip Code OLD BRIDGE NJ 08857					
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure.					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
EXTERIOR	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	EXT SIDINGS	2 1000 SF X				
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 0.15	Name of Registered Landfill G.R.O.W.S.			
City, State OLD BRIDGE NJ 08857		Disposal Date 5/16/15	City, State HARRISVILLE PA		Date 4/07/15		
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature <i>[Signature]</i>				

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

CK # 23161

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

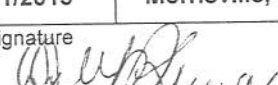
Date of Notification (1) <div style="text-align: center;">04 / 06 / 15</div>		Name of Building Owner/Operator (2) Berger, Estate L.J	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" 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 P.O. BOX 32	
		City, State, Zip Code Solebury, PA	
		Name of Contact R. Trzaskona	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 302 Rancocas Ave.			
City (5) Delanco New Jersey 08075-4038		Square Feet 2980	# of Floors 2.5
		Bldg. Age 114	
County (6) Burlington		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Private Home
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation
Street Address 318 12th Street		Street Address 500 East Luzerne Street	
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Philadelphia, PA 19124	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00646
Start Date (10) <div style="text-align: center;">04 / 07 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">04 / 17 / 15</div>	Name of OSHA Monitor SAME AS ABOVE	
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: 7AM-4PM PM-____AM		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior of House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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 Diamond Huntbach or Service Transport		NJDEP Waste Hauler ID No. 19689/20990	Cubic Yards of Waste 20
City, State Philadelphia, PA 19124 / New Castle, DE		Name of Registered Landfill Minerva	
		Disposal Date	City, State Waynesburg, OH 44688
Completed By (Print or Type) Wayne Huntbach	Title Project Manager	Signature 	Date 4/6/15

APPROVED: TOM VOORHEES, NJDOL
CR # 2789

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

Date of Notification (1) 4/6/15		Name of Building Owner / Operator (2) Old Bridge Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address Patrick Torre Administration Bldg, County Route 516 City, State & Zip Code Matawan, NJ 07747 Name of Contact Mr. Frank Frazzitta							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Bridge HS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 4209 Route 516		Square Feet 50000	# of Floors 1						
City (5) Matawan	County (6) Middlesex	Bldg. Age 40+							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street							
Project Manager for Monitoring Firm Dominick Dercole		City, State & Zip Code Bristol, PA 19007							
Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) 4/8/15	Scheduled Completion Date (11) 4/8/15	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auxiliary Gym Mezzanine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 4/8/15		City, State Lisbon, Ohio					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jhl</i>				Date 4/6/15		

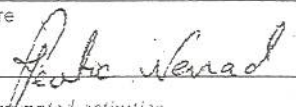
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">04 / 03 / 15</div>			Name of Building Owner/Operator (2) New Jersey Schools Development Authority			
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 32 E. Front Street		
		City, State, Zip Code Trenton, NJ 08625		Name of Contact Robert Zeiders		
				Telephone Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Trenton Central High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 400 Chambers Street				Square Feet 450000		
City (5) Trenton				# of Floors 2		
				Bldg. Age +/- 85		
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Building Owner (8) CB&I Government Solutions, Inc.			ASCM No.		Name of Abatement Contractor (9) USA Environmental Management, Inc.	
Street Address 200 Horizon Center Boulevard			Street Address 8436 Enterprise Avenue			
City, State, Zip Code Trenton, NJ 08691			City, State, Zip Code Philadelphia, PA 19153			
Project Manager for Monitoring Firm Mike Vollo		Telephone No. 609-584-8900		License No. 001156		
Start Date (10) <div style="text-align: center;">04 / 15 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 31 / 15</div>		Name of OSHA Monitor USA Environmental Management, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM PM- AM				Street Address 8436 Enterprise Avenue		
				City, State, Zip Code Philadelphia, PA 19153		
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
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)	
		Yes	No			N/A
SEE ATTACHED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 250	Name of Registered Landfill GROWS	
City, State New Castle, DE				Disposal Date 12/31/2015	City, State Morrisville, PA	
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 	Date 4-3-15	

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MO#22436295221

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

Date of Notification (1) 04 / 07 / 15		Name of Building Owner/Operator (2) Mario Camacho							
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 552 78 Street City, State, Zip Code North Bergen, NJ 07047 Name of Contact Mario Camacho Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 552 78 Street City (5) North Bergen, NJ 07047 County (6) Hudson		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 Project Manager for Monitoring Firm Telephone 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) 04 / 16 / 15 Scheduled Completion Date (11) 04 / 17 / 15		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35 E 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		<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							
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							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement-utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	35 LP	<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 Disposal Date TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature 	Date 04/07/2015					

ASB-41
MAY 11

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

CK 27428

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

Date of Notification (1) <div style="text-align: center;">4 / 20 /15</div>			Name of Building Owner/Operator (2) VERIZON		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 LAKESIDE BLVD.			City, State, Zip Code LANDING, NEW JERSEY 07850		
Name of Contact DOUGLAS O'HARE			Telephone Number		

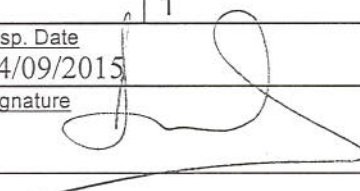
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VERIZON			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 71 MADISON AVENUE			Square Feet 113,347	# of Floors 5	Bldg. Age 40
City (5) JERSEY CITY	County (6) HUDSON COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING		
Name of Monitoring Firm Hired by Building Owner (8) ESIS HEALTH & SAFETY			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 436 WALNUT STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code PHILADELPHIA, PA 19106			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm FRANK WESTFALL		Telephone Number 215-640-5320	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 4 / 20 /15 Month Day Year		Sched. Completion Date (11) 4 / 15 /16 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
City, State, Zip Code NEW YORK, NEW YORK 10016					

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos- Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
FLOORS 4 & 5 WEST ELEVATION			X	EXT. WINDOW LOUVER, DOOR CAULK	1,120 LF	X			
FAÇADE AND PENTHOUSE			X	EXPANSION CAULK	600 LF	X			
FAÇADE (THROUGHOUT)			X	CRACK SEALANT	660 LF	X			
FAÇADE (THROUGHOUT)			X	RED COATING	1,600 SF	X			

Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill 110 SAND CO. BETHPAGE/SPAGNOLI RD City, State MELVILLE, NY 11704	
Disposal Date 04/20/15-06/30/15		Signature 		Date 4/6/15	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS			

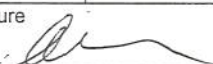
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

CHECK #
11373

Date of Notification (1) 04/06/2015		Name of Building Owner/Operator (2) Gene Pojawa	
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	Street Address 25 Maple Place City, State, Zip Code Nutley, NJ 07110 Name of Contact Gene Pojawa (973) 235-0711 Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address 25 Maple Place City (5) Nutley County (6) Essex County Code (7) (State Use Only)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 5,000 # of Floors 3 Bldg. Age 60 Current Use (if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A Street Address N/A City, State, Zip Code N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc. Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087 Telephone Number (201) 325-0055 License Number 01124	
Project Manager for Monitoring Firm N/A Telephone Number		Name of OSHA Monitor ISES, Inc.	
Scheduled Start Date (10) 04/07/2015 Scheduled Completion Date (11) 04/09/2015		Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area in basement unoccupied during abatement	
Source of Work (Check all that apply) () Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Large Project (>160 SF or > 260 LF ACM)		() Demolition (X) Renovation (X) Full Containment with Negative Pressure () Mini-Enclosure (X) Glove-bag Procedure () Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13) Basement	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A X	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.) TSI Pipe and Duct Insulation	Amount (Specify SF or LF) ~ 100 L. FT.
Name of Reg. Waste Hauler NEWARK CARTING City, State 369 Raymond Blvd., Newark, NJ 07105		NJDEP Waste Hauler ID # 04509 Cubic Yards of Waste 1 Disp. Date 04/09/2015	Name of Reg. Landfill IESI BETHLEHEM LANDFILL City, State BETHLEHEM, PA 18015
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 04/06/2015

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


Check 13778

Date of Notification (1) 4/6/15		Name of Building Owner/Operator (2) Mr. Ben Levine		2015 APR 10 AM 12:44					
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 700 Hanford Avenue City, State, Zip Code Westfield, NJ Name of Contact Ben Levine Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 700 Hanford Avenue City (5) Westfield County (6) Union				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.) Square Feet 2200 # of Floors 2 Bldg. Age 57 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 Glenwood NJ 07418					
City, State, Zip Code		Telephone No. 973-583-8500		License No. 703					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 4/15/15		Scheduled Completion Date (11) 5/10/15		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: _____				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	30 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD		Name of Registered Landfill Western Berks Landfill			
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro P.A.					
Completed by A. Scott Higgins		Title President/Owner		Signature 		Date 4/6/15			

NO CK

Print Form

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

Date of Notification (1) April 6, 2015		Name of Building Owner/Operator (2) Eagle Point Power Generation, LLC Check # N/A							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1250 Crown Point Road City, State, Zip Code Westville, NJ 08093 Name of Contact Jeff Zelik Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eagle Point Power Generation				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 1250 Crown Point Road				Square Feet 30,000 # of Floors 2 Bldg. Age 100					
City (5) Westville		County (6) Gloucester		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 411 Southgate Court, Suite E		City, State, Zip Code Mickleton, NJ 08056		Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		Telephone No. 856-755-0099 License No. 00842					
Start Date (10) April 6, 2015		Scheduled Completion Date (11) May 8, 2015		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pole Shed		XXX		Transite Roofing and Siding	1,700 SF	X			
Carpentry Shop		XXX		Transite Roofing and Siding	5,000 SF	X			
Carpentry Shop		XXX		Pipe Insulation	50 LF	X			
Pipe Rack		XXX		Pipe Insulation	1,000 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Freehold, NJ				Disposal Date 5/8/2015	City, State Morrisville, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 4/6/2015			

Apr 7 2015 08:56am

P001/002

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

CHECK # 8713

Date of Notification (1) 4/7/15		Name of Building Owner/Operator (2) MARC GOTTLEB		APPROVED NJ Dept. of Health & Senior Services [Signature] Date: 4/7/15 Time: 7:26 AM					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 361 LANTANA AVE City, State, Zip Code ENGLAWOOD NJ 07031 Name of Contact MARC Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) GOTTLEB			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 361 LANTANA AVE			Square Feet 1550 # of Floors 2 Bldg. Age 60						
City (5) ENGLAWOOD			Current Use (Prior if being demolished) (RE)						
County (6) BERGEN			County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc					
Street Address				Street Address 185 Vreeland Ave.					
City, State, Zip Code				City, State, Zip Code Midland Park, NJ 07432					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841 License No. 00156					
Start Date (10) 4/7/15		Scheduled Completion Date (11) 4/9/15		Name of OSHA Monitor Omega Environmental Services 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 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	Encapsulation	Encasement
ATTIC			X	VERMICULITE	485 SF	X			
Name of Registered Waste Hauler Newark Carling, Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State, Zip Code Newark, NJ 07105		Disposal Date 4/9/15 on		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature [Signature]		Date 4/7/15			

Apr 7 2015 08:57am

P002/002


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

CHECK # 8713

Date of Notification (1) 4/6/15		Name of Building Owner/Operator (2) JAN SCHULTES		APPROVED NJ Dept. of Health & Senior Services PAUL C. HERNANDEZ (Signature) Date: 4/7/15 Time: 8:40AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 561 PROSPECT AVE City, State, Zip Code Rutherford NJ 07070 Name of Contact JAN Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SCHULTES			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 561 PROSPECT AVE			Square Feet 1500		
City (5) Rutherford			# of Floors 2		
County (6) Bergen			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RETIRED		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.		City, State, Zip Code Midland Park, NJ 07432	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Name of OSHA Monitor Omega Environmental Services Inc.			
Start Date (10) 4/6/15		Schedule/Completion Date (11) 4/8/15		Street Address 280 Huyer Street	
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: _____		City, State, Zip Code Hackensack, NJ 07606			
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) TO BE ABATED In Facility (13) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PURGE	
				Amount (Specify SF or LF) 110 LF	
				Abatement Type Removal Repair Encapsulation X	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1	
City, State, Zip Code Newark, NJ 07105		Disposal Date 4/6/15		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by R. McDonald		Title President		Signature R. McDonald	
				Date 4/6/15	

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


CR: 4757

Date of Notification (1) 4/7/15		Name of Building Owner/Operator (2) Larry Maoli Private Home							
Agencies Notified	Type Notification	Street Address 112 Kathryn Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Toms River NJ 08735							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Larry	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Larry Maoli Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 112 Kathryn Street		Square Feet 1000+	# of Floors 1						
City (5) Toms River NJ 08735		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) 4/8/15	Scheduled Completion Date (11) 4/10/15	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"/> ≥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
Through out			x	Floor Tile	500 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/10/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/7/15		

Emergency

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

CK 4758

Date of Notification (1) 4/7/15		Name of Building Owner/Operator (2) Joyce Laugozs Private Home							
Agencies Notified	Type Notification	Street Address 161 North Spinnaker							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Joyce	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joyce Laugozs Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 161 North Spinnaker		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		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) 4/8/15	Scheduled Completion Date (11) 4/10/15	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"/> ≥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 Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		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 4/10/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 4/7/15		


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

Date of Notification (1) <u>4/7/15</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 322</u>	
		City, State, Zip Code <u>BRIGANTINE N.J. 08203</u>	
		Name of Contact <u>BOB.</u>	Telephone _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>131 11TH ST. SOUTH</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>BRIGANTINE</u>		Bldg. Age <u>40+</u>	
County (6) <u>ATLANTIC</u>	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) <u>KLEMMCO INC</u>	
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>4/20/15</u>	Scheduled Completion Date (11) <u>4/27/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</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 type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>	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) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1800 b</u>
			Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. _____	Name of Registered Landfill <u>ACUA</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	City, State <u>PLEASANTVILLE N.J.</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>4/17/15</u>

OK 1963

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

RECEIVED

Date of Notification (1) <div style="text-align: center;">4 / 07 / 15</div>		Name of Building Owner/Operator (2) Courtland Street Loft							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 958 Main St., Ste. 3							
		City, State, Zip Code Paterson, NJ 07503							
		Name of Contact Abdul Hamdan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 55-57 Courtland St.									
City (5) Paterson, NJ 07503		Square Feet	# of Floors						
County (6) Passaic		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) <div style="text-align: center;">4 / 17 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 18 / 15</div>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Roof - Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Materials	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 Furnaces	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Debris on the floor	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 4/7/15			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60-7 AND 12:120-7)
CONTINUATION SHEET

[illegible]

Completed by: (Print or type)
Allen Monchik

Title:	Project Manager
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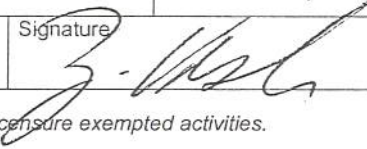
Signature _____

Date:

4/7/15

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

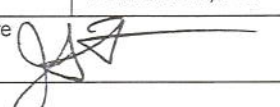
RECEIVED

Date of Notification (1) 4 / 07 / 15		Name of Building Owner/Operator (2) Zach Properties LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 536 3 rd Street							
		City, State, Zip Code Lyndhurst, NJ 07071							
		Name of Contact Claudine Rankin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 237-239 Stuyvesant Ave		Square Feet							
City (5) Lyndhurst, NJ 07071		# of Floors							
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 4 / 18 / 15	Scheduled Completion Date (11) 06 / 18 / 15	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 All Pro Management LLC		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 4/7/15			

OK 00513952

Print Form

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

Date of Notification (1) 04/07/2015		Name of Building Owner/Operator (2) Union Carbide Corporation, A Subsidiary of The Dow Chemical Company								
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 171 River Rd City, State, Zip Code Bound Brook, NJ 08805 Name of Contact Michael Pasquarelli						
				Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) The Dow Chemical Company				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than <-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 171 River Rd				Square Feet 350,000						
City (5) Bound Brook				# of Floors 4						
County (6) Middlesex County				Bldg. Age 60 yrs						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical Plant								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No. 00073		Name of Abatement Contractor (9) Brandenburg Industrial Service Co						
Street Address P. O. Box 316		Street Address 2217 Spillman Dr								
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Bethlehem, PA, 18015								
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800		Telephone No. 610-691-1800						
License No. 00721										
Start Date (10) 04/08/2015		Scheduled Completion Date (11) 6/31/2015		Name of OSHA Monitor Brandenburg Industrial Service Company						
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 2217 Spillman Drive City, State, Zip Code Bethlehem, PA 18015						
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-Fixable 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)					
		Yes	No			N/A				
Bldg 98				x	Vapor Barrier (Mastic/paper)	130,000	x			
Bldg 200				x	Vapor Barrier (Mastic/paper)	110,000	x			
Bldg 95				x	Vapor Barrier (Mastic/paper)	55,000	x			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838		Cubic Yards of Waste 8,000	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Bethlehem, PA		Disposal Date TBD		City, State Bethlehem, PA						
Completed by Jennifer Strobel		Title Contract Manager		Signature 		Date 04/07/2015				

B & G proj. #: 2015-63

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

Check: # 7157

Date of Notification (1) 04/10/17		Name of Building Owner/Operator (2) John Christensen	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 7 Normandy Parkway City, State, Zip Code Morristown, NJ 07960 Name of Contact John Christensen Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) John Christensen			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 7 Normandy Parkway			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morristown	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 04/17/2015		Sched. Completion Date (11) 04/18/2015	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
1st floor kitchen area			X	pipe insulation	60 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 04/20/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 04/07/2015

OK 005941

D&S Proj. #: 2015-113

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

Date of Notification (1) 10/14/10 16/11/15		Name of Building Owner/Operator (2) paul deprima	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 363 cornell street	
		City, State, Zip Code WYCKOFF, NJ 07481	
		Name of Contact paul deprima	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) paul deprima			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 363 cornell street			Square Feet		
City (5) WYCKOFF			County (6) BERGEN	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/17/15	Sched. Completion Date (11) 04/30/15			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

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 w/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) Yes No N/A			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
BASEMENT		X		PIPE INSULATION	110 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/18/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/06/ 2015

CK 005940

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

D&S Proj. #: 2015-112

Date of Notification (1) 04/10/13/15		Name of Building Owner/Operator (2) jana de jong	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	27 8th avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	hawthorne, nj 07506	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	jana de jong	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jana de jong			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
27 8th avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
hawthorne			Square Feet		
County (6) PASSAIC			# of Floors		
County Code (7) (State use only)			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07503	
Start Date (10)		Sched. Completion Date (11)	Telephone Number	
04/09/15		04/30/15	973-345-8020	
Occupancy Status During Abatement (Check only one)			License Number	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			01169	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			Name of OSHA Monitor	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			D & S Restoration, Inc.	
			Street Address	
			20 California Avenue	
			City, State, Zip Code	
			Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (') and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	301 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/10/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/03/15

CK 005942

D&S Proj. #: 2015-114

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

Date of Notification (1) <u>10/10/16</u>		Name of Building Owner/Operator (2) <u>HEATHER MOORE</u>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<u>29 A NOTH WILLOW STREET</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	<u>MONTCLAIR, NJ 07042</u>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<u>HEATHER MOORE</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>HEATHER MOORE</u>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
<u>29 A NOTH WILLOW STREET</u>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
<u>MONTCLAIR</u>			Square Feet	# of Floors	Bldg. Age
County (6) <u>essex</u>			Current Use (Prior if being demolished)		
County Code (7) (State use only)					
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)		
Street Address			<u>D & S RESTORATION, INC.</u>		
City, State, Zip Code			Street Address		
			<u>20 California Ave.</u>		
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code		
			<u>Paterson, NJ 07503</u>		
Start Date (10)		Sched. Completion Date (11)	Telephone Number		
<u>04/21/15</u>		<u>05/14/15</u>	<u>973-345-8020</u>		
Occupancy Status During Abatement (Check only one)			License Number		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			<u>01169</u>		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			<u>D & S Restoration, Inc.</u>		
			Street Address		
			<u>20 California Avenue</u>		
			City, State, Zip Code		
			<u>Paterson, NJ 07503</u>		

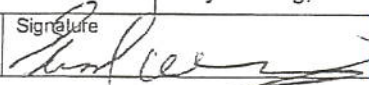
Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	39 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT above boiler		<input checked="" type="checkbox"/>		CEILING PLASTER	85 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	47 l ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>15</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature	Date <u>2015</u>

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

Date of Notification (1) 3/10/15		Name of Building Owner/Operator (2) Dentree Associates							
Agencies Notified	Type Notification	Street Address 145 Central Park West							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10025							
		Name of Contact Operator	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Federal Pacific Electric Company (Royce Associates. Site)		Type of Facility (4)							
Street Address 207-215 Avenue L		<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) Newark, NJ 07105		Square Feet 57,000	# of Floors 1.5						
County (6) Essex County	County Code (7) (STATE USE ONLY)	Bldg. Age 95 years							
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS US		Current Use (Prior if being demolished) Depot Warehouse (Vacant Warehouse)							
Street Address 6723 Tow Path Road Box 66		Name of Abatement Contractor (9) Abscope Environmental, Inc.							
City, State, Zip Code Syracuse, NY 13214		Street Address 6625 Selnick Drive Suite B							
Project Manager for Monitoring Firm Richard Price		City, State, Zip Code Elkridge, MD 21075							
Start Date (10) 3/25/15	Scheduled Completion Date (11) 5/22/15	Telephone No. 315-247-3244	License No. 01194						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL Analytical, Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable 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
Office		x		Surfacing Material on Walls	3071 SF	x			
Boiler Room	x			Thermal System Insulation	750 SF	x			
Roofing & Siding			N/A	Miscellaneous	20,000 SF	x			
Miscellaneous Areas see attached			N/A	See Attached		x			
Name of Registered Waste Hauler Services Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 560	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE 19720		Disposal Date As Needed		City, State Waynesburg, OH					
Completed by Eddie Waskiewicz		Title Project Manager		Signature 		Date 3/10/15			


ROYCE Building NJ

2015 APR 10 AM 12:00

ASSESSMENT, TRAILER
& LICENSING

<u>Boiler Room</u>		<u>Boiler Room</u>	<u>Bags</u>	<u>Yards</u>	<u>Load / 45 foot Trailer</u>
Boiler Insulation	500	sq			
Tank Insulation	150	sq			
Pipe Insulation	100	sq			
Total			260	17	.25 Trailer
<u>2nd Floor Office</u>					
ACM on Drywall	2721	sq			
Textured Ceiling	350	sq			
Floor Tile	3155	sq			
Mastic	3155	sq			
Total					0.75 Trailer
<u>Misc.</u>					
Lab Counter Tops	100	each			
Pipe Flanges	25	each			
Fire Doors	4	each			
Mastic North Electrical	10	sq			
Tile and Mastic SW Area 315	315	sq			
Aircell Pipe Men's Locker	100	lf			
Door Caulking	34	lf			
Transite Panels	50	each			
Light gaskets	3	each			
Total					.5 Trailer
<u>Outside ACM</u>					
Galbestos	10090	sq			
Windows	224	each			1 Trailer
Roofing	5510	sq			2 Trailers
Total					2.5 Trailers
<u>Total trailers</u>					
Total trailers					7 trailers
Est					80 yards trailer
					560 yards

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

Date of Notification (1) 4/9/2015		Name of Building Owner/Operator (2) CRDA							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	15 South Pennsylvania Avenue							
		City, State, Zip Code Atlantic City, New Jersey 08401							
		Name of Contact Rachelle Knight	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment		Type of Facility (4)							
Street Address 122 A,B and 126 A,B		<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) Atlantic City		Square Feet 3,800 sf	# of Floors 25+						
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior to 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 815 12th Street							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 4/9/2015	Scheduled Completion Date (11) 4/14/2015	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant		316 12th Street							
		City, State, Zip Code Hammonton, NJ 08037							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
122 A,B Entrance & Kitchen			X	Floor Tile	400 sf	X			
126 A,B Entrance & Kitchen			X	Floor Tile	400 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 ACUA					
City, State 815 12th Street, Hammonton NJ 08037		Disposal Date 4/14/2015		City, State Egg Harbor Township, NJ					
Completed by Thomas Rock		Title PM	Signature 			Date 4/9/2015			