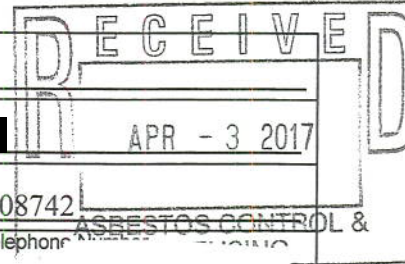


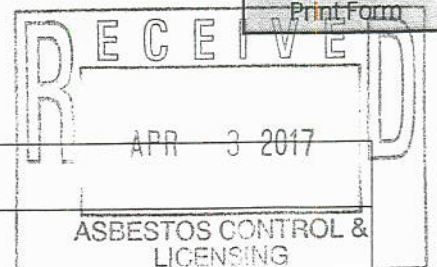
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Check # 25457



Date of Notification (1) <u>3/30/17</u>		Name of Building Owner/Operator (2) <u>Porzio</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>[REDACTED]</u> City, State, Zip Code <u>Pt. Pleasant Beach, NJ 08742</u> Name of Contact <u>Rosemary Porzio</u> Telephone <u>[REDACTED]</u>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>[REDACTED]</u>		Square Feet <u>3500</u> # of Floors <u>3</u> Bldg. Age <u>75+/-</u>						
City (5) <u>Pt. Pleasant Beach, NJ</u>		Current Use (Prior if being demolished) <u></u>						
County (6) <u>Ocean</u>	County Code (7) (STATE USE ONLY) <u></u>	Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>					
Start Date (10) <u>4/10/17</u>		License No. <u>00493</u>						
Scheduled Completion Date (11) <u>4/14/17</u>		Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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) <u>80 lf</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Attic Eves</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>		<input checked="" type="checkbox"/>			
			<u>(Wrap and Cut)</u>					
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>Fairless Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/14/17</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>3/30/17</u>				

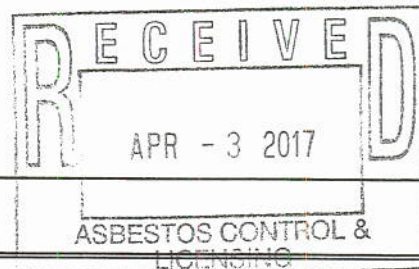
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 03/29/2017		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1 Cherry Hill Lane							
City, State, Zip Code Old Bridge, NJ 08857									
		Name of Contact Eric Prieto	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		Type of Facility (4)							
Street Address 33-35 Peach Ln		<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) Old Bridge, NJ		Square Feet 2,000	# of Floors 2						
		Bldg. Age 65+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 04/10/2017	Scheduled Completion Date (11) 04/18/2017	Name of OSHA Monitor DIA General Construction, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave, PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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
33 A-D Peach Ln-Crawl Space	x			Pipe/Elbow Insulation	180 LF	x			
35 A-D Peach Ln -Crawl Space	x			Pipe/ Elbow Insulation	150 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle		Disposal Date 04/18/2017		City, State Waynes Burg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 03/29/2017					

D&S Proj. #: 17-91

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



Date of Notification (1) 03/12/17		Name of Building Owner/Operator (2) francesca gibbons	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code hawthorne, nj 07506	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact francesca gibbons	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) francesca gibbons			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 [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) hawthorne	County (6) PASSAIC	County Code (7) (State use only)	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		
Start Date (10) 03/31/17		Sched. Completion Date (11) 04/20/17	License Number 01169		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor D & S Restoration, Inc.		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Street Address 20 California Avenue		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			City, State, Zip Code Paterson, NJ 07503		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

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)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	105 L 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 04/03/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/31/2017

CK7017

D&S Proj. #: 17-90

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



Date of Notification (1) 10/3/12/4/1/7		Name of Building Owner/Operator (2) Ray Lynch	
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 #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Norwood, NJ 07648	
	<input type="checkbox"/> Cancellation	Name of Contact Ray Lynch	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ray Lynch			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 [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Norwood	County (6) BERGEN	County Code (7) (State use only)	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) 04/18/2017		Sched. Completion Date (11) 05/10/2017	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

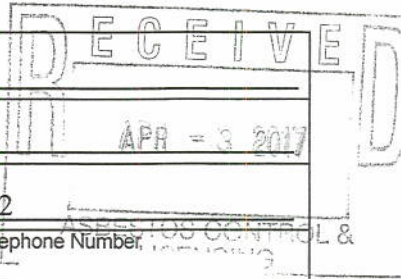
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	135 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"/>

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 04/19/17	City, State TULLYTOWN, PA	
Completed by (Print or Type)	Title	Signature	Date

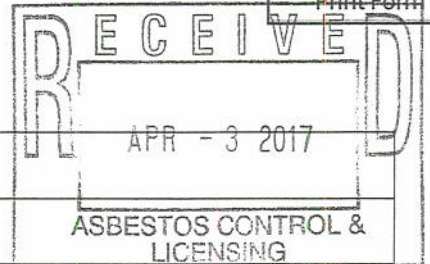
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Check # 25456

Date of Notification (1) <u>3/30/17</u>		Name of Building Owner/Operator (2) <u>Wolf / Brown</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>[REDACTED]</u> City, State, Zip Code <u>Princeton, NJ 08542</u> Name of Contact <u>Bob Faucett</u> Telephone Number <u>[REDACTED]</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>[REDACTED]</u>		Square Feet <u>3000</u> # of Floors <u>2</u> Bldg. Age <u>75+/-</u>							
City (5) <u>Princeton, NJ</u>		County (6) <u>Mercer</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. <u>[REDACTED]</u>							
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
City, State, Zip Code <u>Crosswick, NJ 08515</u>		Street Address <u>PO Box 322</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>							
Start Date (10) <u>4/10/17</u>		License No. <u>00493</u>							
Scheduled Completion Date (11) <u>4/21/17</u>		Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>1st Floor</u>		<input checked="" type="checkbox"/>		<u>Thermal Duct Insulation</u>	<u>120 lf</u>	<input checked="" type="checkbox"/>			
				<u>(Wrap and Cut)</u>					
<u>1st Floor Family Room</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>496 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>4 CU</u>		Name of Registered Landfill <u>Fairless Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/21/17</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>3/30/17</u>			



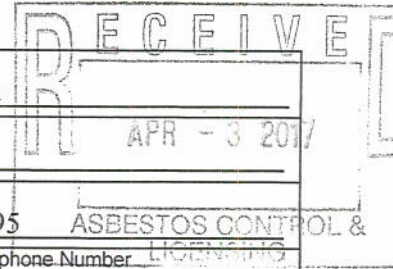
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 3/29/17		Name of Building Owner/Operator (2) Township of Union							
Agencies Notified	Type Notification	Street Address 1976 Morris Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Philip Hadere	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vauxhall Branch Library		Type of Facility (4)							
Street Address 220 Russell St.		<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) Vauxhall NJ 07088		Square Feet 3800	# of Floors 2						
		Bldg. Age 75 years							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Closed / Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Prestige Environmental		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address 220 Davidson Ave suite 307		Street Address 135 Kinnelon Rd suite 102							
City, State, Zip Code Somerset NJ 08875		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Dilip		Telephone No. 908-757-9700	License No. 01228						
Start Date (10) 4/11/17	Scheduled Completion Date (11) 4/18/17	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd suite 102							
<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: abandoned flood house		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
children library and kitchen			x	VAT	2,350 sf	x			
crawlspace, above ceilings etc.			x	pipe thermal insulation	325 sf	x			
roof flashing			x	roof flashing	10 sf	x			
exterior caulking			x	exterior caulk	10 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Grows					
City, State kinnelon NJ			Disposal Date 2/4/17	City, State Morrisville PA					
Completed by John Mucha		Title Project Mang	Signature 			Date 3/29/17			

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

Check # 25458



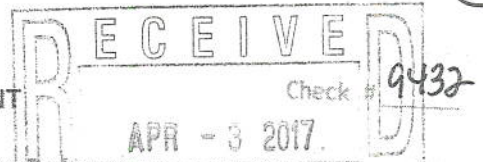
Date of Notification (1) <u>3/31/17</u>		Name of Building Owner/Operator (2) <u>Joann Construction</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code <u>Woodbridge, NJ 07095</u>							
		Name of Contact <u>Martin</u>	Telephone Number <u> </u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet <u>1400</u>	# of Floors <u>2</u>						
City (5) <u>Woodbridge, NJ 07095</u>		Bldg. Age <u>75+/-</u>							
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) <u> </u>	Current Use (Prior if being demolished) <u> </u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>NA</u>		ASCM No. <u> </u>	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u> </u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u> </u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u> </u>	Telephone No. <u>(609) 259-9688</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>4/12/17</u>	Scheduled Completion Date (11) <u>4/14/17</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u> </u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <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
<u>Exterior</u>		<input checked="" type="checkbox"/>		<u>Transite Siding</u>	<u>1400 sf</u>	<input checked="" type="checkbox"/>			
<u> </u>				<u> </u>	<u> </u>				
<u> </u>				<u> </u>	<u> </u>				
<u> </u>				<u> </u>	<u> </u>				
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>Fairless Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>4/14/17</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/31/17</u>						

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

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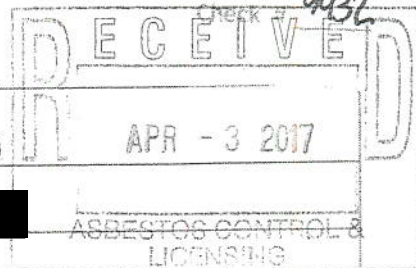
Date of Notification (1) <u>3 / 30 / 17</u>		Name of Building Owner/Operator (2) <u>MORGAN PROPERTIES</u>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>160 CLUBHOUSE RD</u>							
		City, State, Zip Code <u>KING OF PRUSSIA, PA 19406</u>							
		Name of Contact <u>JASON CARMONA</u>							
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 type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>NOTLEY</u>		Square Feet <u>20,000</u>	# of Floors <u>4</u>						
County (6) <u>ESSEX</u>		Bldg. Age <u>+ 50</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>APARTMENT</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>A.MAC Contracting Inc.</u>							
Street Address		Street Address <u>185 Vreeland Ave</u>							
City, State, Zip Code		City, State, Zip Code <u>Midland Park, NJ 07432</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>4 / 10 / 17</u>	Scheduled Completion Date (11) <u>4 / 30 / 17</u>	Name of OSHA Monitor <u>Omega Environmental Services</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <u>280 Huyler St</u>							
		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>60 LF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>LAUNDRY AREA</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PIPE INSULATION</u>		<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 <u>Newark Carting</u>		NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp</u>					
City, State <u>Newark, NJ</u>		Disposal Date <u>4/10/17 on</u>		City, State <u>Bethlehem, PA</u>					
Completed By (Print or Type) <u>Joseph Vocaturo</u>		Title <u>Vice President</u>		Signature <u>J Vocaturo</u>			Date <u>3/30/17</u>		

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



Date of Notification (1) 3 / 31 / 17		Name of Building Owner/Operator (2) NORMANDY REAL ESTATE PARTNERS & LICENSING							
Agencies Notified <input 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 270 PARK AVE SUITE 100 City, State, Zip Code FLOHAM PARK, N.J. 07932							
		Name of Contact RONALD FALLIVENE Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		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 25 DE FOREST AVE		Square Feet 25,000	# of Floors 4						
City (5) SUMMIT		Bldg. Age +50							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL							
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 / 10 / 17	Scheduled Completion Date (11) 5 / 30 / 17	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 280 Huyler St City, State, Zip Code Hackensack, NJ 07606							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & MASTIC	4,340 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20 yds	Name of Registered Landfill IESI PA Bethlahem Landfill Corp					
City, State Newark, NJ		Disposal Date 4/10/17		City, State Bethlahem, PA					
Completed By (Print or Type) Joseph Vocaturo		Title Vice President		Signature <i>J. Vocaturo</i>		Date 3/31/17			

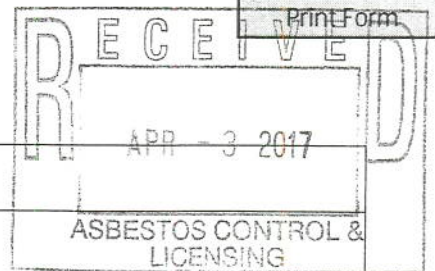
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>3 / 31 / 17</u>		Name of Building Owner/Operator (2) <u>TAMARA SKUTHAN</u>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <u>RUTHERFORD, N.J. 07070</u>							
		Name of Contact <u>TAMARA SKUTHAN</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>RUTHERFORD</u>	Square Feet <u>2200</u>	# of Floors <u>2</u>	Bldg. Age <u>150</u>						
County (6) <u>BERGEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>RESIDENTIAL</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>A.MAC Contracting Inc.</u>							
Street Address		Street Address <u>185 Vreeland Ave</u>							
City, State, Zip Code		City, State, Zip Code <u>Midland Park, NJ 07432</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>4 / 11 / 17</u>	Scheduled Completion Date (11) <u>4 / 30 / 17</u>	Name of OSHA Monitor <u>Omega Environmental Services</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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <u>280 Huyler St</u>							
		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PIPE INSULATION</u>	<u>110 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Basement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Boiler Insulation</u>	<u>16 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>Newark Carting</u>		NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>IESI PA Bethlahem Landfill Corp</u>					
City, State <u>Newark, NJ</u>		Disposal Date <u>4/11/17</u>		City, State <u>Bethlahem, PA</u>					
Completed By (Print or Type) <u>Joseph Vocaturo</u>		Title <u>Vice President</u>		Signature <u>J Vocaturo</u>			Date <u>3/31/17</u>		

CH6992

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

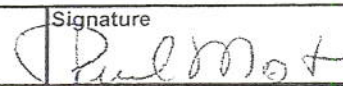


Date of Notification (1) 03/29/2017		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1 Cherry Hill Lane							
		City, State, Zip Code							
		Old Bridge, NJ 08857							
		Name of Contact	Telephone Number						
		Eric Prieto							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		Type of Facility (4)							
Street Address 6-10 Ashwood Mall		<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) Old Bridge, NJ		Square Feet 2,000	# of Floors 2						
		Bldg. Age 65+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc						
Street Address		Street Address 1360 Clifton Ave, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-389-0089	00693						
Start Date (10) 04/10/2017	Scheduled Completion Date (11) 04/18/2017	Name of OSHA Monitor DIA General Construction, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave, PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
6 A-D Ashwood Mall-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
8 A-D Ashwood Mall-Crawl Space	x			Pipe/ Elbow Insulation	155 LF	x			
10 A-D Ashwood Mall-Crawl Space	x			Pipe/Elbow Insulation	160 LF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 12 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle		Disposal Date 04/18/2017		City, State Waynes Burg, OH 44688					
Completed by Milan Njezic		Title Vice President	Signature 	Date 03/29/2017					

Check # 25455

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42 ASBESTOS CONTROL &
Telephone Number LICENSING

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

Date of Notification (1) 03 / 13 / 17		Name of Building Owner / Operator (2) HOPES CAP, INC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> DECEIVE APR - 3 2017 3 CONTROL & LICENSING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment _3 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		301 GARDEN STREET HOBOKEN, NJ 07030 ANA MEJIA Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address 900 HAMILTON STREET			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) SOMERSET	County (6) SOMERSET	County Code (7)	Square Feet 3,000	# Of Floors 2	Building Age 47+
			Current Use (Prior if being demolished) DAYCARE		
Name of Monitoring Firm Hired by Bldg. Owner (8) GZA GEOENVIRONMENTAL, INC			ASCM NO 00126		
Street Address 55 LANE ROAD, SUITE 407			Street Address 32 Williams Parkway		
City, State, Zip Code FAIRFIELD, NJ 07004			City, State, Zip Code East Hanover, NJ 07036		
Project Mngr. For Monitoring Firm BEN SALLEMI			Telephone Number 973-774-3300		
Scheduled Start Date (10) 03 / 25 / 17		Sched. Completion Date (11) 06 / 30 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: WEEKENDS <input type="checkbox"/> Other - Describe: 7:00AM-7:00AM FRIDAY - 3:00PM - 11:30PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07036		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <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 - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E R E P A I R
				N C A P S U L	E N C L O S U R
1ST FL MAINTENANCE SHOP	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FLOOR TILE	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1ST FL UNDER STAIRWELL	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FLOOR TILE	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2ND FL KITCHEN	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FLOOR TILE	576 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2ND FL SLOP SINK CLOSET	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FLOOR TILE	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill WASTE MGMT (GRAND CENTRAL)	
City, State NEWARK, NJ		Disposal Date	City, State PEN ARGYLE, PA 18072		
Completed by (Print or Type) PAUL MAST		Title VICE PRESIDENT	Signature 		Date 03/31/17

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2ND FL PHONE CLOSET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FL REC ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLASTER CEILING	1600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FL OFFICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLASTER CEILING	630 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FL REC ROOM BALCONY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEBRIS	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CK4614
ADCE

Please Use Chunks For
208 87th Seaside and
111 11th St Longport NJ

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

Date of Notification (1) 3/23/17		Name of Building Owner/Operator (2) Daphi	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address P.O. Box 69		City, State, Zip Code Sewell NJ 08080	
Name of Contact Gary Clark		Name of Abatement Contractor (9) Ami Joe Abatement Services LLC	
Name of Facility Where Abatement is Taking Place (3) RSMent		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet [REDACTED]	
City (5) Atlantic City		# of Floors [REDACTED]	
County (6) Atlantic		Bldg. Age [REDACTED]	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) APR 2 - 2017	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCN No. [REDACTED]	
Street Address [REDACTED]		Name of OSHA Monitor [REDACTED]	
City, State, Zip Code [REDACTED]		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Delanco NJ 08015	
Telephone No. [REDACTED]		Telephone No. 609-346-0916	
Start Date (10) 4/3/17		License No. C1070	
Scheduled Completion Date (11) 4/30/17		Name of OSHA Monitor [REDACTED]	
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: [REDACTED]		Street Address [REDACTED]	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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		City, State, Zip Code [REDACTED]	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior 2nd Floor Kitchen Exterior Bear Flat Roof		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) Transit Side Flax tile Bear Flat Roof		Amount (Specify SF or LF) 1500 SF 200 SF 200 SF	
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547	
City, State Delanco NJ		Cubic Yards of Waste [REDACTED]	
Name of Registered Landfill WM of PA		Disposal Date TBD	
City, State Pittsburgh Pa		Signature [Signature]	
Completed by Joseph T Hall		Title V. President	
Date 3/23/17		Date 3/23/17	

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

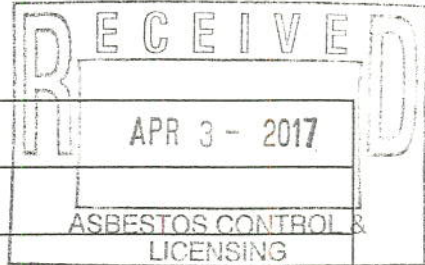
CK 4614
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
MAR 28 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/23/17		Name of Building Owner/Operator (2) Delphi						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 69 City, State, Zip Code Sewell NJ 08080 Name of Contact Gary Clark						
Name of Facility Where Abatement is Taking Place (3) Resident		FACILITY INFORMATION Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age						
City (5) Atlantic City		County (6) Atlantic						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC						
City, State, Zip Code		Street Address 1212 Burlington Ave City, State, Zip Code Delanco NJ 08015						
Project Manager for Monitoring Firm		Telephone No. 609-346-0916 License No. C1070						
Start Date (10) 4/3/17		Scheduled Completion Date (11) 4/30/17						
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:		Name of OSHA Monitor						
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		Street Address City, State, Zip Code						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				Removal	Repair	Encapsulate	Enclosure	
Front & Rear Bedrooms				Floor tile	350 SF			
Basement under Porch				Pipe insulation fitting	25 LF			
Basement Boiler				Boiler packing	2 SF			
Garage/House				Roof tar	715 SF			
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20647		Cubic Yards of Waste		Name of Registered Landfill WM of PA		
City, State Delanco NJ		Disposal Date TBD		City, State Tullytown PA		Date 3/23/17		
Completed by Joseph T Hall		Title V. President		Signature [Signature]		Date 3/23/17		

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



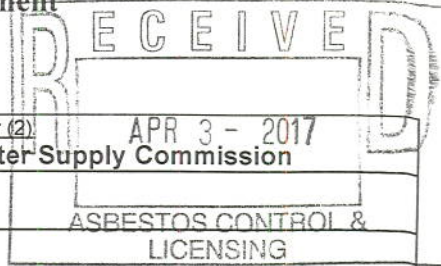
CH 920

Date of Notification (1) 03-29-17		Name of Building Owner/Operator (2) Brian Roth							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Brian Roth	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Livingston		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 04-07-17		Scheduled Completion Date (11) 04-08-17	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	45 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 04-14-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 03-29-17			

State of New Jersey - Notification of Asbestos Abatement

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

CH 10020



<u>Date of Notification (1)</u> March 29, 2017		<u>Name of Building Owner/Operator (2)</u> North Jersey District Water Supply Commission	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 1 F.A. Orechio Drive <u>City, State, Zip Code</u> Wanaque, NJ 07465	<u>Name of Contact</u> Ron Farr <u>Telephone Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> North Jersey District Water Supply Commission Old Administration Building- Room 112 (Mechanical Rm)		<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> <u>years</u>	
<u>Street Address</u> 737 Ringwood Avenue		<u>Current Use (prior if being demolished):</u>	
<u>City (5)</u> Wanaque	<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>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 20-21 Wagaraw Road, Bldg # 35E		<u>Street Address</u> 511 MAIN STREET	
<u>City, State, Zip Code</u> Fairlawn, NJ 07410		<u>City, State, Zip Code</u> Butler, NJ 07405	
<u>Project Manager for Monitoring Firm</u> Fred Larson	<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 24, 2017	<u>Scheduled Completion Date (11)</u> April 30, 2017	<u>Name of OSHA Monitor</u> EMSL inc.	
<u>Occupancy Status During Abatement (Check only one)</u> <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: Non-Occupied		<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> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Room # 12	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> TSI TSI- Joints/Fittings	<u>Amount (Specify SF or LF)</u> 160 lf 40 ea.
<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> 5
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJ DEP # 12561 NY DEP #		<u>Disposal Date</u> April 30, 2017	<u>Name of Registered Landfill</u> Meadowfill Landfill G.R.O.W.S
<u>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</u>		<u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784	
<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> March 29, 2017

GAC # 2017-596