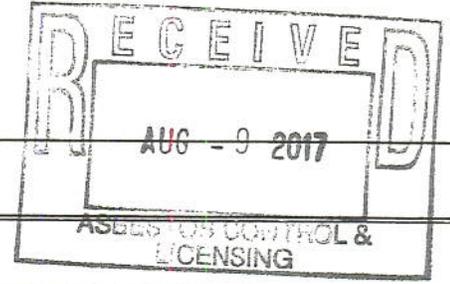


State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 17-206

CK # 9096



Date of Notification (1) 10/17/13 11/1/17		Name of Building Owner/Operator (2) john barone	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
	City, State, Zip Code UNION, NJ 07083		
	Name of Contact john barone	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) john barone			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		
City (5) UNION			County (6) UNION		Bldg. Age
			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) 08/03/17	Sched. Completion Date (11) 08/31/17			
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- 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 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

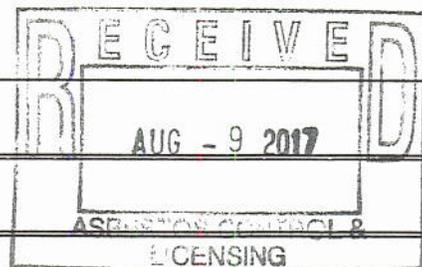
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	80 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 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/04/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date

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

D&S Proj. #: 17-208

CK# 7097



Date of Notification (1) 10/18/10 14/11/17		Name of Building Owner/Operator (2) r. febbi contracting	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 324 boulevard	
	City, State, Zip Code mt. lakes, nj 07046		
	Name of Contact r. febbi contracting	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) r. febbi contracting			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 324 boulevard			Square Feet	# of Floors	Bldg. Age
City (5) mt. lakes	County (6) Morris	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) 08/04/17	Sched. Completion Date (11) 08/30/17	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: <u>NORMAL HOURS</u>		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

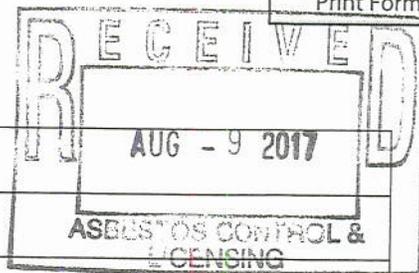
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> 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						
building exterior		X		roof mix construcion debris	tbd	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste tbd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 08/07/17	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/04/2017	

CK # 242174

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



Date of Notification (1) August 8, 2017		Name of Building Owner/Operator (2) NJDOT	
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 641 Mill Creek Road	
		City, State, Zip Code Manahawkin, NJ 08050	
		Name of Contact Jeff Bassano	
		Telephone	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJDOT - Route 72 - Manahawkin Bay Bridge - Contract 4		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 2060 East Bay Ave		Square Feet N/A	# of Floors Bldg. Age
City (5) Manahawkin	County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Bridge Structures

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) George Harms Construction Co., Inc.	
Street Address		Street Address 62 Yellowbrook Road	
City, State, Zip Code		City, State, Zip Code Howell, NJ 07731	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-751-2089	License No. 01055

Start Date (10) August 18, 2017	Scheduled Completion Date (11) November 30, 2017	Name of OSHA Monitor
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Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Bridge Reconstruction / Demolition</u>	Street Address
	City, State, Zip Code

Scope of Work (Check All That Apply)

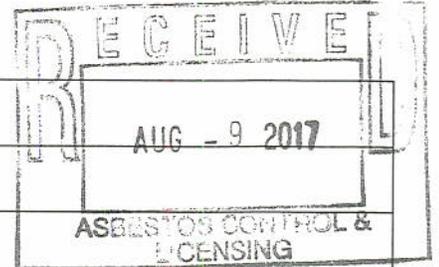
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Bridge Pier Protection Plates			X	Asbestos Mastic	700 SF	X			

Name of Registered Waste Hauler George Harms Construction Co., Inc.	NJDEP Waste Hauler ID No. 05885	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management
City, State Howell, NJ	Disposal Date TBD	City, State Tullytown, PA	
Completed by Sam Hahn	Title Project Engineer	Signature <i>Samuel Hahn</i>	Date 8/8/2017

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

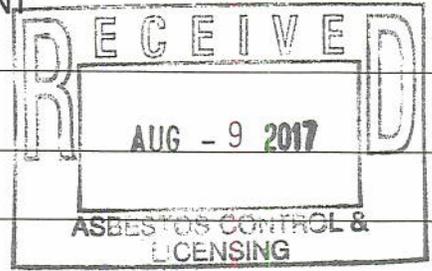
OK # 5468



Date of Notification (1) 8/8/17		Name of Building Owner/Operator (2) Harlingen Reformed Church								
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 34 Dutchtown Road							
			City, State, Zip Code Belle Mead, NJ							
		Name of Contact Dan Pullen	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet 1,800	# of Floors 2							
City (5) Belle Mead		Bldg. Age 60+								
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC							
Street Address 700 Turner Way		Street Address 303 B National Road								
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341								
Project Manager for Monitoring Firm Dave Turotzy		Telephone No. 610-558-8902	Telephone No. 484-872-8884							
License No. 01161										
Start Date (10) 8/22/17	Scheduled Completion Date (11) 8/25/17	Name of OSHA Monitor EMSL								
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								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure								
		<input checked="" type="checkbox"/> Glovebag Procedure								
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement			X	Pipe insulation	~300 SF	X				
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Landfill						
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>				Date 8/8/17			

CK# 62151
0937-02

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



Date of Notification (1) 8 / 8 / 17		Name of Building Owner/Operator (2) Middlesex County	
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 75 Bayard Street	
		City, State, Zip Code New Brunswick NJ	
		Name of Contact	Telephone Number 732 745-3290

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ROOSEVELT HOSPITAL CAMPUS		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 1 ROOSEVELT DRIVE		Square Feet >10,000	# of Floors 50+
City (5) EDISON		Bldg. Age 50+	
County (6) MIDDLE SEX	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EHS	ASCM No. 266	Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 411 SOUTHGATE COURT SUITE E		Street Address 1345 INDUSTRIAL BLVD	
City, State, Zip Code MICKLETON, NJ 08056		City, State, Zip Code SOUTHAMPTON PA 18966	
Project Manager for Monitoring Firm JACK CARNEY	Telephone No. 856 224-0080	Telephone No. 215 322-2900	License No. 00783

Start Date (10) 8 / 18 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor CRITERION LABS
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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-3:30PM/___PM-___AM	Street Address 400 STREET ROAD
	City, State, Zip Code BENSALEM PA 19020

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE OF BUILDING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	40LF	<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 SERVICE TRANSPORT	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE, NEW CASTLE DE. 19720		Disposal Date	City, State WAYNESBURG, OH 44688
Completed By (Print or Type) DAMIAN LAVELLE	Title PROJECT MGR.	Signature <i>Damian Lavelle</i>	Date 8-8-2017