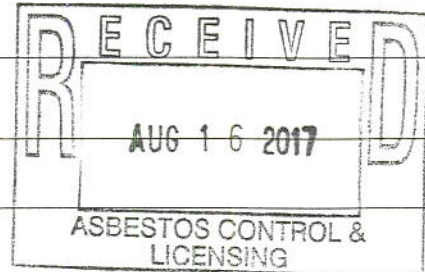


CHECK # 24167

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

PAID



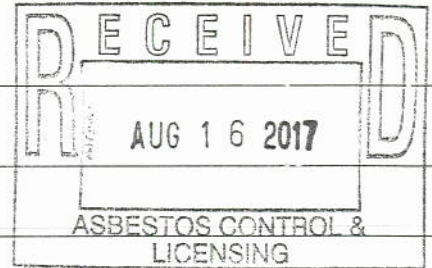
Date of Notification (1) 08 / 14 / 17		Name of Building Owner/Operator (2) DECO Energy						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Lenox Drive City, State, Zip Code Lawrenceville, NJ 08460 Name of Contact Chris Moser Project Manager Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Marie Katzenbach School for the Deaf		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 & commercial buildings, homes, etc.)						
Street Address 320 Sullivan Way Building 8 Cottage 1		Square Feet 4000						
City (5) Ewing		# of Floors 3						
County (6) Mercer		Bldg. Age 50+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Prior use school being demolished						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.						
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
City, State, Zip Code Trenton, NJ 08608		Street Address 500 East Luzerne Street						
Project Manager for Monitoring Firm Rollie Jones		City, State, Zip Code Philadelphia, PA 19124						
Telephone No. 609-273-1396		Telephone No. 215-739-8166						
License No. 00646		Name of OSHA Monitor SAME AS ABOVE						
Start Date (10) 08 / 28 / 17		Scheduled Completion Date (11) 12 / 31 / 17						
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-5PM/ _____ 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"/> 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
See Attached Listing	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. A901#20990	Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 12/31/17		City, State Waynesburg, OH				
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature 		Date 8-14-17		

RECEIVED			
AUG 16 2017			
Amount of	Code	Code	Code
ACM	**	***	****
3500	ASBESTOS CONTROL & LICENSING		
	REM		

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CHECK #24167

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



Date of Notification (1) 08 / 14 / 17		Name of Building Owner/Operator (2) DECO Energy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input 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 100 Lenox Drive City, State, Zip Code Lawrenceville, NJ 08460 Name of Contact Chris Moser Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marie Katzenbach School for the Deaf		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 & commercial buildings, homes, etc.)							
Street Address 320 Sullivan Way Building 9 - Health Center		Square Feet 4000							
City (5) Ewing		# of Floors 3	Bldg. Age 50+						
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Prior use school being demolished							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
City, State, Zip Code Trenton, NJ 08608		Street Address 500 East Luzerne Street							
City, State, Zip Code Philadelphia, PA 19124		Telephone No. 215-739-8166							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-273-1396	License No. 00646						
Start Date (10) 08 / 28 / 17	Scheduled Completion Date (11) 12 / 31 / 17	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-5PM/ 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"/> 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
See Attached Listing	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. A901#20990		Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 12/31/17		City, State Waynesburg, OH					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature Wgn		Date 8-14-17			

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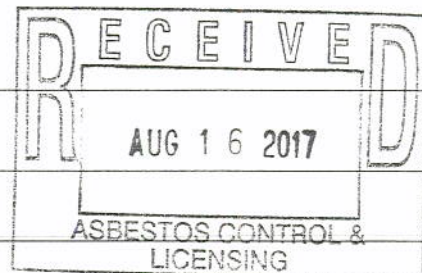
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Code	Code	Code
ASBESTOS	***	CONTROLLED**&
LICENSING		

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CHECK # 24167

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



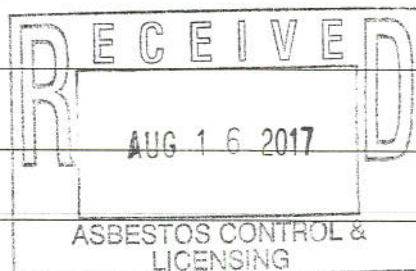
Date of Notification (1) <u>08</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) DECO Energy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> 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 100 Lenox Drive City, State, Zip Code Lawrenceville, NJ 08460 Name of Contact Chris Moser Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marie Katzenbach School for the Deaf		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 & commercial buildings, homes, etc.)							
Street Address 320 Sullivan Way Building 10 - Cottage 3		Square Feet 4000							
City (5) Ewing		# of Floors 3	Bldg. Age 50+						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Prior use school being demolished							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc	ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 120 North Warren Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Rollie Jones	Telephone No. 609-273-1396	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) <u>08</u> / <u>28</u> / <u>17</u>	Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>17</u>	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: <u>7</u> AM- <u>5</u> PM/____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"/> 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
See Attached Listing	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. A901#20990	Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill						
City, State New Castle, DE		Disposal Date 12/31/17	City, State Waynesburg, OH						
Completed By (Print or Type) Wayne Huntbach	Title Project Manager	Signature 	Date 8-14-17						

RECEIVED			
AUG 16 2017			
Amount of	Code	Code	Code
ACM	**	***	****
ASBESTOS CONTROL & LICENSING			
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CHECK # 24167

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



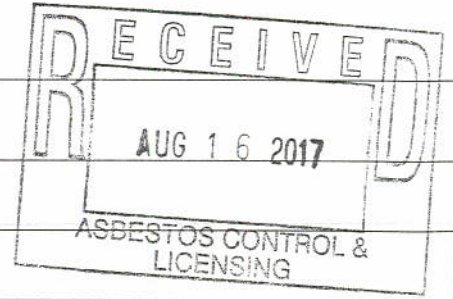
Date of Notification (1) <u>08</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) DECO Energy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> 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 100 Lenox Drive City, State, Zip Code Lawrenceville, NJ 08460 Name of Contact Chris Moser Project Manager Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marie Katzenbach School for the Deaf		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 & commercial buildings, homes, etc.)							
Street Address 320 Sullivan Way Building 11 - Cottage 4 Plus Dorm		Square Feet 4000							
City (5) Ewing		# of Floors 3							
County (6) Mercer		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Prior use school being demolished							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
City, State, Zip Code Trenton, NJ 08608		Street Address 500 East Luzerne Street							
Project Manager for Monitoring Firm Rollie Jones		City, State, Zip Code Philadelphia, PA 19124							
Telephone No. 609-273-1396		Telephone No. 215-739-8166							
License No. 00646		Name of OSHA Monitor SAME AS ABOVE							
Start Date (10) <u>08</u> / <u>28</u> / <u>17</u>		Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>17</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: <u>7</u> AM- <u>5</u> PM/____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"/> 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
See Attached Listing	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. A901#20990		Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 12/31/17		City, State Waynesburg, OH					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature 		Date 8-14-17			

RECEIVED			
AUG 16 2017			
Amount of	Code	Code	Code
ACM	**	***	****
3500	ASBESTOS CONTROL & SF	REM	

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Check # 24167

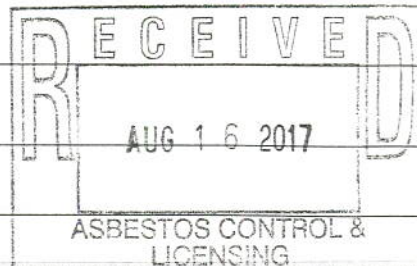
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 14 / 17		Name of Building Owner/Operator (2) DECO Energy						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input 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 100 Lenox Drive City, State, Zip Code Lawrenceville, NJ 08460 Name of Contact Chris Moser Project Manager Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Marie Katzenbach School for the Deaf		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 & commercial buildings, homes, etc.)						
Street Address 320 Sullivan Way Building 12 - Cottage 5		Square Feet # of Floors Bldg. Age 4000 3 50+						
City (5) Ewing	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Prior use school being demolished					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation					
Street Address 120 North Warren Street		Street Address 500 East Luzerne Street						
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Philadelphia, PA 19124						
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-273-1396	Telephone No. 215-739-8166 License No. 00646					
Start Date (10) 08 / 28 / 17	Scheduled Completion Date (11) 12 / 31 / 17		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-5PM/ PM- AM		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
See Attached Listing	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. A901#20990	Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 12/31/17		City, State Waynesburg, OH				
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature WS		Date 8-14-17		

Check # 24167

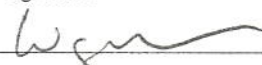
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>08</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) DECO Energy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input 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 100 Lenox Drive City, State, Zip Code Lawrenceville, NJ 08460							
		Name of Contact Chris Moser Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marie Katzenbach School for the Deaf		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 & commercial buildings, homes, etc.)							
Street Address 320 Sullivan Way Building 13 Cottage 6									
City (5) Ewing	Square Feet 4000	# of Floors 3	Bldg. Age 50+						
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Prior use school being demolished							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 120 North Warren Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-273-1396	Telephone No. 215-739-8166						
Start Date (10) <u>08</u> / <u>28</u> / <u>17</u>		Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>17</u>	License No. 00646						
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: <u>7</u> AM- <u>5</u> PM/____PM-____AM		Name of OSHA Monitor SAME AS ABOVE							
		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 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
See Attached Listing	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. A901#20990	Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 12/31/17		City, State Waynesburg, OH					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature 			Date 8-14-17		

CHECK # 24167

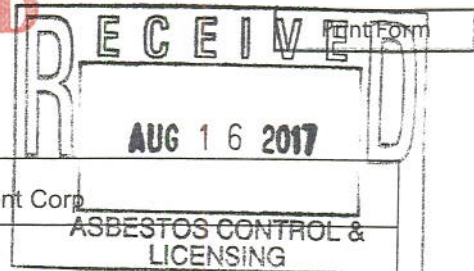
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>08</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) DECO Energy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input 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 100 Lenox Drive City, State, Zip Code Lawrenceville, NJ 08460 Name of Contact Chris Moser Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marie Katzenbach School for the Deaf		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 & commercial buildings, homes, etc.)							
Street Address 320 Sullivan Way Tunnels Beneath Buidlings 7,8,9,10,11, 12 and 13		Square Feet 750							
City (5) Ewing		# of Floors 1	Bldg. Age 50+						
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Prior use school being demolished							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
City, State, Zip Code Trenton, NJ 08608		Street Address 500 East Luzerne Street							
Project Manager for Monitoring Firm Rollie Jones		City, State, Zip Code Philadelphia, PA 19124							
Telephone No. 609-273-1396		Telephone No. 215-739-8166							
Start Date (10) <u>08</u> / <u>28</u> / <u>17</u>		License No. 00646							
Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>17</u>		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: <u>7</u> AM- <u>5</u> PM/____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"/> 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
See Attached Listing	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. A901#20990		Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 12/31/17		City, State Waynesburg, OH					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager		Signature 			Date 8-14-17		

<div> <div> RECEIVED </div> <div> and 13 </div> </div>			
<div> Amount of </div>	<div> Code </div>	<div> Code </div>	<div> Code </div>
<div> ACM </div>	<div> ** </div>	<div> *** </div>	<div> **** </div>
<div> 300 </div>	<div> ASBESTOS CONTROL & LICENSING </div>		
	<div> LE </div>	<div> REM </div>	

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

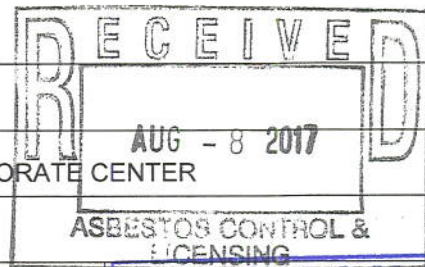
CH4838

Date of Notification (1) 8/11/17		Name of Building Owner/Operator (2) Foster Wheeler Real Estate Development Corp							
Agencies Notified	Type Notification	Street Address 53 Frontage Rd, PO Box 9000							
<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	City, State, Zip Code Hampton NJ 08827							
		Name of Contact Tom Fizzano							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Ullrich Copper Inc Facility		Type of Facility (4)							
Street Address 2 Mark Rd		<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) Kenilworth		Square Feet 16300	# of Floors 1						
County (6) Union		Bldg. Age 67 years							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) MGD Environmental		Name of Abatement Contractor (9) Active Environmental Technologies Inc							
Street Address 1000 Maplewood Dr		Street Address 203 Pine St							
City, State, Zip Code Maple Shade NJ 08052		City, State, Zip Code Mt Holly NJ 08060							
Project Manager for Monitoring Firm Chris Mascari		Telephone No. 856-751-9300	License No. 01299						
Start Date (10) 8/24/17	Scheduled Completion Date (11) 9/3/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roofing Material	2500SF	X			
Name of Registered Waste Hauler Active Environmental Technologies		NJDEP Waste Hauler ID No. 25704	Cubic Yards of Waste 20	Name of Registered Landfill Conestoga Landfill					
City, State Mt Holly NJ 08060			Disposal Date 9/4/17	City, State Morgantown PA 19543					
Completed by Nick Smarrito		Title Asbestos Supervisor	Signature 	Date 8/11/17					

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Print Form

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



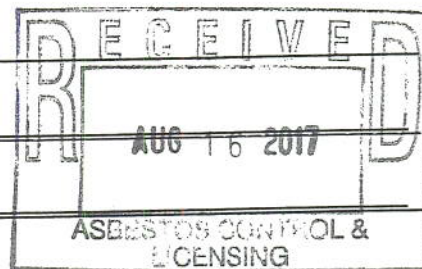
Date of Notification (1) 8-4-17		Name of Building Owner/Operator (2) ERM							
Agencies Notified	Type Notification	Street Address 200 PRINCETON SOUTH CORPORATE CENTER							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 EWING, NJ 08628							
		Name of Contact VINCENT SHEA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CITGO'S PETTY ISLAND TERMINAL		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 105 PETTY ISLAND		Square Feet 200000 # of Floors 1 Bldg. Age +/-50							
City (5) PENNSAUKEN		Current Use (Prior if being demolished) VACANT							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.							
Name of Monitoring Firm Hired by Building Owner (8) ATC		Street Address 2251 FRALEY STREET							
Street Address 3 TERRI LANE, SUITE 4		City, State, Zip Code PHILADELPHIA, PA 19137							
City, State, Zip Code BURLINGTON, NJ 08016		Telephone No. 215-533-5155							
Project Manager for Monitoring Firm JOHN LUTZ		License No. 01166							
Start Date (10) 8/21/17	Scheduled Completion Date (11) 10/31/17	Name of OSHA Monitor ATC							
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 3 TERRI LANE, SUITE 4							
		City, State, Zip Code BURLINGTON, NJ 08016							
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) <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 TABLE						X			
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEWARK, DE			Disposal Date	City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 	Date 8-4-17					

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

D&S Proj. #: 17-218

CK # 7103



Date of Notification (1) 10/18/17 10/17/17		Name of Building Owner/Operator (2) diane tehranian	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code montclair, nj 07042	
		Name of Contact diane tehranian	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) diane tehranian			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) montclair	County (6) essex	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) 08/15/17		Sched. Completion Date (11) 09/15/17	License Number 01169		
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)

- ☒ >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	170 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement crawl space		<input checked="" type="checkbox"/>		pipe insulation	20 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"/>

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 08/16/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) _____	Title _____	Signature _____	Date 08/10/17

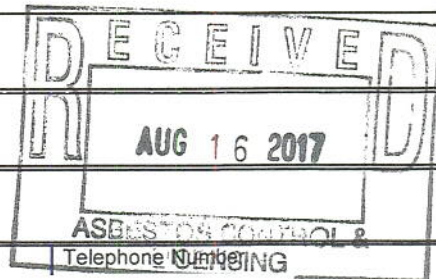
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

PAID

D&S Proj. #: 17-216

CK# 7102

Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) ronald schwarzberg	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code highland park, nj 08904	
		Name of Contact ronald schwarzberg	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) ronald schwarzberg			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) highland park			County (6) middlesex		County Code (7) (State use only)
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]			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) 08/28/17	Sched. Completion Date (11) 09/15/17		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: NORMAL HOURS			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				
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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	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		bare heating pipes	50 lf	<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

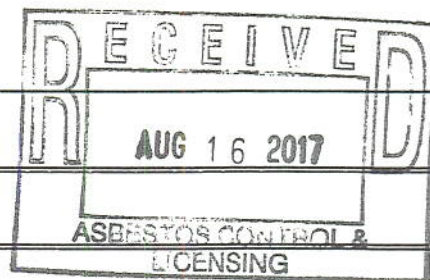
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/29/17		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 08/10/17

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

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D&S Proj. #: 17-217

CK # 7101



Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) ben hutchens	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code west orange, nj 07052	
		Name of Contact ben hutchens	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ben hutchens			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) west orange			County (6) essex		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			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) 08/21/17		Sched. Completion Date (11) 08/31/17	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: NORMAL HOURS			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)			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 (5 locations)		X		pipe insulation	126 lf	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 08/22/17		City, State TULLYTOWN, PA				
Completed by (Print or Type) BOGDAN JOLDZIC			Title PRESIDENT		Signature			Date 08/10/2017	

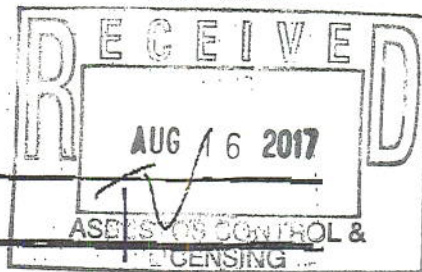
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D&S RESTORATIO

PAGE 02/04

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

D&S Proj. #: 17-318



NOCC

Date of Notification (1)
08/11/17

Name of Building Owner/Operator (2)
diane tehranian

Street Address
[REDACTED]

City, State, Zip Code
montclair, nj 07042

Name of Contact
diane tehranian

Telephone Number

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☐ Initial
☐ Amended
☒ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
diane tehranian

Street Address
[REDACTED]

City (5)
montclair

County (8)
essex

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter B (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (9)
[REDACTED]

ASCM No.
[REDACTED]

Name of Abatement Contractor (8)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm
[REDACTED]

Phone Number
[REDACTED]

Start Date (10)
08/15/17

Sched. Completion Date (11)
09/15/17

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ >150 sf or >200 lf
☒ Renovation
☐ Demolition

Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-triable 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 o m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		X		pipe insulation	170 lf	X			
basement crawl space		X		pipe insulation	20 lf	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
08/16/17

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature
[REDACTED]

Date
08/10/17

* Do not use this form for asbestos license exempted activities