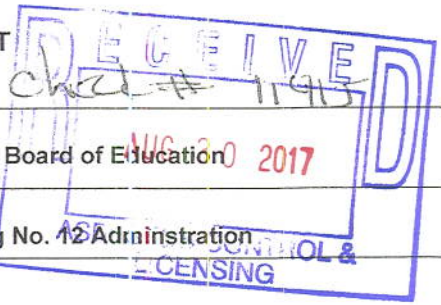


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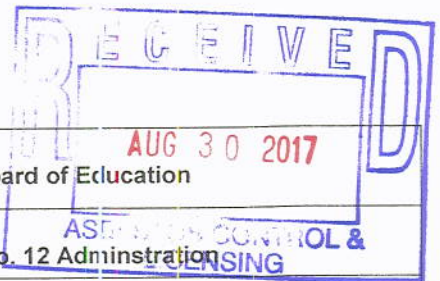
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 28 / 17		Name of Building Owner/Operator (2) Camden County Technical Schools Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 343 Berlin Cross Keys Rd - Building No. 12 Administration							
		City, State, Zip Code Sicklerville, NJ 08081							
		Name of Contact Dino Acevedo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden County Technical School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 343 Berlin Cross Keys Road		Square Feet various	# of Floors 1						
City (5) Sicklerville		Bldg. Age 50+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Adult Technical School							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609 839 2432	License No. 00847						
Start Date (10) 11 / 28 / 16	Scheduled Completion Date (11) 10 / 31 / 17	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-MidnightPM/ PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Building 1 Door/Window-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Caulk/Glazing	Apx 8200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 2 Door/Window-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Caulk/Glazing	Apx 9100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 5 Door/Window-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Caulk/Glazing	Apx 6800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 6 Door/Window-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Caulk/Glazing	Apx 8420 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 24,000 yrd	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA		Disposal Date		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco	Title Office Manager		Signature <i>Patricia Visco</i>			Date 8/28/17			

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



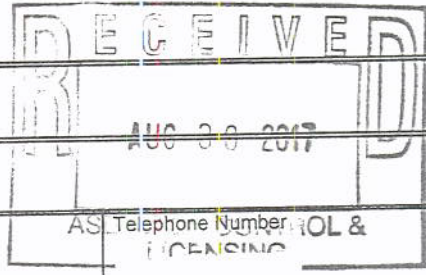
Date of Notification (1) 8 / 28 / 17		Name of Building Owner/Operator (2) Camden County Technical Schools Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 343 Berlin Cross Keys Rd - Building No. 12 Administration							
		City, State, Zip Code Sicklerville, NJ 08081							
		Name of Contact Dino Acevedo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden County Technical School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 343 Berlin Cross Keys Road		Square Feet various	# of Floors 1						
City (5) Sicklerville		Bldg. Age 50+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Adult Technical School							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services	ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609 839 2432	Telephone No. 215 542 7000	License No. 00847						
Start Date (10) 11 / 28 / 16	Scheduled Completion Date (11) 10 / 31 / 17	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-MidnightPM/ PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Building 8 Window-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Glazing	Apx 2000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 9 Door/Window-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Caulk & Glazing	Apx 1500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 10 Window-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Glazing	Apx 1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 11 Window-Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Glazing	Apx 1325 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 24,000 yrd	Name of Registered Landfill Western Berks Communtiy Landfill					
City, State Hatfield, PA		Disposal Date		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>				Date 8/25/17			

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

B & G proj. #: 2017-118

Check # 8550

Date of Notification (1) 10/18/12/18/11/17		Name of Building Owner/Operator (2) Fred Hakimi		
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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Boonton, NJ 07005		
		Name of Contact Fred Hakimi		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Fred Hakimi			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) Verona, NJ 07044	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/08/2017		Sched. Completion Date (11) 09/09/2017	Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

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

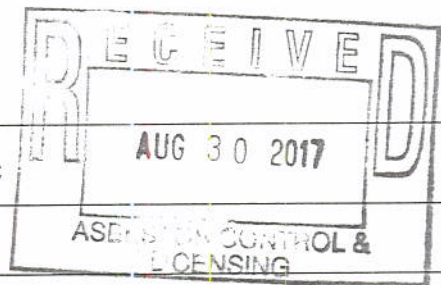
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement boiler room			X	pipe insulation	40 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/11/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/28/2017

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CK 25939

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



Date of Notification (1) 08 / 28 / 17		Name of Building Owner/Operator (2) R.I. Heritage Inn of Bridgewater, LLC							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1201 Page Drive City, State, Zip Code Fargo, ND 58103							
		Name of Contact Lori Kasowski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Days Inn Conference Center		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 1260 US 22 East		Square Feet 98,000	# of Floors 2						
City (5) Bridgewater		Bldg. Age 45							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address PO Box 365		Street Address 2 Henderson Drive							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	License No. 00411						
Start Date (10) 8 / 29 / 17	Scheduled Completion Date (11) 09 / 01 / 17	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbow Pipe Insulation	20 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	7,500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	1,000	<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"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 160	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 09/01/17		City, State Waynesburgh, OH					
Completed By (Print or Type) Mary Petrovski		Title President		Signature 		Date 8-28-17			

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

Check # 25578

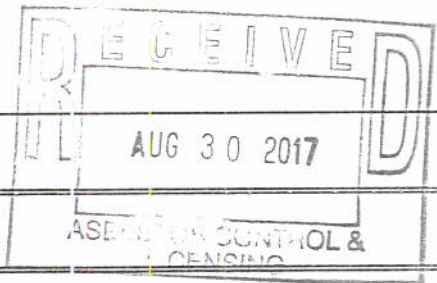
Date of Notification (1) <u>8/29/17</u>		Name of Building Owner/Operator (2) <u>Lynch</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 [REDACTED]							
		City, State, Zip Code <u>Haddon Twp., NJ</u>							
		Name of Contact <u>Dan Lynch</u>	Telephone Number [REDACTED]						
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 [REDACTED]									
City (5) <u>Haddon Twp., NJ</u>		Square Feet <u>2400</u>	# of Floors <u>2</u>						
		Bldg. Age <u>80 +/-</u>							
County (6) <u>Camden</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.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>9/12/17</u>	Scheduled Completion Date (11) <u>9/14/17</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7 am to 4 pm</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 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 checked="" type="checkbox"/>			<u>Thermal Wall Insulation</u>	<u>10 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>1 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/14/17</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>8/29/17</u>			

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

D&S Proj. #:

CK 1027



Date of Notification (1) 08/24/17		Name of Building Owner/Operator (2) SEOLALL SINGH	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code JERSEY CITY, NJ 07305	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact SEOLALL SINGH	
<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

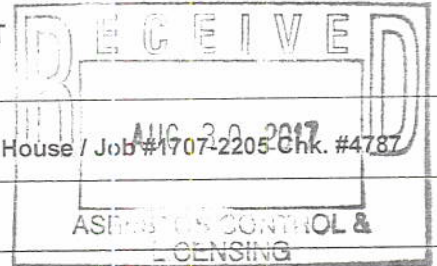
Name of facility where abatement is taking place (3) SEOLALL SINGH			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age
City (5) JERSEY CITY	County (6) HUDSON	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) MKD PROPERTY MAINTENANCE LLC	
Street Address			Street Address 105 VAN RIPER AVENUE	
City, State, Zip Code			City, State, Zip Code CLIFTON, NJ 07012	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 201-899-9008	License Number #01336
Start Date (10) 08-28-17	Sched. Completion Date (11) 10-05-17		Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address	
			City, State, Zip Code	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<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 L ³)	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		X		PIPE INSULATION	43 1 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 TBD	NJDEP Hauler ID# TBD	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill 110 SAND COMPANY
City, State TBD	Disposal Date 08-29-17	City, State MELVILLE, NY	11747
Completed by (Print or Type) DARKO RALOSKA	Title	Signature PROJECT MANAGER	Date 08-24-17

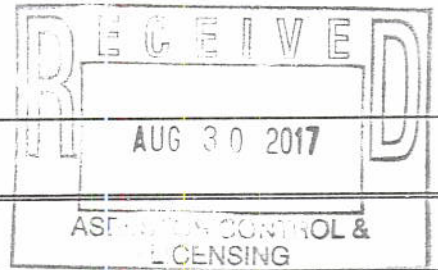
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 28 / 17		Name of Building Owner/Operator (2) Trustees of the Moorestown Comm House / Job #1707-2205 Chk. #4787							
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 16 East Main Street							
		City, State, Zip Code Moorestown, NJ 08057							
		Name of Contact Caryn Lynch	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Moorestown Community House		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 16 East Main Street		Square Feet 25000	# of Floors 3						
City (5) Moorestown		Bldg. Age 91							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Event Venue							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code THorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400						
License No. 00862									
Start Date (10) 9 / 11 / 17	Scheduled Completion Date (11) 9 / 15 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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 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
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	276 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 9/15/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 8-28-17		

D&S Proj. #: 17-234

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



Date of Notification (1)
10/18/17

Name of Building Owner/Operator (2)
linda duncan

Street Address
[REDACTED]

City, State, Zip Code
ridgfield park, nj 07660

Name of Contact
linda duncan

Telephone Number
[REDACTED]

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

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
linda duncan

Street Address
[REDACTED]

City (5)
ridgfield park

County (6)
BERGEN

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (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 (8)
[REDACTED]

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
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)
09/12/17

Sched. Completion Date (11)
09/28/17

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
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement		X		pipe insulation	30 lf	X			
basement		X		bare heating pipes	40 lf	X			

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
09/12/17

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

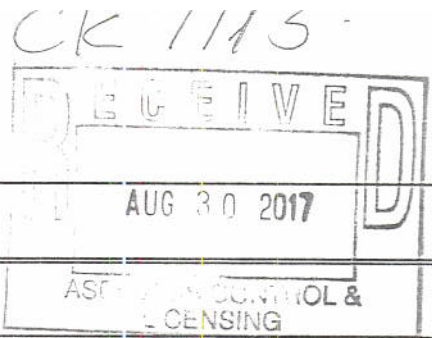
Signature
[REDACTED]

Date
08/25/2017

D&S Proj. #: 17-227

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

PAID



Date of Notification (1) 10/18/12/15/17		Name of Building Owner/Operator (2) ROBERT SHIELDS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact ROBERT SHIELDS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ROBERT SHIELDS			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) RIDGEWOOD	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		
Start Date (10) 09/07/17		Sched. Completion Date (11) 09/22/17	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
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
GARAGE		<input checked="" type="checkbox"/>		pipe insulation	41 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"/>

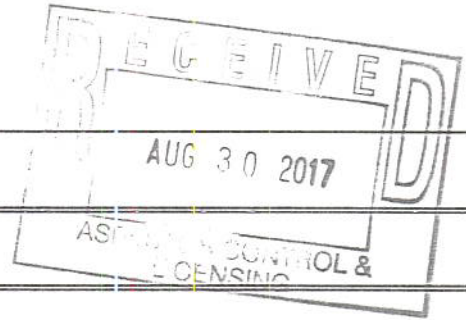
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/08/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/25/2017

PAID

D&S Proj. #: 17-232

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

CK 7116



Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) CHRISTINE KARSTOFSKY	
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 SO. ORANGE, NJ 07079	
Name of Contact CHRISTINE KARSTOFSKY		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHRISTINE KARSTOFSKY			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) SO. ORANGE	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)	
Street Address			Street Address	
City, State, Zip Code			City, State, Zip Code	
Project Manager for Monitoring Firm		Phone Number	Telephone Number License Number	
Start Date (10) 08/31/17		Sched. Completion Date (11) 09/22/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address	
			City, State, Zip Code	

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 checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		pipe insulation	90 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	NJDEP Hauler ID#	Cubic Yards of Waste 1 YD	Name of Registered Landfill
City, State	Disposal Date 09/01/17	City, State	
Completed by (Print or Type)	Title	Signature	Date 08/25/17