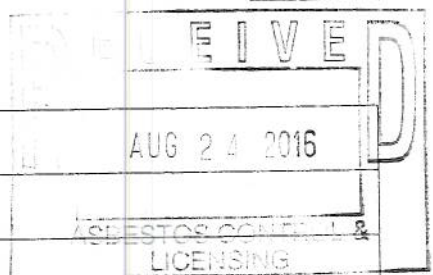


CK 4848

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



Date of Notification (1) 08/22/16		Name of Building Owner/Operator (2) PF HOLDINGS	
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 10 HILL ST	
		City, State, Zip Code NEWARK NJ	
		Name of Contact NATAHAN MEHL	Telephone Number

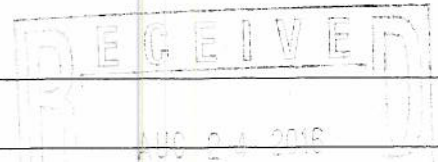
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) NEWARK	Square Feet	# of Floors 22	Bldg. Age
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) MULTI FAMILY	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 09/01/16	Scheduled Completion Date (11) 09/10/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) 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
CRAWL SPACE	X			TSI	6000 LF	X			
CRAWL SPACE	X			TSI DEBRIS	3500 LF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 09/10/16	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date

CK 2455

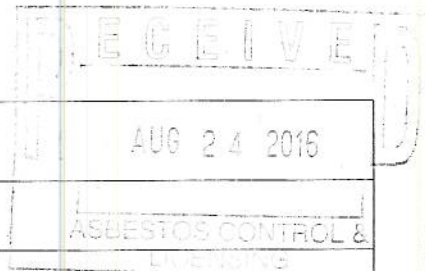
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/19/16		Name of Building Owner/Operator (2) Ann's Ave						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Red Bank, NJ 07701						
		Name of Contact Eric Plackis	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Red Bank	Square Feet 1480	# of Floors 2	Bldg. Age 106					
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.					
Street Address		Street Address P.O. Box 915						
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723						
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196					
Start Date (10) 8/22/16	Scheduled Completion Date (11) 9/1/16	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 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			Thermal Insulation 251 F					
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Inc.				
City, State Brick, New Jersey		Disposal Date 9/2/16		City, State PA				
Completed by Eric Plackis		Title President	Signature [Signature]		Date 8/19/16			

CK 1665

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

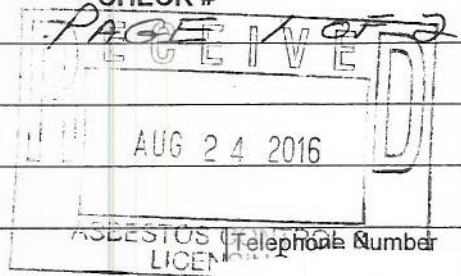


Date of Notification (1) 08 / 22 / 16		Name of Building Owner/Operator (2) Cantor Build		AUG 24 2016					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 661		ASBESTOS CONTROL & REMEDIATION					
		City, State, Zip Code Franklin Lakes, NJ 07417							
		Name of Contact Michael Cantor		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 325 Whippany Road									
City (5) Hanover Township			Square Feet	# of Floors	Bldg. Age				
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224				Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 08 / 31 / 16		Scheduled Completion Date (11) 09 / 30 / 16		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 27 Outwater Lane						
			City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
Kitchen, Classrooms, Closet, Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT, Mastic	13,620 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White breaching	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Joint Insulation	50 joint elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter of Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glaze	624 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 1A-371		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 8/22/16			

CK 19303

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

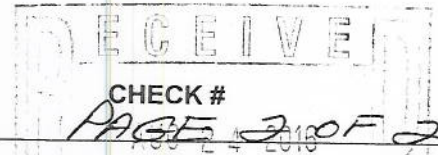
CHECK #



Date of Notification (1) 8-23-16		Name of Building Owner / Operator (2) Environmental Liability Transfer	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial <input checked="" type="checkbox"/> Amended Emergency <input type="checkbox"/> Cancellation	Street Address 1650 Des Peres Rd., Suite 306 City, State & Zip Code St. Louis, MO 63131 Name of Contact Adam Peetz, ELT	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building # 1, Perth Amboy 1160, LLC.		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 1160 State Street		Square Feet NA	# of Floors NA
City (5) Perth Amboy	County (6) Middlesex	County Code (7) NA	Bldg. Age NA
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC.	
Street Address		Street Address 874 Piney Hollow Road, PO Box 70	
City, State & Zip Code		City, State & Zip Code Winslow, New Jersey 08095	
Project Manager for Monitoring Firm		Telephone Number 609-567-0600	License Number 01263
Scheduled Start Date (10) 9-2-16	Scheduled Completion Date (11) 2-24-17	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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 200 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"/> ≥ 160 sf ≥ 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"/> Glove Bag Procedures <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 or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
First Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	12X12 Gray Floor & Mastic	1,500 s. f.
Roof	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Tar Roof & Roof Flashing	34,000 s. f.
First Floor Windows (Upper & Lower)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Window Caulk / Windows	100 each
Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Furnace Insulation	1,000 s.f.
First Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	12in. Pipe Insulation w/jacket	500 l.f.
First Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Gray Joint Insulation	500 l. f.
Name of Registered Waste Hauler Bull Waste & Recycling, Inc.	NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 40	Name of Registered Landfill Salem County Landfill
City, State Berlin, NJ	Disposal Date 3-10-17	City, State Alloway, New Jersey	
Completed By (Print or Type) Theodore S. Budzynski	Title President	Signature 	Date 8-23-16

CK19303

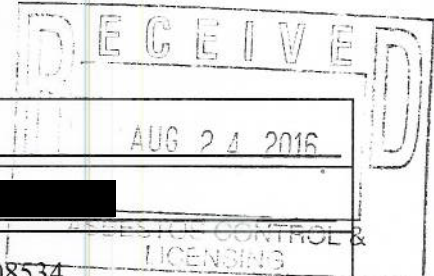
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 8-23-16		Name of Building Owner / Operator (2) Environmental Liability Transfer	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial <input checked="" type="checkbox"/> Amended Emergency <input type="checkbox"/> Cancellation	Street Address 1650 Des Peres Rd., Suite 306 City, State & Zip Code St. Louis, MO 63131 Name of Contact Adam Peetz, ELT	ASBESTOS CONTROL & LICENSING Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building # 1, Perth Amboy 1160, LLC.		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 1160 State Street		Square Feet NA	# of Floors NA
City (5) Perth Amboy	County (6) Middlesex	County Code (7) NA	Bldg. Age NA
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC.
Street Address		Street Address 874 Piney Hollow Road, PO Box 70	
City, State & Zip Code		City, State & Zip Code Winslow, New Jersey 08095	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-567-0600	License Number 01263
Scheduled Start Date (10) 9-2-16	Scheduled Completion Date (11) 2-24-17	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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 200 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"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Abatement Type	Removal	Repair	Encapsulate
Enclosure			
First Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Debris on Floor	500 s. f.
Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Furnace Door Insulation	500 s. f.
First Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	8 in. Pipe w/ Flue Packing	100 l.f.
First Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	18 in. Pipe Insulation w/Jacket	800 l.f.
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 40
City, State Berlin, NJ		Disposal Date 3-10-17	Name of Registered Landfill Salem County Landfill
Completed By (Print or Type) Theodore S. Budzynski		Title President	Signature
			Date 8-23-16

CK# 25256

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

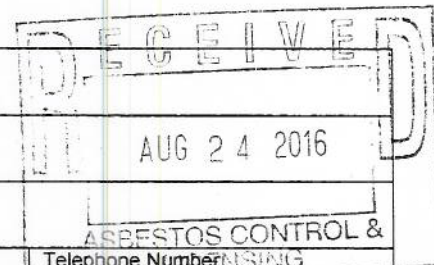


Date of Notification (1) <u>8/22/16</u>		Name of Building Owner/Operator (2) <u>Landis</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Pennington, NJ 08534</u>	
		Name of Contact <u>Maggie Landis</u>	Telephone Number _____
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]		Square Feet <u>3000</u>	
City (5) <u>Pennington, NJ</u>		# of Floors <u>2</u>	Bldg. Age <u>70+/-</u>
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>4 Berkeley Place</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>	License No. <u>00493</u>
Start Date (10) <u>9/1/16</u>	Scheduled Completion Date (11) <u>9/9/16</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input 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 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 IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Garage</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
			<u>35 lf</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>GROWS Landfill</u>	
		Disposal Date <u>9/9/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>8/22/16</u>

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

CK 1015

Date of Notification (1) 8/22/16		Name of Building Owner/Operator (2) Cheryl Lombardi							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Cheryl Lombardi							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Paramus		Square Feet 1800	# of Floors 2						
		Bldg. Age 60+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement Inc						
Street Address P.O. Box 1224		Street Address 280 N. Midland Ave.							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm Dyana Caldarone		Telephone No. 973-494-3762	Telephone No. 201-600-3184						
		License No. 01305							
Start Date (10) 9/1/16	Scheduled Completion Date (11) 9/15/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	500 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4 CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President		Signature			Date 8/22/16		



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

CK 4881

Date of Notification (1) 8/23/16		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University							
Agencies Notified	Type Notification	Street Address EA McMillan Building	AUG 24 2016						
<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 Princeton, NJ 08544	ASBESTOS CONTROL & LICENSING						
		Name of Contact Bob Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton		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 11 Lake Lane		Square Feet 3,900	# of Floors 3						
City (5) Princeton		Bldg. Age 40+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Hatch Mott MacDonald		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 111 Wood Avenue South		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Marlon MacPherson		Telephone No. 732-531-5571	License No. 01161						
Start Date (10) 9/2/16	Scheduled Completion Date (11) 9/6/16	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Windows		X		Caulkings	255 LF	X			
Exterior Windows		X		Glazing on Double Hung	12 EA	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Joe White		Title Project Manager		Signature <i>Joe White</i>		Date 8/23/16			

CK # 7404

Print Form

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

Date of Notification (1) 8/23/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 24 2016 ASBESTOS CONTROL & ABATEMENT </div>			
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 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07068				Name of Contact DWIGHT THOMAS	
				Telephone Number			

Name of Facility Where Abatement is Taking Place (3) PSEG				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 422 UNIVERSITY AVE.				Square Feet 17291	
City (5) NEWARK				# of Floors 3	
County (6) ESSEX				Bldg. Age 57 YRS.	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) SWITCH STATION	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET				Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747				City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350	
				License No. 01111	
Start Date (10) 9/1/16		Scheduled Completion Date (11) 9/2/16		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
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: necessary operators only				Street Address 396 WHITEHEAD AVE.	
				City, State, Zip Code SOUTH RIVER, NJ 08882	

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
CONTROL ROOM		X		PIPE INSULATION	10 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 1		Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ				Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 8/23/16	