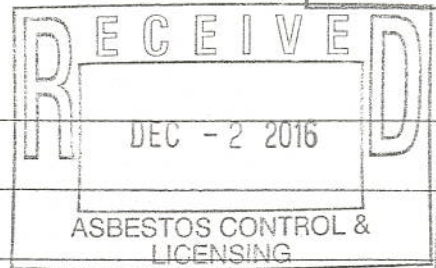


CK# 3048

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)



| | | | | | | | | | |
|--|--|--|---|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 11/30/16 | | Name of Building Owner/Operator (2) John Bonura | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" 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 Seaside, New Jersey Name of Contact Frank | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Bonura Residence | | Type of Facility (4) | | | | | | | |
| Street Address | | <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) Seaside Heights | | Square Feet 800 | # of Floors 1 | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | Bldg. Age 55+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Ace Insulation Co., Inc | | | | | | |
| Street Address | | Street Address 95 Montrose Rd | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, New Jersey | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 732 294 1757 | | | | | | |
| Start Date (10) 12/10/16 | | Scheduled Completion Date (11) 12/15/16 | License No. 00029 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor | | | | | | | |
| <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: 7AM-7PM | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | | | X | Siding | 400 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste | Name of Registered Landfill Chrins Landfill | | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 12/15/16 | | City, State Easton, PA | | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature <i>[Signature]</i> | | Date 11/30/16 | | | |

CK# 3048

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

| |
|------------------------------|
| RECEIVED |
| DEC - 2 2016 |
| ASBESTOS CONTROL & LICENSING |

| | | | |
|--|---|--|-------------------------------|
| Date of Notification (1) 11/30/16 | | Name of Building Owner/Operator (2) Wedgewood Equities, LLC | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 14000 Horizon Way | Mont Laurel, New Jersey 08054 |
| | | Name of Contact Deb | Telephone Number |

| | | | |
|---|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) Wedgewood Equities Property | | Type of Facility (4) | |
| Street Address 2005 Rt 541 (Mt. Holly Rd) | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) Burlington | County (6) Burlington | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Storefront/doctor office |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Ace Insulation Co., Inc |
| Street Address | | Street Address 95 Montrose Rd | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, New Jersey | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 732 294 1757 |
| | | | License No. 00029 |
| Start Date (10) 12/10/16 | Scheduled Completion Date (11) 12/22/16 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM-7PM | | City, State, Zip Code | |

| | | | |
|--|---|---|--|
| Scope of Work (Check All That Apply) | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 |
| doctor's office | | | X | floor tile | 500 lf | X | | | |
| News Stand/storefront | | | X | floor tile | 300 lf | X | | | |
| Main Building | | | X | floor tile | 800 lf | X | | | |

| | | | |
|---|------------------------------------|---------------------------|--|
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 5 | Name of Registered Landfill Chriss Landfill |
| City, State Colts Neck, New Jersey | | Disposal Date 12/22/16 | City, State Easton, PA |
| Completed by Bree McGuire | Title Secretary Treasurer | Signature Bree | Date 11/30/16 |

CR# 3048

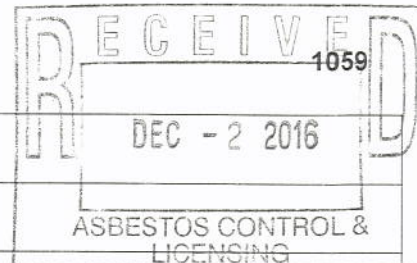
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
DEC - 2 2016
ASBESTOS CONTROL & LICENSING

| | | | | | | | | |
|--|---|---|---|--------------------------------------|----------------|------------------|--------|-------------|
| Date of Notification (1) 11/30/16 | | Name of Building Owner/Operator (2) Fortune Square, LLC | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 44 Doctors James Parker Blvd | | City, State, Zip Code Red Bank, New Jersey 07701 | | | | | | |
| Name of Contact M. Ke | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Fortune Square, LLC Property | | 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 44 Doctors James Parker Blvd | | Square Feet 3000 | # of Floors 2 | | | | | |
| City (5) Red Bank | | Bldg. Age 80+ | | | | | | |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Ace Insulation Co., Inc | | | | | | |
| Street Address | | Street Address 95 Monroe Rd | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Colts Neck, New Jersey 07722 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732 294 1757 | License No. 00029 | | | | | |
| Start Date (10) 12/9/16 | | Scheduled Completion Date (11) 12/16/16 | | | | | | |
| 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: 7AM-7PM | | Name of OSHA Monitor | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | Street Address | | | | | | |
| City, State, Zip Code | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | 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 |
| basement + crawlspace | | | X | pipe insulation | 500 LF | X | | |
| basement + | | | X | boiler insulation | 25 LF | X | | |
| Name of Registered Waste Hauler Ace Insulation Co Inc | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 3 | Name of Registered Landfill GROWS | | | | |
| City, State Colts Neck, New Jersey | | Disposal Date 12/16/16 | | City, State Tullytown, PA | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature <i>[Signature]</i> | | Date 11/30/16 | | |

Ch 1059

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

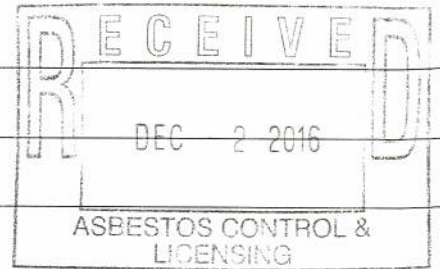


| | | | | | | | | | |
|--|--|---|---|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) November 29, 2016 | | Name of Building Owner/Operator (2) KB Newark, LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 6-02 Fair Lawn Ave. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fair Lawn NJ 07410 | | | | | | | |
| | | Name of Contact Project Manager | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) former Cardolite | | Type of Facility (4) | | | | | | | |
| Street Address 500 Doremus | | <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, NJ | | Square Feet TBD | # of Floors TBD | | | | | | |
| County (6) Essex | | Bldg. Age TBD | | | | | | | |
| County Code (7) Essex | | Current Use (Prior if being demolished) facility | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | Name of Abatement Contractor (9) The MACK Group, LLC. | | | | | | | |
| Street Address 907 Doolittle Drive | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| City, State, Zip Code Bridgewater, NJ 08807 | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. (908) 218-1108 | License No. 00781 | | | | | | |
| Start Date (10) 12/05/16 | Scheduled Completion Date (11) 5/31/17 | | Name of OSHA Monitor The MACK Group, LLC. | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| <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 Cherry Hill, NJ 08034 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If | | <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 |
| Bld 1 | <input checked="" type="checkbox"/> | | | Roofing | 4150 s/f | <input checked="" type="checkbox"/> | | | |
| "- | <input checked="" type="checkbox"/> | | | vessel | 300 s/f | <input checked="" type="checkbox"/> | | | |
| Bld 2 | <input checked="" type="checkbox"/> | | | pipe | 405 lf | <input checked="" type="checkbox"/> | | | |
| "- | <input checked="" type="checkbox"/> | | | vessel | 35 s/f | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler Newark Carting / Spartan Environmental | | NJ DEP Waste Hauler ID No. 22253 | Cubic Yards of Waste TBD | Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF | | | | | |
| City, State Newark, NJ | | Disposal Date 5/31/17 | | City, State Newburg / Imperial / Morrisville, PA | | | | | |
| Completed by Michael Cooper | | Title President | Signature | | | Date 11/29/16 | | | |

[illegible]

[illegible]

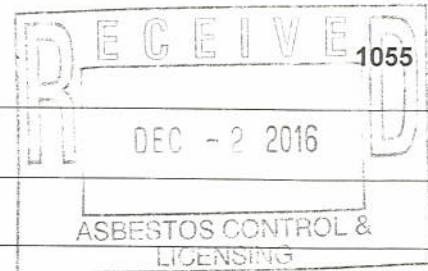
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|--|---|---|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) November 23, 2016 | | Name of Building Owner/Operator (2) KB Newark, LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 6-02 Fair Lawn Ave. | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fair Lawn NJ 07410 | | | | | | | |
| | | Name of Contact Project Manager | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) former Cardolite | | Type of Facility (4) | | | | | | | |
| Street Address 500 Doremus | | <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, NJ | | Square Feet TBD | # of Floors TBD | | | | | | |
| County (6) Essex | | Bldg. Age TBD | | | | | | | |
| County Code (7) Essex | | Current Use (Prior if being demolished) facility | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | Name of Abatement Contractor (9) The MACK Group, LLC. | | | | | | | |
| Street Address 907 Doolittle Drive | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| City, State, Zip Code Bridgewater, NJ 08807 | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. (908) 218-1108 | License No. 00781 | | | | | | |
| Start Date (10) 10/30/16 | Scheduled Completion Date (11) 4/30/17 | | Name of OSHA Monitor The MACK Group, LLC. | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| <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 Cherry Hill, NJ 08034 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| Bld 1 | <input checked="" type="checkbox"/> | | | Roofing | 4150 s/f | <input checked="" type="checkbox"/> | | | |
| "-" | <input checked="" type="checkbox"/> | | | vessel | 300 s/f | <input checked="" type="checkbox"/> | | | |
| Bld 2 | <input checked="" type="checkbox"/> | | | pipe | 405 lf | <input checked="" type="checkbox"/> | | | |
| "-" | <input checked="" type="checkbox"/> | | | vessel | 35 s/f | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler Newark Carting / Spartan Environmental | | NJ DEP Waste Hauler ID No. 22253 | Cubic Yards of Waste TBD | Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF | | | | | |
| City, State Newark, NJ | | Disposal Date 4/30/17 | | City, State Newburg / Imperial / Morrisville, PA | | | | | |
| Completed by Michael Cooper | | Title President | Signature | | | Date 11/23/16 | | | |

[illegible]

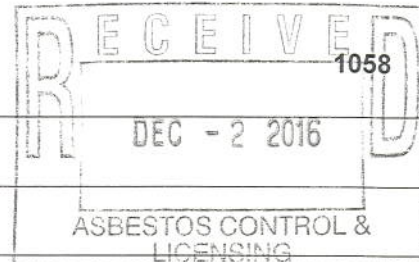
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) November 15, 2016 | | Name of Building Owner/Operator (2) Phoenix | | | | | | | |
|--|---|---|---|--|---------------------------|-------------------------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 333 Broad Street City, State, Zip Code Red Bank, NJ 07701 | | | | | | | |
| | | Name of Contact Project Manager | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) former Cardolite | | Type of Facility (4) | | | | | | | |
| Street Address 500 Doremus | | <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, NJ | | Square Feet TBD | # of Floors TBD | | | | | | |
| County (6) Essex | | Bldg. Age TBD | | | | | | | |
| County Code (7) Essex | | Current Use (Prior if being demolished) facility | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | Name of Abatement Contractor (9) The MACK Group, LLC. | | | | | | | |
| Street Address 907 Doolittle Drive | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| City, State, Zip Code Bridgewater, NJ 08807 | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. (908) 218-1108 | License No. 00781 | | | | | | |
| Start Date (10) 10/30/16 | Scheduled Completion Date (11) 4/30/17 | | Name of OSHA Monitor The MACK Group, LLC. | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| <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 Cherry Hill, NJ 08034 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 |
| Bld 1 | <input checked="" type="checkbox"/> | | | Roofing | 4150 s/f | <input checked="" type="checkbox"/> | | | |
| "-" | <input checked="" type="checkbox"/> | | | vessel | 300 s/f | <input checked="" type="checkbox"/> | | | |
| Bld 2 | <input checked="" type="checkbox"/> | | | pipe | 405 lf | <input checked="" type="checkbox"/> | | | |
| "-" | <input checked="" type="checkbox"/> | | | vessel | 35 s/f | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler Newark Carting / Spartan Environmental | | NJ DEP Waste Hauler ID No. 22253 | Cubic Yards of Waste TBD | Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF | | | | | |
| City, State Newark, NJ | | Disposal Date 4/30/17 | | City, State Newburg / Imperial / Morrisville, PA | | | | | |
| Completed by Michael Cooper | | Title President | Signature | | | Date 11/15/16 | | | |

CK1058

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

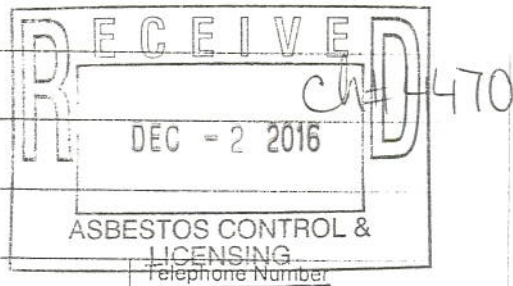


| | | | | | | | | | |
|--|--|---|-------------------------------------|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) November 29, 2016 | | Name of Building Owner/Operator (2) J&JPRD LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | PO Box 16571 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | City, State, Zip Code New Brunswick, NJ 08906-6571 | | | | | | | |
| | | Name of Contact Project Manager | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) J&J Titusville Facility | | Type of Facility (4) | | | | | | | |
| Street Address 1125 Trenton-Harbourton Road | | <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) Titusville, NJ 08560 | | Square Feet TBD | # of Floors TBD | | | | | | |
| County (6) Mercer | | Bldg. Age TBD | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Facility | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. | | Name of Abatement Contractor (9) The MACK Group, LLC. | | | | | | | |
| Street Address 222 Church Road | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| City, State, Zip Code Bridgewater, NJ 08807 | | City, State, Zip Code Cherry Hill, NJ 08034 | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. (908) 218-1108 | License No. 00781 | | | | | | |
| Start Date (10) 12/19/16 | Scheduled Completion Date (11) 12/19/17 | Name of OSHA Monitor The MACK Group, LLC. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 1500 Kings HWY N, STE 209 | | | | | | | |
| <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 Cherry Hill, NJ 08034 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| House | | <input checked="" type="checkbox"/> | | Vat/Mastic & Cove Base | 94 s/f | <input checked="" type="checkbox"/> | | | |
| Garage | | <input checked="" type="checkbox"/> | | Interior Transite Panels & misc scrap | 1200 s/f | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting / Freehold Cartage | | NJ DEP Waste Hauler ID No. 22253 | Cubic Yards of Waste 12.9 | Name of Registered Landfill BFI Imperial Landfill | | | | | |
| City, State Newark / Freehold, NJ | | Disposal Date 12/19/17 | | City, State Imperial, PA 15126 | | | | | |
| Completed by Michael Cooper | | Title President | Signature | | | Date 11/29/16 | | | |

ASB-41 (R-06-08)

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

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



| | | | | | | | | |
|--|---|---|--|--|---------------------------|----------------|--------|-------------|
| Date of Notification (1) 11/29/2016 | | Name of Building Owner/Operator (2) Marcelle Agus | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | |
| <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Englewood, NJ 07631 | | | | | | |
| | | Name of Contact Marcelle Agus | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | 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) Englewood | | Square Feet | # of Floors 2 | | | | | |
| County (6) Bergen | | Bldg. Age 100 | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) residential | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | |
| Street Address | | Street Address 606 McBride Ave | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Woodland park, NJ 07424 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-225-8400 | | | | | |
| Start Date (10) 12-08-2016 | | Scheduled Completion Date (11) 12-09-2016 | License No. 01104 | | | | | |
| Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 2333 Route 22 West | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Union, NJ 07083 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| basement | | | X | pipe insulation | 10 LF | X | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Woodland Park, New Jersey | | | Disposal Date | City, State Morrisville, PA | | | | |
| Completed by Momo Glavatovic | | Title vice president | Signature | Date 11/29/2016 | | | | |

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

Check 15885

| | | | | |
|---|---|---|--|--|
| Date of Notification (1) 11/28/16 | | Name of Building Owner/Operator (2) Donald Ammiano | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 2 2016 ASBESTOS CONTROL & TESTING </div> |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Cranford NJ 07016 | | |
| | | Name of Contact Donald Ammiano | | |

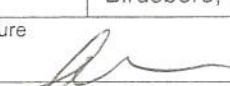
FACILITY INFORMATION

| | | | |
|--|---|---|---|
| Name of Facility Where Abatement is Taking Place (3) 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] | | Square Feet 2200 | # of Floors 2 |
| City (5) Cranford | | Bldg. Age 72 | |
| County (6) Union | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | License No. 703 |
| Start Date (10) 12/7/16 | Scheduled Completion Date (11) 1/7/16 | 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: <u>basement</u> | | 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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) <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 | pipe insulation | 30 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--------------------|---|-----------------------------|---|--|
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State Birdsboro, PA | |
| Completed by A. Scott Higgins | Title President | Signature  | | Date 11/28/16 | |

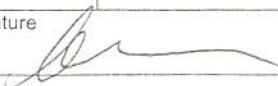
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 15900

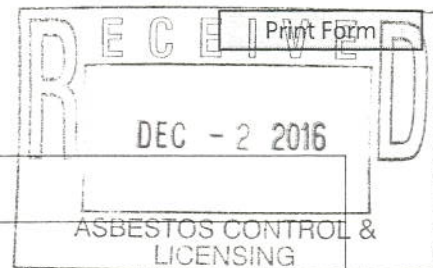
| | | | | | | | | | |
|--|---|---|-----|--|---|------------------|--------|-------------|-----------|
| Date of Notification (1) 11/29/16 | | Name of Building Owner/Operator (2) Silvano LLC | | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC - 2 2016 CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address 515 Wood Avenue, #301 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Linden NJ 07036 | | | | | | | |
| | | Name of Contact Dennis Valvano | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Street Address 1020 South Wood Avenue | | | | 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) Linden | | Square Feet 3300 | | # of Floors 2 | Bldg. Age 70 | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 973-764-2276 | License No. 703 | | | | |
| Start Date (10) 12/12/16 | | Scheduled Completion Date (11) 1/30/16 | | 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: _____ | | | | 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 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 |
| roof | | | x | flashing | 1300 SF | x | | | |
| | | | x | tar | 350 SF | x | | | |
| | | | x | roofing | 1500 SF | x | | | |
| basement | | | x | pipe insulation | 25 LF | x | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | | | | |
| City, State Freehold, NJ | | | | Disposal Date TBD | City, State Birdsboro, PA | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | Date 11/29/16 | | | |

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

Check 15901

| | | | | | | | | | |
|--|---|---|-----|--|---|---|--------|-------------|-----------|
| Date of Notification (1) 11/29/16 | | Name of Building Owner/Operator (2) Rockfort Management | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 2 2016 S CONTROL & LONG </div> | | | | | |
| Agencies Notified | | Type Notification | | | | Street Address | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | 201 St. Pauls Avenue, #1J | | | |
| | | | | | | City, State, Zip Code Jersey City, NJ 07306 | | | |
| | | | | Name of Contact Sean Kilby | | Telephone Number | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 201 St. Paul's Avenue | | | | 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) Jersey City | | | | Square Feet 3100 | | # of Floors 2 | | | |
| County (6) Hudson | | | | County Code (7) (STATE USE ONLY) _____ | | Bldg. Age 65 | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | ASCM No. | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | |
| Street Address | | | | Street Address PO Box 483, 4 E Gate Drive | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code Glenwood, NJ 07418 | | | | | |
| Project Manager for Monitoring Firm | | | | Telephone No. | | License No. | | | |
| | | | | 973-764-2276 | | 703 | | | |
| Start Date (10) 12/12/16 | | Scheduled Completion Date (11) 3/7/16 | | 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: _____ | | | | 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 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 |
| roof | | | x | transite | 1000 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | | | | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State Birdsboro, PA | | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | Date 11/29/16 | | | |

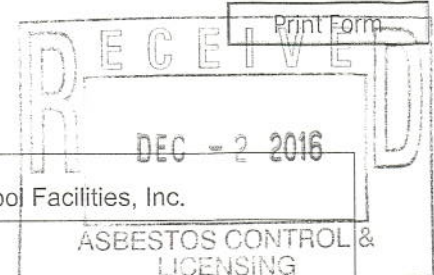
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|---|---|---|---|---|---------------------------|----------------------|--------|-------------|-----------|
| Date of Notification (1) Nov 29, 2016 | | Name of Building Owner/Operator (2) 525-527 Avenue E LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 540 Broadway | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Bayonne, NJ 07002 | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential - House for Demo | | Type of Facility (4) | | | | | | | |
| Street Address 525 Avenue E | | <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) Bayonne | | Square Feet 2000 | # of Floors 3 | | | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 50+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | | ASCM No. n/a | Name of Abatement Contractor (9) Harmony Contracting | | | | | | |
| Street Address n/a | | Street Address 360 Palisade Ave | | | | | | | |
| City, State, Zip Code n/a | | City, State, Zip Code Garfield NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm n/a | | Telephone No. n/a | License No. 01255 | | | | | | |
| Start Date (10) 12/8/2016 | Scheduled Completion Date (11) 12/12/2016 | Name of OSHA Monitor Harmony Contracting | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 360 Palisade Ave | | | | | | | |
| <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 Garfield NJ 07026 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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 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 | | | X | ROOFING MATERIAL | 600 SF | < | | | |
| BASEMENT | | | X | PIPE INSULATION | 50 LF | < | | | |
| 3RD FLOOR | | | X | FLOOR COVERING | 200 SF | < | | | |
| Name of Registered Waste Hauler Harmony Contracting | | NJDEP Waste Hauler ID No. 0033137 | Cubic Yards of Waste TBD | Name of Registered Landfill GROWS Landfill | | | | | |
| City, State Lincoln Park, NJ 07035 | | | Disposal Date TBD | City, State Morrisville PA 19067 | | | | | |
| Completed by E. Cirovic | | Title Secretary | Signature | | | Date Nov 29, 2016 | | | |

no ch

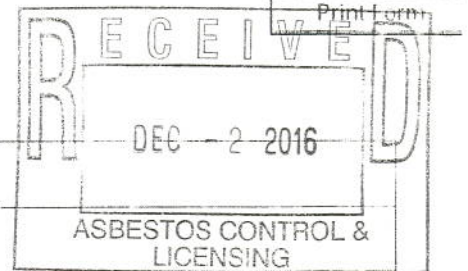
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|--|---|---|---|----------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 12-1-16 | | Name of Building Owner/Operator (2) Cooper Lanning Square Renaissance School Facilities, Inc. | | | | | | | |
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTROL & LICENSING | | | | | | |
| <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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 200 Federal Street, Suite 146 | | | | | | | |
| City, State, Zip Code Camden, NJ 08103 | | City, State, Zip Code Camden, NJ 08103 | | | | | | | |
| | | Name of Contact Dave Millman | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Kipp Cooper Norcross Academy at Whittier | | Type of Facility (4) | | | | | | | |
| Street Address 740 Chestnut St. | | <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Camden | | Square Feet 200,000 | # of Floors 2 | | | | | | |
| County (6) Camden | | County Code (7) (STATE USE ONLY) | Bldg. Age +/-50 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental, Inc. | | ASCM No. | Name of Abatement Contractor (9) Pepper Environmental Services, Inc. | | | | | | |
| Street Address 500 Horizon Drive, Suite 540 | | Street Address 2251 Fraley Street | | | | | | | |
| City, State, Zip Code Robbinsville, NJ 08691 | | City, State, Zip Code Philadelphia, PA 19137 | | | | | | | |
| Project Manager for Monitoring Firm Chris | | Telephone No. 609-890-7277 | Telephone No. 2155335155 | | | | | | |
| License No. 001166 | | | | | | | | | |
| Start Date (10) 11-28-16 | Scheduled Completion Date (11) 12-31-16 | Name of OSHA Monitor Pars Environmental, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 500 Horizon Drive, Suite 540 | | | | | | | |
| <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 Robbinsville, NJ 08691 | | | | | | | |
| 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 |
| 1st floor | | | x | vat & mastic | 300sf | x | | | |
| 3rd and 4th fls. (7 separate areas) | | | x | vat & mastic | 63sf | x | | | |
| under radiators -9sf ea area | | | x | | | | | | |
| throughout | | | x | mastic glue dots | 500sf | x | | | |
| Name of Registered Waste Hauler Service Transport | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Minvera Landfill | | | | | |
| City, State Newark, DE | | | Disposal Date | City, State Libson, OH | | | | | |
| Completed by Jennifer Niven | | Title Dir. of Operations | Signature | | | Date 12-1-16 | | | |

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:17C)



| Date of Notification (1) 12/1/16 | | Name of Building Owner/Operator (2) The Langfan Company | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|------------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 119 W. 57th Street, #906 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code New York, NY 10019 | | | | | | | |
| | | Name of Contact Jennifer Gaboff | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Marshall's Store | | 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 1139 - 1151 Hamburg Turnpike | | Square Feet 35,000 | # of Floors 2 | | | | | | |
| City (5) Wayne | | Bldg. Age 50 | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) unoccupied | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Acer Associates | | ASCM No | Name of Abatement Contractor (9) ecoservices, LLC | | | | | | |
| Street Address 1012 Industrial Drive | | Street Address 407 West Lincoln Highway, Suite 500 | | | | | | | |
| City, State, Zip Code West Berlin, NJ 08091 | | City, State, Zip Code Exton, PA 19341 | | | | | | | |
| Project Manager for Monitoring Firm Matt DePalma | | Telephone No. 856-809-1202 | License No. 01161 | | | | | | |
| Start Date (10) 12/2/16 | Scheduled Completion Date (11) 1/2/17 | Name of OSHA Monitor EMSL | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Retail Area | | | X | Ceiling Tile | 28,000 SF | X | | | |
| Retail Area | | | X | Floor tile mastic | 31,000 SF | X | | | |
| Back Offices | | | X | Floor tile mastic | 23 SF | X | | | |
| Name of Registered Waste Hauler Waste Management of Central NJ | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 150 | Name of Registered Landfill GROWS via Mercer Scale | | | | | |
| City, State Trenton, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Jack Bally | | Title Sr. Project Manager | | Signature <i>Jack Bally @</i> | | | Date 12/1/16 | | |

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

Check # 9282

| | | | | | | | | | |
|--|---|---|---|--|---|--|--------|-------------|-----------|
| Date of Notification (1) <u>11/29/16</u> | | Name of Building Owner/Operator (2) <u>GOLDBERG REALTY ASSOCIATES</u> | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC - 2 2016 ASBESTOS CONTROL & </div> | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address <u>33 CLINTON ROAD</u> | | | |
| | | City, State, Zip Code <u>WEST CALDWELL, NJ 07006</u> | | Telephone Number | | | | | |
| | | Name of Contact <u>GINA V.</u> | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>GRANDVIEW GARDEN APARTMENTS</u> | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address <u>441-463 BOULEVARD</u> | | | Square Feet <u>12000</u> | # of Floors <u>2</u> | Bldg. Age <u>60</u> | | | | |
| City (5) <u>HASBROUCK HEIGHTS</u> | | | Current Use (Prior if being demolished) <u>APT'S</u> | | | | | | |
| County (6) <u>BERGEN</u> | | County Code (7) (STATE USE ONLY) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u> | | | | | |
| Street Address | | | | Street Address <u>185 Vreeland Ave.</u> | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code <u>Midland Park, N.J.</u> | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. <u>201-262-5841</u> | License No. <u>00156</u> | | | | |
| Start Date (10) <u>12/8/16</u> | | Scheduled Completion Date (11) <u>12/22/16</u> | | Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyler Street</u> | | | | | |
| | | | | City, State, Zip Code <u>Hackensack, N.J. 07606</u> | | | | | |
| 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 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>BOILER ROOM</u> | | | <input checked="" type="checkbox"/> | <u>BOILER</u> | <u>234 SF</u> | <input checked="" type="checkbox"/> | | | |
| <u>" "</u> | | | <input checked="" type="checkbox"/> | <u>PIPE</u> | <u>63 LF</u> | <input checked="" type="checkbox"/> | | | |
| <u>BASEMENTS</u> | | | <input checked="" type="checkbox"/> | <u>PIPE</u> | <u>1,050 LF</u> | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler <u>Newark Carting, Inc.</u> | | NJDEP Waste Hauler ID No. <u>04509</u> | | Cubic Yards of Waste <u>15</u> | Name of Registered Landfill <u>Grand Central Sanitary Landfill</u> | | | | |
| City, State <u>Newark, N.J. 07105</u> | | | | Disposal Date <u>12/8/16 on</u> | City, State <u>Pen Argyl, PA 08072</u> | | | | |
| Completed by <u>R. McDonald</u> | | | Title <u>President</u> | Signature <u>R. McDonald</u> | Date <u>11/29/16</u> | | | | |

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

Check # 9282

| | | | | | | | | | |
|--|---|---|---------------|---|--|---|-----------------------------|-------------|-----------|
| Date of Notification (1) <u>11/29/16</u> | | Name of Building Owner/Operator (2) <u>GOLDBERG REALTY ASSOCIATES</u> | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC - 2 2016 NJ DEPARTMENT OF ENVIRONMENT & NATURE CONTROL & ASBESTOS CONTROL </div> | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | Street Address <u>33 CLINTON ROAD</u> | | | |
| | | | | | | City, State, Zip Code <u>WEST CAPOWELL, NJ 07006</u> | | | |
| | | | | Name of Contact <u>GINA V.</u> | | Telephone Number _____ | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>MANOR APARTMENTS</u> | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address <u>11-43 HOEHN STREET</u> | | | | Square Feet <u>1200</u> | | # of Floors <u>2</u> | | | |
| City (5) <u>LOOPI</u> | | | | Bldg. Age <u>60</u> | | | | | |
| County (6) <u>BERGEN</u> | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) <u>APTS</u> | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | ASCM No. | | Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u> | | | | |
| Street Address | | | | | Street Address <u>185 Vreeland Ave.</u> | | | | |
| City, State, Zip Code | | | | | City, State, Zip Code <u>Midland Park, N.J.</u> | | | | |
| Project Manager for Monitoring Firm | | | Telephone No. | | Telephone No. <u>201-262-5841</u> | | License No. <u>00156</u> | | |
| Start Date (10) <u>12/12/16</u> | | Scheduled Completion Date (11) <u>12/22/16</u> | | Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyler Street</u> | | | | | |
| | | | | City, State, Zip Code <u>Hackensack, N.J. 07606</u> | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <u>BASEMENTS</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) <u>PIPE</u> | Amount (Specify SF or LF) <u>1320 LF</u> | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | | <u>X</u> | | | <u>X</u> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler <u>Newark Carting, Inc.</u> | | NJDEP Waste Hauler ID No. <u>04509</u> | | Cubic Yards of Waste <u>13</u> | | Name of Registered Landfill <u>Grand Central Sanitary Landfill</u> | | | |
| City, State <u>Newark, N.J. 07105</u> | | | | Disposal Date <u>12/14/16</u> | | City, State <u>Pen Argyl, PA 08072</u> | | | |
| Completed by <u>R. McDonald</u> | | Title <u>President</u> | | Signature <u>R. McDonald</u> | | Date <u>11/29/16</u> | | | |