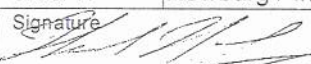
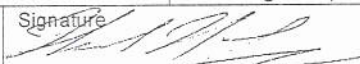


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>December 02, 2016</b>		Name of Building Owner/Operator (2) <b>National Realty &amp; Development Corp.</b>							
Agencies Notified	Type Notification	Street Address <b>3 Manhattanville Road; Suite 202</b>							
<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 checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Purchase, NY 10577</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Shrewsbury Plaza</b>		Type of Facility (4)							
Street Address <b>1026 Broad Street</b>		<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) <b>Shrewsbury, NJ 07702</b>		Square Feet	# of Floors						
County (6) <b>Monmouth</b>		Bldg. Age							
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>plaza</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Iris Environmental Laboratories, L.L.C.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>2333 Route 22 West</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Project Manager</b>		Telephone No. <b>(908)206-0073</b>	License No. <b>00781</b>						
Start Date (10) <b>12/2/16</b>	Scheduled Completion Date (11) <b>3/30/17</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<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 <b>Cherry Hill, NJ 08034</b>							
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
Main Floor		<input checked="" type="checkbox"/>		VCT and mastic	22,156 sf	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		ceramic tile and mastic	1,781 sf	<input checked="" type="checkbox"/>			
Mezzanine		<input checked="" type="checkbox"/>		Tile & mastic	500 sf	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		cove base	50 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>22253</b>		Cubic Yards of Waste <b>244.9</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>				
City, State <b>Newark d, NJ</b>		Disposal Date <b>3/30/17</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>		Signature 		Date <b>12/2/16</b>			

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

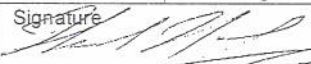
1060

Date of Notification (1) <b>December 02, 2016</b>		Name of Building Owner/Operator (2) <b>KB Newark, LLC</b>							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>6-02 Fair Lawn Ave.</b> City, State, Zip Code <b>Fair Lawn NJ 07410</b> Name of Contact <b>Project Manager</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>former Cardolite</b>		Type of Facility (4)							
Street Address <b>500 Doremus</b>		<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) <b>Newark, NJ</b>		Square Feet <b>TBD</b>	# of Floors <b>TBD</b>						
County (6) <b>Essex</b>		Bldg. Age <b>TBD</b>							
County Code (7) <b>Essex</b>		Current Use (Prior if being demolished) <b>facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>						
Start Date (10) <b>12/05/16</b>	Scheduled Completion Date (11) <b>5/31/17</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
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: _____		<b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
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) 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
Bld 1	<input checked="" type="checkbox"/>			Transite	360sf	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			vessel	300 s/f	<input checked="" type="checkbox"/>			
Bld 2	<input checked="" type="checkbox"/>			pipe	720 lf	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			vessel	635 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting / Spartan Environmental</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>20.1</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>5/31/17</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 			Date <b>12/2/16</b>			



[illegible]

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

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



[illegible]

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

1059

Date of Notification (1) <b>November 29, 2016</b>		Name of Building Owner/Operator (2) <b>KB Newark, LLC</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u>	6-02 Fair Lawn Ave.	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Fair Lawn NJ 07410</b>	
		Name of Contact	Telephone Number
		<b>Project Manager</b>	


  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>former Cardolite</b>		Type of Facility (4)	
Street Address <b>500 Doremus</b>		<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) <b>Newark, NJ</b>	Square Feet <b>TBD</b>	# of Floors <b>TBD</b>	Bldg. Age <b>TBD</b>
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>facility</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>	
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>	Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>
Start Date (10) <b>12/05/16</b>	Scheduled Completion Date (11) <b>5/31/17</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>	
<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 <b>Cherry Hill, NJ 08034</b>	
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"/>			

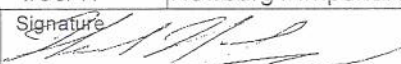
  

Name of Registered Waste Hauler <b>Newark Carting / Spartan Environmental</b>	NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>
City, State <b>Newark, NJ</b>	Disposal Date <b>5/31/17</b>	City, State <b>Newburg / Imperial / Morrisville, PA</b>	
Completed by <b>Michael Cooper</b>	Title <b>President</b>	Signature 	Date <b>11/29/16</b>



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

1055

Date of Notification (1) <b>November 15, 2016</b>		Name of Building Owner/Operator (2) <b>Phoenix</b>							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	333 Broad Street							
		City, State, Zip Code <b>Red Bank, NJ 07701</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>former Cardolite</b>		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 <b>500 Doremus</b>		Square Feet <b>TBD</b>	# of Floors <b>TBD</b>						
City (5) <b>Newark, NJ</b>		Bldg. Age <b>TBD</b>							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	License No. <b>00781</b>						
Start Date (10) <b>10/30/16</b>	Scheduled Completion Date (11) <b>4/30/17</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
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 Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
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) 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
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 <b>Newark Carting / Spartan Environmental</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>4/30/17</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 			Date <b>11/15/16</b>			

[illegible]



[illegible]

CK# 8138

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

B &amp; G Proj. #: 2016-170

\*\*\* EMERGENCY \*\*\*

Check # 8138 DEC - 6 2016

Date of Notification (1) <u>12/01/16</u>		Name of Building Owner/Operator (2) Rockefeller Group Development Corporation	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 92 Headquarters Plaza, North Tower, 9th Floor			
City, State, Zip Code Morristown, NJ 07960			
Name of Contact John Kuskin		Telephone Number	

Name of facility where abatement is taking place (3) The Green @ Florham Park (NON SUB 8)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 80 Park Avenue			Square Feet # of Floors Bldg. Age		
City (5) Florham Park, NJ 07932	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Mixed use corporate campus		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973) 696-6889	License Number 00378
Scheduled Start Date (10) 12/05/2016		Scheduled Completion Date (11) 12/06/2016		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: non-occupied & start 7:00am				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code Lincoln Park, NJ 07035				

Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 2 sf or ≥ 2 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 lf					<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Non-friable procedure					
Location of asbestos-containing material to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)		R e m o v e  R e p a i r  E n c l o s e  E n c l o s e		
underground (exterior)				transits pipe	130 lf					

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 40 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 12/05/16-12/06/16	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/01/2016



B &amp; G proj. #: 2016-170

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

\*\*\* EMERGENCY \*\*\*

Check # 8138

Date of Notification (1) <u>12/10/16</u>		Name of Building Owner/Operator (2) Rockefeller Group Development Corporation			
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address	
				92 Headquarters Plaza, North Tower, 9th Floor	
				City, State, Zip Code Morristown, NJ 07960	
		Name of Contact John Kuskin		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) The Green @ Florham Park (NON SUB 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 80 Park Avenue					
City (5) Florham Park, NJ 07932	County (6) Morris	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/05/2016		Sched. Completion Date (11) 12/06/2016		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 105 Ryerson Road		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: non-occupied & start: 7:00am			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

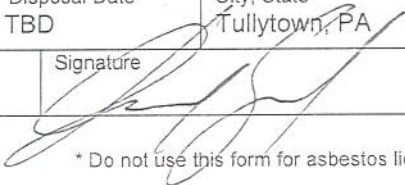
- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure               |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                       | <input checked="" type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
underground (exterior)			<input checked="" type="checkbox"/>	transite pipe	130 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 40 yards	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 12/05/16-12/06/16		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 12/01/2016

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

CK # 1574

Date of Notification (1) 12/2/16		Name of Building Owner/Operator (2) The Whitehall Co-op							
Agencies Notified	Type Notification	Street Address 280 Prospect Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hackensack, NJ 07601							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gabriel Martinez, Superintendent	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Whitehall Co-op		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 280 Prospect Avenue		Square Feet	# of Floors						
City (5) Hackensack		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Co-op							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 205 Route 46, Suite 7A							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 12/12/2016	Scheduled Completion Date (11) 1/2/2017	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Normal Working Hours		Street Address 20-21 Wagaraw Rd., Bldg 35 E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please See Attached				Please See Attached					
Continuation Sheet				Continuation Sheet					
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, New Jersey			Disposal Date TBD	City, State Tullytown, PA					
Completed by Dimo Golcev		Title General Manager		Signature 			Date 12/2/16		



State of New Jersey  
Notification of Asbestos Abatement  
Continuation Sheet

DEC - 6 2016

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
<b>STORAGE C</b>									
Basement			x	Pipe Insulation	373 LF	x			
<b>STORAGE B</b>									
Basement			x	Pipe Insulation	350 LF	x			
<b>STORAGE A</b>									
Basement			x	Pipe Insulation	35 LF	x			
<b>HALLWAY BY STORAGE D&amp;C</b>									
Basement			x	Pipe Insulation	30 LF	x			
<b>HALLWAY BY STORAGE C (FIRE STATION)</b>									
Basement			x	Pipe Insulation	42 LF	x			
<b>HALLWAY RAMP</b>									
Basement			x	Pipe Insulation	4 LF	x			
<b>HALLWAY BY RESTROOM</b>									
Basement			x	Pipe Insulation	16 LF	x			
<b>SUPPLIES ROOM</b>									
Basement			x	Pipe Insulation	51 LF	x			
<b>METER ROOM (BY LAUNDRY ROOM)</b>									
Basement			x	Pipe Insulation	10 LF	x			
<b>ROOM 20' x 25'</b>									
Basement			x	Asbestos Floor Tile and Mastic	500 SF	x			

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

*Emergency* \*

CK 5860

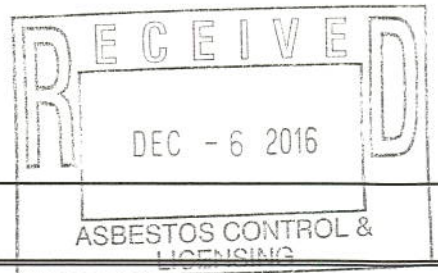
Date of Notification (1) 12/1/16		Name of Building Owner/Operator (2) Tom Hill Private Home							
Agencies Notified		Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Camden NJ 08102							
		Name of Contact Tom	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Tom Hill Private 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		Square Feet 1000+	# of Floors 2						
City (5) Camden NJ 08102		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/1/16	Scheduled Completion Date (11) 12/2/16	Name of OSHA Monitor Same							
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>Home owner Home</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Basement			x	boiler insulation	10 SF	x			
basement			x	Duct Insulation	15 LF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 12/1/16		



CK 6898

D&amp;S Proj. #: 16-354

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



Date of Notification (1) 11/12/16		Name of Building Owner/Operator (2) cheryl whitney & rob steiner	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code CHATHAM Twp., NJ 07928	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact john godfrey	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) cheryl whitney & rob steiner			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) CHATHAM Twp.			County (6) Morris		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 11/30/16		Sched. Completion Date (11) 12/22/16		
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf      ☒ Renovation

☐ ≥160 sf or ≥260 lf      ☐ Demolition

☐ Full Containment w/negative pressure

☒ Mini-enclosure

☒ Glovebag procedure

☐ Non-Exempted (\*) and Non-friable procedure

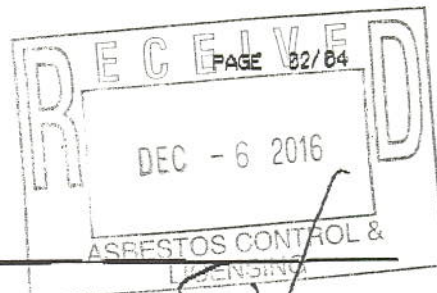
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		duct INSULATION	<3 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor		<input checked="" type="checkbox"/>		DUCT WORK (WRAP & CUT)	8 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor		<input checked="" type="checkbox"/>		DUCT WORK (WRAP & CUT)	12 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/01/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 11/28/2016



11/28/2016 10:47AM 9733458052

D&amp;S RESTORATIO

CK 6898  
D&S Proj. #: 16-354State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/11/12/18/11/16		Name of Building Owner/Operator (2) cheryl whitney & rob steiner	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code CHATHAM Twp., NJ 07928
		Name of Contact john godfrey	Telephone Number [REDACTED]

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) cheryl whitney & rob steiner			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) CHATHAM Twp.	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/30/16		Sched. Completion Date (11) 12/22/16	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input 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)	Amount (Specify SF or LF)	R e m o v e	R e o p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		X		duct INSULATION	<31 ft	X			
2nd floor		X		DUCT WORK (WRAP & CUT)	8 L FT	X			
1st floor		X		DUCT WORK (WRAP & CUT)	12 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/01/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOODAN JOLDZIC	Title PRESIDENT	Signature	Date 11/28/2016



CK 6901

D&amp;S Proj. #: 16-358

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



Date of Notification (1) 11/13/16		Name of Building Owner/Operator (2) MICHAEL BARMAK	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code CRANFORD, NJ 07016	
Name of Contact MICHAEL BARMAK		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) MICHAEL BARMAK			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet   # of Floors   Bldg. Age		
City (5) CRANFORD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 12/09/16	Sched. Completion Date (11) 12/30/16			
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

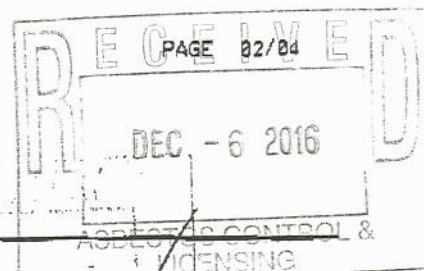
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input 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) Yes   No   N/A			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement		X		PIPE INSULATION	116 L FT	X			
basement		X		VAT & MASTIC	48 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/12/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 11/30/16



11/30/2016 11:05AM 9733458260

D&amp;S RESTORATIO

CK 0901  
D&S Proj. #: 16-335State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/11/13 10/1/16		Name of Building Owner/Operator (2) <b>MICHAEL BARMAK</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <b>CRANFORD, NJ 07016</b>	
Name of Contact <b>MICHAEL BARMAK</b>		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>MICHAEL BARMAK</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet	# of Floors
City (5) <b>CRANFORD</b>			County (6) <b>UNION</b>	Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address			Street Address <b>20 California Ave.</b>	
City, State, Zip Code			City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm		Phone Number	Telephone Number <b>973-345-8020</b>	License Number <b>01169</b>
Start Date (10) <b>12/09/16</b>		Sched. Completion Date (11) <b>12/30/16</b>	Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>		Street Address <b>20 California Avenue</b>		
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		City, State, Zip Code <b>Paterson, NJ 07503</b>		
<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frigible procedure				

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p s u l e	L e a v e
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	116 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		VAT & MASTIC	48 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

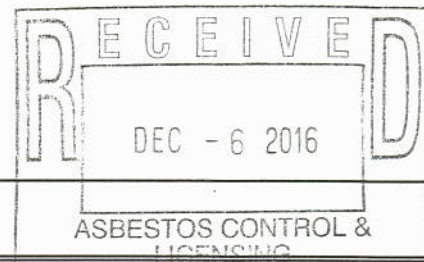
Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>	NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>2 yds.</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>
City, State <b>PATERSON, NJ 07503</b>	Disposal Date <b>12/12/16</b>	City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>	Title <b>PRESIDENT</b>	Signature	Date <b>11/30/16</b>

\* Do not use this form for asbestos abatement exempted activities.



D&amp;S Proj. #: 16-356

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



Date of Notification (1) 11/13/16		Name of Building Owner/Operator (2) PEGGY REED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact PEGGY REED		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) PEGGY REED			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 12/05/16	Sched. Completion Date (11) 12/30/16		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

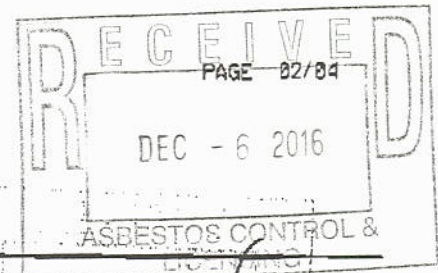
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT & ABOVE WASHING MACHINE		<input checked="" type="checkbox"/>		PIPE INSULATION	131 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	1001 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/06/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/30/2016



11/30/2016 11:04AM 9733458060

D&amp;S RESTORATIO

CK 6900  
D&S Proj. #: 15-366State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/30/16		Name of Building Owner/Operator (2) PEGGY REED	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	[REDACTED]	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	RIDGEWOOD, NJ 07450	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	PEGGY REED	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) PEGGY REED			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
[REDACTED]			<input type="checkbox"/> Subchapter B (Other than K-12)		
City (5) RIDGEWOOD			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County (6) BERGEN	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8)		Name of Abatement Contractor (9)			
Street Address		D & S RESTORATION, INC.			
City, State, Zip Code		Street Address			
Project Manager for Monitoring Firm		20 California Ave.			
Phone Number		City, State, Zip Code			
Start Date (10) 12/05/16		Paterson, NJ 07503			
Sched. Completion Date (11) 12/30/16		Telephone Number 973-345-8020		License Number 01169	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor			
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		D & S Restoration, Inc.			
<input type="checkbox"/> Abatement performed outside of normal facility hours.		Street Address			
Describe:		20 California Avenue			
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		City, State, Zip Code			
		Paterson, NJ 07503			

Scope of Work (check all that apply)				Full Containment w/negative pressure				
<input checked="" type="checkbox"/> >2 sf or >2 lf				<input type="checkbox"/> Mini-enclosure				
<input type="checkbox"/> ≥160 sf or ≥250 lf				<input checked="" type="checkbox"/> Glovebag procedure				
<input type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-frangible procedure				
<input type="checkbox"/> Demolition								
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	R	E	E
	Yes	No			m	s	n	n
BASEMENT & ABOVE WASHING MACHINE		X	PIPE INSULATION	131 ft	X			
BASEMENT		X	BARE HEATING PIPES	1001 ft			X	
Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill					
D & S RESTORATION, INC.	13506	1 yd.	TULLYTOWN, RESOURCE RECOVERY					
City, State	Disposal Date	City, State						
PATERSON, NJ 07503	12/06/16	TULLYTOWN, PA						
Completed by (Print or Type)	Title	Signature					Date	
BOGDAN JOLDZIC	PRESIDENT						11/30/2016	

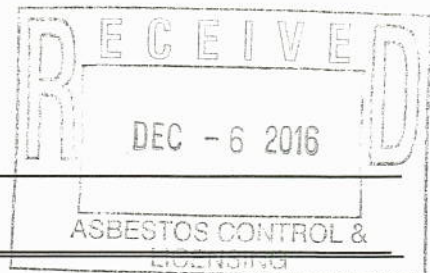
ARR-41

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



CK6902  
D&S Proj. #: 16-360

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



Date of Notification (1) 11/13/16		Name of Building Owner/Operator (2) irmlinda smith	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code UNION, NJ 07083	
Name of Contact irmlinda smith		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) irmlinda smith			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) UNION			County (6) UNION		Bldg. Age [REDACTED]
			County Code (7) (State use only)		Current Use (Prior if being demolished) [REDACTED]

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]				Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Telephone Number 973-345-8020	
Start Date (10) 12/01/16		Sched. Completion Date (11) 12/23/16		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	140 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		chimney thimble packing	4 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/02/16		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]		Date 11/30/16	



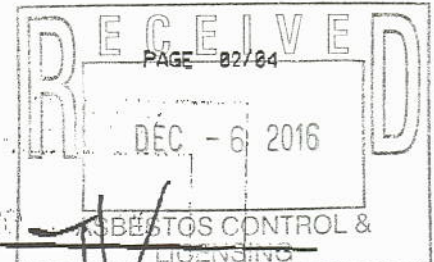
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D&amp;S RESTORATIO

CIC 6902

D&amp;S Proj. #: 16-360

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80 and 12:120)



Date of Notification (1) 11/13/10/11/16		Name of Building Owner/Operator (2) Irminda smith	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DCL	Amendment #:	UNION, NJ 07083	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Irminda smith	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Irminda smith			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address			Square Feet # of Floors Bldg. Age		
City (5) UNION			County (6) UNION		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 12/01/16		Sched. Completion Date (11) 12/23/16	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/evacuated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >180 sf or >280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			Street Address 20 California Avenue		
Location of asbestos-containing material (acm) to be abated in facility (13)			City, State, Zip Code Paterson, NJ 07503		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal, Repair, Encapsulation, or Other			
	Yes	No	N/A			Remove	Repair	Encaps	Other
BASEMENT		X		PIPE INSULATION	1401 ft	X			
BASEMENT		X		chimney thimble packing	4 sq ft	X			

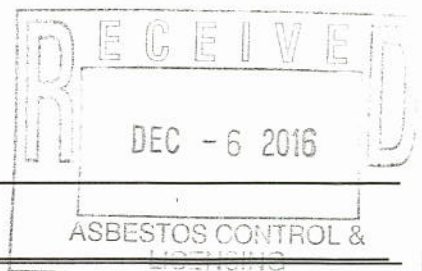
Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/02/16		City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/30/16



CK 6903

D&amp;S Proj. #: 16-359

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



Date of Notification (1) 11/13/10/16		Name of Building Owner/Operator (2) HARRY WORSTELL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code FLORHAM PARK, NJ 07932	
Name of Contact HARRY WORSTELL		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) HARRY WORSTELL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) FLORHAM PARK	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 012/01/16		Sched. Completion Date (11) 12/23/16			
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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf  
☐ ≥160 sf or ≥260 lf  
☒ Renovation  
☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	70 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/02/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/30/2016

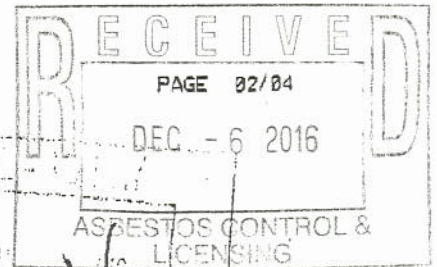


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D&amp;S RESTORATIO

CH 6903

D&amp;S Proj. #: 16-359

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

Date of Notification (1) 11/13/10/11/16		Name of Building Owner/Operator (2) HARRY WORSTELL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code FLORHAM PARK, NJ 07932	
		Name of Contact HARRY WORSTELL	
		Telephone Number	

## FACILITY INFORMATION


Name of facility where abatement is taking place (3) HARRY WORSTELL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) FLORHAM PARK	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 012/01/16		Sched. Completion Date (11) 12/23/16	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	70 LFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

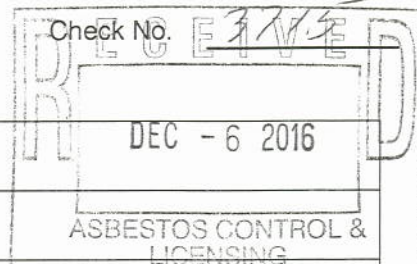
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/02/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/30/2016



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

Date of Notification (1) 11/28/2016		Name of Building Owner/Operator (2) Woolston Construction							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  DEC - 6 2016  ASBESTOS CONTROL &amp; LICENSING </div>						
<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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	P O Box 86							
		City, State, Zip Code Bordentown NJ 08505							
		Name of Contact Rich Woolston	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
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) Allentown		Square Feet 150	# of Floors 1						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Alpha Environmental						
Street Address		Street Address P O Box 8297							
City, State, Zip Code		City, State, Zip Code Trenton NJ 08690							
Project Manager for Monitoring Firm		Telephone No. 609-847-2956	License No. 01222						
Start Date (10) 12/6/2016	Scheduled Completion Date (11) 12/11/2016	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check Only One)		Street Address 200 US 130							
<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 Cinnaminson NJ 08077							
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 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</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 Shed		X		Siding	120 SF	X			
Name of Registered Waste Hauler Woolston		NJDEP Waste Hauler ID No. 07516	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill					
City, State Bordentown NJ		Disposal Date various		City, State Morrisville PA					
Completed by Kelly Colon		Title Project Manager		Signature 		Date 11/28/2016			

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



Date of Notification (1) <b>December 01, 2016</b>			Name of Building Owner/Operator (2) <b>Green Home Builders</b>					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <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 <b>95 Terrace Avenue</b> City, State, Zip Code <b>Jersey City, NJ 07307-4328</b>				
				Name of Contact <b>Sunni Singh</b>				
Telephone Number								
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Green Home Builders</b>				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 <b>95 Terrace Avenue</b>				Square Feet <b>1,200</b>				
City (5) <b>Jersey City</b>				# of Floors <b>1</b>				
County (6) <b>Hudson</b>				Bldg. Age <b>+/- 50</b>				
County Code (7) (STATE USE ONLY) <b>Hudson</b>			Current Use (Prior if being demolished) <b>Residential House Slated for Demolition</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Saban Engineering Group, Inc.</b>			ASCM No.					
Street Address <b>201 Stuyvesant Avenue</b>			Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co. Inc.</b>					
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>			Street Address <b>223 Randolph Avenue</b>					
Project Manager for Monitoring Firm <b>Stephen Pharai</b>			City, State, Zip Code <b>Clifton, NJ 07011</b>					
Telephone No. <b>201-673-0064</b>			Telephone No. <b>973-478-4681</b>		License No. <b>00120</b>			
Start Date (10) <b>December 12, 2016</b>		Scheduled Completion Date (11) <b>December 31, 2016</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>				
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 <b>464 Valley Brook Avenue</b>				
				City, State, Zip Code <b>Lyndhurst, NJ 07071</b>				
Scope of Work (Check all that apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf								
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			<input checked="" type="checkbox"/>	Pipe Insulation	20 In ft	<input checked="" type="checkbox"/>		
Exterior			<input checked="" type="checkbox"/>	Siding	1152 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co. Inc.</b>			NJDEP Waste Hauler ID No. <b>12695</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>		
City, State <b>Clifton, NJ 07011</b>			Disposal Date <b>12/16/16</b>		City, State <b>Waynesburg, OH</b>			
Completed by <b>G. Roger Woodman</b>		Title <b>Project Manager</b>		Signature 		Date <b>12/1/2016</b>		