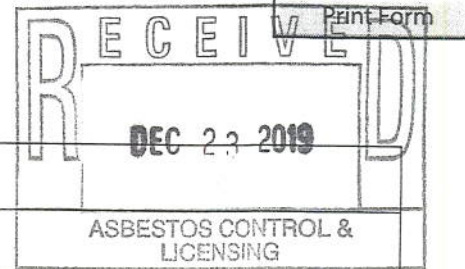


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/18/2019		Name of Building Owner/Operator (2) Wohlsen Construction Company							
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 type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	400 Laindex Plaza, Suite 4104							
		City, State, Zip Code Parsippany, New Jersey 07054							
		Name of Contact Mr. Conor Evans	Telephone Number (973) 440-2464						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Livingston		Square Feet 1,889	# of Floors 1						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 59						
Name of Monitoring Firm Hired by Building Owner (8) TBD		Current Use (Prior if being demolished) Commercial / Office Building							
ASCM No. _____		Name of Abatement Contractor (9) Sky Contracting, LLC							
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 12/28/2019	Scheduled Completion Date (11) 1/28/2020	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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 Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input 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
Kitchen & Pantry		x		Yellow/Orange Vinyl Sheet Floor	200 SF	x			
Basement		x		Off-White 12"x12" Floor Tiles	1,500 SF	x			
Roof - Chimney		x		Black Roofing Mastic	1 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Ljiljana Sekularac		Title Office Assistant	Signature 		Date 12/18/2019				



tnv 10055 CR# 10-2019-10000

Pursuant to NJAC 8:60 and 12:42B

Date of Notification (1) 12/17/2019		Name of Building Owner/Operator (2) Franklin Development Group LLC.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 23 2019 ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified	Type Notification	Street Address 46 Church St.			
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair NJ.  Name of Contact John Hogan			
		Telephone Number 914-835-9020			

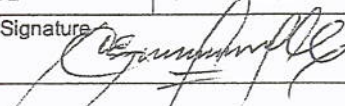
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)	
Street Address 3316 Kennedy Boulevard		<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 2,025	# of Floors 2	Bldg. Age 98
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES	
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL		Name of Abatement Contractor (9) North East Environmental LLC.	
Street Address 35 Main Rd. # 200		Street Address 4919 Bergenline Ave.	
City, State, Zip Code Towaco NJ. 07082		City, State, Zip Code West New York	
Project Manager for Monitoring Firm Michael Boggi.		Telephone No. 973- 334-5641	Telephone No. 201-776-0642
Start Date (10) 12/18/2019		Scheduled Completion Date (11) 12/22/2019	License No. 1300
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Empire Environmental	
<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 35 Main Rd #200	
		City, State, Zip Code Towaco NJ. 07082	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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 SIDING		X		SHINGLES	600 SF.	x			
First Floor& Basement		x		WALL PLASTER	1,172 SF.	x			
FIRST FLOOR		X		VAT FLOOR TILE	140. SF.	x			

Name of Registered Waste Hauler TRI STATE		NJDEP Waste Hauler ID No. 1951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.	
City, State BRONX. NY.		Disposal Date TBD		City, State WAYNESBURG OH.	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 12/17/2019	



In 16426  
CL 001530

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

**RECEIVED**

Check No. 1530  
**DEC 23 2019**

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/17/2019		Name of Building Owner/Operator (2) Prologis, Inc	
Agencies Notified	Type Notification	Street Address Pier 1 Bay 1	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code San Francisco, California	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Julia Smith	Telephone Number 415-394-9000

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Prologis Warehouse		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 8B Court South		Square Feet 20000	# of Floors 1
City (5) Edison, New Jersey 07666		Bldg. Age 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Warehouse	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 5434 King Ave		Street Address 246 Union Boulevard	
City, State, Zip Code Pennsauken, New Jersey 08231		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Jay Murray		Telephone No. 856-616-9516	License No. 01104
Start Date (10) 12/30/2019	Scheduled Completion Date (11) 1/16/2020	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

**Scope of Work (Check All That Apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent      |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

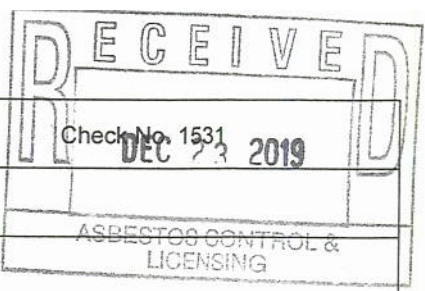
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse		X		Exterior wall- Transite Panels	12,623 SF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey			Disposal Date 1/16/2020	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 12/17/2019



In #16924  
OK 001531

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



Date of Notification (1) 12/17/2019		Name of Building Owner/Operator (2) Frank & Burma Hall	
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 Plainfield, New Jersey 07062	
		Name of Contact Rafael	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private 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) Plainfield, New Jersey 07062		Square Feet 2000	# of Floors 3
		Bldg. Age 50+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 560 Sylvan Avenue Suite 3065		Street Address 246 Union Boulevard	
City, State, Zip Code Englewood Cliffs, New Jersey 07632		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	License No. 01104
Start Date (10) 12/28/2019	Scheduled Completion Date (11) 12/31/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<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>Occupied</u>		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

<input 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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent
		<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
2nd Floor		X		Plaster	400 SF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey			Disposal Date 12/31/2019	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 	Date 12/17/2019	



In #16822

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

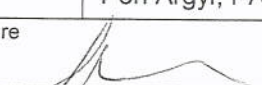
Date of Notification (1) 12/17/19		Name of Building Owner/Operator (2) Fred Bostel		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  DEC 23 2019  ASBESTOS CONTROL &amp; REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07016  Name of Contact Fred							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home			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) Cranford			Square Feet 1900	# of Floors 2	Bldg. Age 80				
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 12/27/19	Scheduled Completion Date (11) 1/13/20		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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>attic</u>			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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic			X	insulation	600 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date TBD	City, State Pen Argyl, PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 12/17/19				



Inv # 16823

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

PAID Check 196601

Date of Notification (1) 12/17/19		Name of Building Owner/Operator (2) Puccio Construction		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  DEC 23 2019  ASBESTOS CONTROL &amp; ABATEMENT  551-265-8135 </div>					
Agencies Notified	Type Notification	Street Address 1 Kensington Court						City, State, Zip Code Mahwah, NJ 07430	
<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	Name of Contact Phil						Telephone Number 551-265-8135	
<b>FACILITY INFORMATION</b>									
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 1700					
City (5) Paramus				# of Floors 2		Bldg. Age 83			
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) 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) 12/30/19		Scheduled Completion Date (11) 1/17/20		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>bar, bathroom, exterior</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"/> ≥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
bar			x	floor tile	15 SF	x			
bathroom			x	floor tile	25 SF	x			
exterior			x	siding	1500 SF	x			
Name of Registered Waste Hauler Newark Carting			NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Newark NJ					Disposal Date TBD		City, State Pen Argyl, PA		
Completed by A. Scott Higgins			Title President		Signature 			Date 12/17/19	