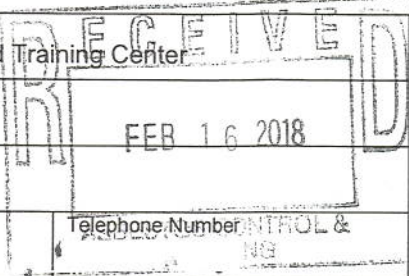
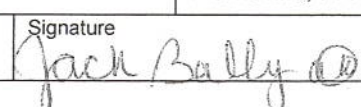


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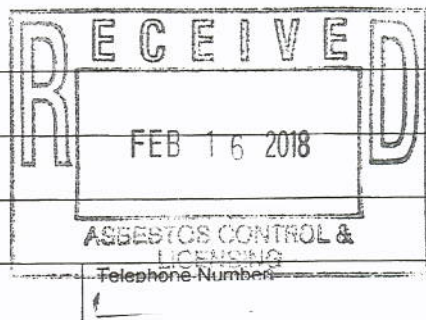
Print Form

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

Date of Notification (1) 2/15/18		Name of Building Owner/Operator (2) James Hall Cape May NJ Coast Guard Training Center							
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	1 Munro Avenue							
		City, State, Zip Code Cape May, NJ 08204							
		Name of Contact Ocean Construction	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James Hall		Type of Facility (4)							
Street Address 1 Munro Ave		<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) Cape May		Square Feet 4500	# of Floors 3						
County (6) Cape May		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Industrial Way, Suite 105		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	License No. 01161						
Start Date (10) 2/26/18	Scheduled Completion Date (11) 3/2/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 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							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor excavation	X			Pipe Insulation	150 LF	x			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature 		Date 2/15/18			

PATH

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



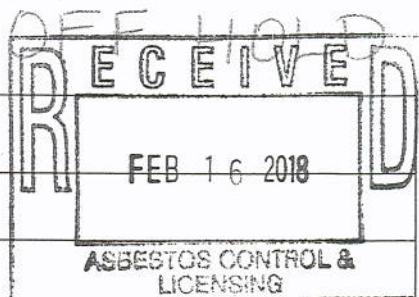
Date of Notification (1) February 15, 2018		Name of Building Owner/Operator (2) Victorian Towers							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px;"> RECEIVED FEB 16 2018 ASBESTOS CONTROL & LICENSING </div>						
<input checked="" type="checkbox"/> 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 # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	608 Washington Street							
		City, State, Zip Code Cape May, NJ							
		Name of Contact Mr. Mike Peronaci	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Victorian Towers		Type of Facility (4)							
Street Address 608 Washington Street		<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) Cape may	Square Feet 120,000	# of Floors 6	Bldg. Age 50+						
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) December 20, 2017	Scheduled Completion Date (11) April 30, 2018		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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>Work only in segregated, unoccupied areas</u>		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
See attached									
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>				Date 2/15/18	

OK 2439

PLEASE TAKE

PAID

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



Date of Notification (1) 01 / 17 / 18		Name of Building Owner/Operator (2) Metro Real Estate Companies							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Warren Sprake	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 169 Minnisink Road- Cottage #7									
City (5) Totowa	Square Feet	# of Floors	Bldg. Age						
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 01 / 26 / 18	Scheduled Completion Date (11) 05 / 25 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
1 st Floor- Center Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Dorm A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	5,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Center Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	600 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC / Century Waste, LLC/ All Pro Management, LLC		NJDEP Waste Hauler ID No. SW-24310 /32797/989		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/G.R.O.W.S. North Landfill/ Fairless Landfill/ESI Bethlehem Landfill				
City, State Shirley, NY / Elizabeth, NJ/ Garfield, NJ		Disposal Date TBD		City, State Waynesburg, OH / Morrisville, PA/ Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 01/17/18			

RECEIVED
FEB 16 2018
STATEMENT OF WORK
ASBESTOS CONTROL &

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 01/17/18
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PAIT

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

chk #3319

Date of Notification (1) 2/14/17		Name of Building Owner / Operator (2) Rider University		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 16 2018 <small>ASBESTOS CONTROL & LICENSE</small> </div>					
Agencies Notified	Type Notification	Street Address 2083 LAWRENCEVILLE ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code LAWRENCEVILLE, NJ 08648							
		Name of Contact Walter Eddy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University – Wright Hall			Type of Facility (4)						
Street Address 2083 LAWRENCEVILLE ROAD			<input type="checkbox"/> School (K-12) Non-Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) LAWRENCEVILLE	County (6) MERCER	County Code (7)	Square Feet	# of Floors	Bldg. Age				
			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address PO Box 365			Street Address 1123 Beaver Street						
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Bristol, PA 19007						
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856 656-2875	Telephone Number (215)788-6040	License Number 00509					
Scheduled Start Date (10) 2/28/18	Scheduled Completion Date (11) 3/6/18		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		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	Clean Up	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Sill Caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date		City, State Fairless Hills, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>			Date 2-14-18			

GI18022

OK 5342

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:125)

RECEIVED	
FEB 16 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 02/09/2018	Name of Building Owner/Operator (2) Clifton Public School District	Street Address 746 Clifton Ave	City, State, Zip Code Clifton, NJ 07013	Name of Contractor A. Marchione	Telephone Number
Agency notified <input type="checkbox"/> EPA <input type="checkbox"/> DCE <input type="checkbox"/> DOL <input type="checkbox"/> DCW <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				

Name of Facility Where Abatement is Taking Place (3) Clifton Public School No. 2		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> School K-12 <input type="checkbox"/> Other (Specify) B. private & commercial buildings, homes, etc.
Street Address 1270 van Houten Ave	Square Feet 70,000+	# of Floors 2
City (5) Clifton	County (6) Passaic	Bldg. Age 50+
County Code (7) 37A02	Current Use School	Priority (if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc	ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC
Street Address P.O. Box 385	Street Address 16 Glenwild Ave	City, State, Zip Code Clifton, NJ 07013
City, State, Zip Code Clifton, NJ 07013	City, State, Zip Code Bloomington, IL 61740	License No. 01181
Project Manager for Monitoring Firm Eric Clarkson	Telephone No. (609) 947-8016	Telephone No. (573) 826-3996
Start Date (10) 02/10/2018	Scheduled Completion Date (11) 02/11/2018	Name of OSHA Monitor Hazmat Diagnostic LLC

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 type="checkbox"/> Other - Describe:	Street Address 16 Glenwild Ave	City, State, Zip Code Bloomington, IL 61740
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Scope of Work (Check All That Apply) <input type="checkbox"/> 25 or less SF <input type="checkbox"/> 2760 or less SF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exhaustion

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, VMT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Walkway		X		ACM pipe & Fitting Insulation	Appr. 30LF	X			

Name of Registered Waste Handler Hazmat Diagnostic LLC	WDPF Waste Handler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill G.R. & V.S.
City, State Bloomington, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Tatiana Rotaru	Title Clerk	Signature	Date 02/09/2018

ASBESTOS (R-00000)

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

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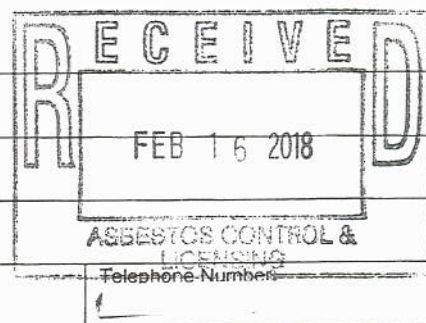
Print Form

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

Date of Notification (1) 2/15/18		Name of Building Owner/Operator (2) James Hall Cape May NJ Coast Guard Training Center							
Agencies Notified	Type Notification	Street Address 1 Munro Avenue							
<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 Cape May, NJ 08204							
		Name of Contact Ocean Construction	Telephone Number CONTROL & INS						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James Hall		Type of Facility (4)							
Street Address 1 Munro Ave		<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) Cape May		Square Feet 4500	# of Floors 3						
		Bldg. Age 50+							
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Training / Military							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Industrial Way, Suite 105		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	License No. 01161						
Start Date (10) 2/26/18	Scheduled Completion Date (11) 3/2/18	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 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							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
1st floor excavation	X			Pipe Insulation	150 LF	x			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 2	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 2/15/18			

PATH

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



Date of Notification (1) February 15, 2018		Name of Building Owner/Operator (2) Victorian Towers							
Agencies Notified	Type Notification	Street Address 608 Washington Street							
<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 # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May, NJ							
		Name of Contact Mr. Mike Peronaci							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Victorian Towers		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 608 Washington Street		Square Feet 120,000	# of Floors 6						
City (5) Cape may		Bldg. Age 50+							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	License No. 01161						
Start Date (10) December 20, 2017	Scheduled Completion Date (11) April 30, 2018		Name of OSHA Monitor EMSL						
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>Work only in segregated, unoccupied areas</u>		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
See attached									
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date 2/15/18			

Permit Fee Summary								
Victorian Towers, Washington Street, Cape May								
Work Area	Is location normally solely by Maintenance/Custodial Staff?	Description	Amount	Units	Removal/Repair/Encapsulate/Enclose	Regulated by NESHAP	TEM req'd	Fee
Handicap unit, 2nd floor	n	popcorn ceiling treatment	240	sf	remove	yes	yes	\$ 200.00
Handicap unit, 2nd floor	n	VAT & mastic	250	sf	remove	yes	yes	\$ 200.00
Handicap unit, 3rd floor	n	popcorn ceiling treatment	240	sf	remove	yes	yes	\$ 200.00
Handicap unit, 3rd floor	n	VAT & mastic	250	sf	remove	yes	yes	\$ 200.00
Handicap unit, 4th floor	n	popcorn ceiling treatment	240	sf	remove	yes	yes	\$ 200.00
Handicap unit, 4th floor	n	VAT & mastic	250	sf	remove	yes	yes	\$ 200.00
Handicap unit, 5th floor	n	popcorn ceiling treatment	240	sf	remove	yes	yes	\$ 200.00
Handicap unit, 5th floor	n	VAT & mastic	250	sf	remove	yes	yes	\$ 200.00
Handicap unit, 6th floor	n	popcorn ceiling treatment	240	sf	remove	yes	yes	\$ 200.00
Handicap unit, 6th floor	n	VAT & mastic	250	sf	remove	yes	yes	\$ 200.00
Handicap, efficiency, 2nd fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency 3rd fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency, 4th fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency, 5th fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Handicap, efficiency, 6th fl.	n	popcorn ceiling treatment	100	sf	remove	no	no	*
Lobby ceiling	n	stucco	1500	sf	remove	yes	yes	\$ 200.00
Window opening, throughout, 1 sf/apt.	n	popcorn encapsulate	600	sf	encapsulate	no	no	*
Throughout, as encountered	n	fitting insulation	100	Each	remove	no	no	*
Mens room	n	VAT	144	sf	remove	no	no	*
Ladies room	n	VAT	144	sf	remove	no	no	*
Kitchen	n	VAT	10	sf	remove	no	no	*
Construction office	n	VAT	140	sf	remove	no	no	*
First Floor, stage	n	tar paper	540	sf	remove	yes	yes	\$ 200.00
Handicap, Efficiency (201-601)	n	fire stop material	15	sf	remove	no	no	\$ 200.00
Elevator cars A & B	n	Floor tile	130	sf	remove	no	no	*
Projected Total			\$ 1,600.00					

* facility notification fee of \$200.00 for all work areas below NESHAPS.



Fee previously paid
Net Due Now

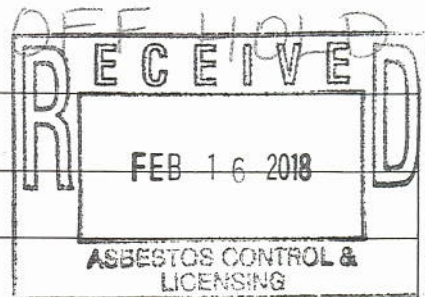
\$ 1,400.00
\$ 200.00

OK 2439

PLEASE TAKE

PAID

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



Date of Notification (1) 01 / 17 / 18		Name of Building Owner/Operator (2) Metro Real Estate Companies							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Warren Sprake	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 169 Minnisink Road- Cottage #7									
City (5) Totowa	Square Feet	# of Floors	Bldg. Age						
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
		License No. 1188							
Start Date (10) 01 / 26 / 18	Scheduled Completion Date (11) 05 / 25 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
1 st Floor- Center Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Dorm A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	5,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Center Wing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	600 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC / Century Waste, LLC/ All Pro Management, LLC		NJDEP Waste Hauler ID No. SW-24310 /32797/989		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/G.R.O.W.S. North Landfill/ Fairless Landfill/ESI Bethlehem Landfill				
City, State Shirley, NY / Elizabeth, NJ/ Garfield, NJ				Disposal Date TBD	City, State Waynesburg, OH / Morrisville, PA/ Bethlehem, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 01/17/18			

RECEIVED
FEB 16 2018
ASBESTOS CONTROL &

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 01/17/18
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PAIT

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

CHK #3319

Date of Notification (1) 2/14/17		Name of Building Owner / Operator (2) Rider University		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 16 2018 <small>ASBESTOS CONTROL & LICENSE</small> </div>					
Agencies Notified	Type Notification	Street Address 2083 LAWRENCEVILLE ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code LAWRENCEVILLE, NJ 08648							
		Name of Contact Walter Eddy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University – Wright Hall			Type of Facility (4)						
Street Address 2083 LAWRENCEVILLE ROAD			<input type="checkbox"/> School (K-12) Non-Subchapter 8 <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) LAWRENCEVILLE	County (6) MERCER	County Code (7)	Square Feet	# of Floors	Bldg. Age				
			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address PO Box 365			Street Address 1123 Beaver Street						
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Bristol, PA 19007						
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 856 656-2875	Telephone Number (215)788-6040	License Number 00509					
Scheduled Start Date (10) 2/28/18	Scheduled Completion Date (11) 3/6/18		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		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	Clean Up	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Sill Caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Bristol, PA		Disposal Date		City, State Fairless Hills, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>			Date 2-14-18			

GI18022

OK 5342

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26B and 12:125)

RECEIVED	
FEB 16 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 02/09/2018		Name of Building Owner/Operator (2) Clifton Public School District		Telephone Number	
Agency Name ASBESTOS CONTROL & LICENSING		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 746 Clifton Ave City, State, Zip Code Clifton, NJ 07013 Name of Contact A. Marchione	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Clifton Public School No. 2			Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> School Other (Other than K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.)		
Street Address 1270 van Houten Ave			Square Feet 70,000+		
City (5) Clifton			# of Floors 2		
County (6) Passaic			Bldg. Age 50+		
County Code (7) (STATE USE ONLY)			Current Use School		
Name of Monitoring Firm Hired by Building Owner (8) Alera Consultants Inc			Name of Abatement Contractor (9) Hazmat Diagnostic LLC		
Street Address P.O. Box 385			Street Address 16 Glenwild Ave		
City, State, Zip Code Cresskill, NJ 08231			City, State, Zip Code Bloomington, IL 61740		
Project Manager for Monitoring Firm Eric Clarkson			Telephone No. (609) 947-8016		
Start Date (10) 02/10/2018			Scheduled Completion Date (11) 02/11/2018		
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:			Name of OSHA Monitor Hazmat Diagnostic LLC		
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 or less SF <input type="checkbox"/> 250 or less SF <input type="checkbox"/> 2500 or less SF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag <input type="checkbox"/> Non-Enclosure			Street Address 16 Glenwild Ave City, State, Zip Code Bloomington, IL 61740		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)		Description of Asbestos-Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VMT, or other miscellaneous)	
Basement Hallway		X		ACM pipe & Fitting Insulation	
Amount (Specify SF or LF)		Abatement Type			
Appr. 30LF		Removal			
		Repair			
		Encapsulate			
		Enclosure			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD	
City, State Bloomington, NJ		Disposal Date TBD		Name of Registered Landfill G.R. W.V.S.	
Completed by Yatiana Rotaru		Title Clerk		Signature [Signature]	
				Date 02/09/2018	

ASBESTOS (R-2000)

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