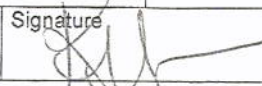


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | | | | | | | |
|--|---|--|-------------------------------------|---|---------------------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 2 / 22 / 17 | | Name of Building Owner/Operator (2) Marcus L. Ward Home | | / Job #1702-2155 Chk. #4655 | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 4814 Outlook Drive, Suite 201 City, State, Zip Code Wall Township, NJ 07753 Name of Contact Heather Falkoff | | | | | |
| | | | | Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Winchester Gardens - Hardin Gardens | | | | 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 333 Elmwood Avenue | | | | Square Feet 473,763 | | | | | |
| City (5) Maplewood | | | | # of Floors 5 | | | | | |
| County (6) Essex | | | | Bldg. Age 89 | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Senior Housing/Assisted Living | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories | | ASCN No. | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | |
| Street Address 3370 Progress Drive, Suite J | | Street Address 3859 Sylon Boulevard | | | | | | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | | |
| Project Manager for Monitoring Firm Mike Panepresso | | Telephone No. 215-244-1300 | | License No. 00862 | | | | | |
| Start Date (10) 2 / 24 / 17 | | Scheduled Completion Date (11) 2 / 24 / 17 | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | | | Street Address 200 U.S. Route 130 North 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"/> ≥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) <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 |
| Cafeteria | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 6 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 Freehold Cartage, Inc. | | NJDEP Waste Hauler ID No. 02265 | | Cubic Yards of Waste 5 | | Name of Registered Landfill GROWS Landfill | | | |
| City, State Freehold, NJ | | Disposal Date 2/24/17 | | City, State Morrisville, PA 19067 | | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | | Signature  | | Date 2-22-17 | | | |

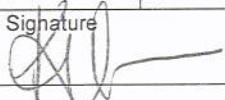
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| | | | |
|---|---|--|---------------------------------|
| Date of Notification (1) <div style="text-align: center;">2 / 8 / 17</div> | | Name of Building Owner/Operator (2) Jersey Central Power & Light Company / Job #1702-2153 Chk. #4635 | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 300 Madison Avenue PO Box 1911 | |
| | | City, State, Zip Code Morristown, NJ 07692 | |
| | | Name of Contact Anna Sullivan | Telephone Number JTRC |

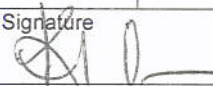
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| FACILITY INFORMATION | | | |
|---|---|---|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Sea Isle City Former Manufactured Gas Plant Site | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 39th Street & Central Avenue | | Square Feet NA | # of Floors NA |
| City (5) Sea Isle City, NJ | | Bldg. Age approx. 75 | |
| County (6) Cape May Count | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) NA | |
| Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental | | Name of Abatement Contractor (9) FORMTEXT Asbestos and Mold Services, Corp. | |
| Street Address PO Box 316 | | Street Address 3859 Sylon Boulevard | |
| City, State, Zip Code Thorofare, NJ 08086 | | City, State, Zip Code Hainesport, NJ 08036 | |
| Project Manager for Monitoring Firm David Flanigan | Telephone No. 856-848-0800 | Telephone No. 609-702-0400 | License No. 00862 |
| Start Date (10) <div style="text-align: center;">2 / 23 / 17</div> | Scheduled Completion Date (11) <div style="text-align: center;">3 / 3 / 17</div> | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 U.S. Route 130 North | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Pipe | 320 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"/> |

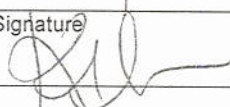
| | | | | | |
|--|------------------------------------|---|----------------------------------|---|--|
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 5 | Name of Registered Landfill Grand Central | |
| City, State Lafayette, NJ | | Disposal Date 3/3/2017 | | City, State Penn Argyle, PA | |
| Completed By (Print or Type) Kimberly A. Trumbetti | Title Office Coordinator | Signature  | | Date 2-22-17 | |

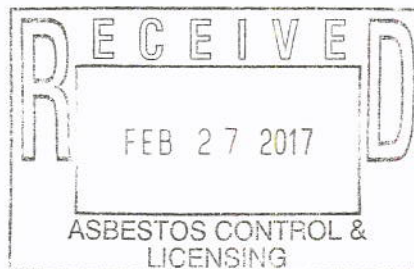
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) 2 / 21 / 17 | | Name of Building Owner/Operator (2) Anthony & Christine Gugliotta / Job #1702-2158 Chk. #4636 | | | | | | | |
|---|---|--|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | <div style="text-align: right; font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 0; right: 0;">RECEIVED</div> <div style="text-align: right; font-size: 1.2em; font-weight: bold; position: absolute; top: 50px; right: 50px;">FEB 27 2017</div> <div style="text-align: right; font-size: 0.8em; font-weight: bold; position: absolute; top: 100px; right: 50px;">CONTROL & LICENSING</div> | | | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code Manalapan, NJ 07726 | | | | | | | |
| Name of Contact Christine | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1,800 | | | | | | | |
| City (5) Manalapan | | # of Floors 2 | Bldg. Age 52 | | | | | | |
| County (6) Monmouth | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | | | |
| Street Address 16 W Elizabeth Ave # 2 | | Street Address 3859 Sylon Boulevard | | | | | | | |
| City, State, Zip Code Linden, NJ 07036 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | | |
| Project Manager for Monitoring Firm Kelly Walton | Telephone No. (908) 862-4301 | Telephone No. 609-702-0400 | License No. 00862 | | | | | | |
| Start Date (10) 2 / 22 / 17 | Scheduled Completion Date (11) 2 / 22 / 17 | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 200 U.S. Route 130 North | | | | | | | |
| | | 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"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Family Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile & Mastic | 33 SF | <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 Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 5 | Name of Registered Landfill Grand Central | | | | | |
| City, State Lafayette, NJ | | Disposal Date 2/22/17 | | City, State Penn Argyle, PA | | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | | Signature  | | Date 2-21-17 | | | |

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

CL 41034

| | | | | | | | | |
|---|---|--|---|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12 / 27 / 16 | | Name of Building Owner/Operator (2) A&H Partnership, LLC / Job #1611-2136 Chk. #4634 | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 7 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 69 King Street City, State, Zip Code Dover, NJ 07801 Name of Contact Kirk Harpell | <div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold;">FEB 27 2017</div> | | | | | |
| | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 69 King Street | | | | | | | | |
| City (5) Dover | Square Feet 217,800 | # of Floors 4 | Bldg. Age 107 | | | | | |
| County (6) Morris | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Warehouse | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories | | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | | |
| Street Address 3370 Progress Drive, Suite J | | Street Address 3859 Sylon Boulevard | | | | | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | |
| Project Manager for Monitoring Firm Mike Panepresso | | Telephone No. 215-244-1300 | License No. 00862 | | | | | |
| Start Date (10) 1 / 10 / 17 | Scheduled Completion Date (11) 2 / 28 / 17 | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 |
| SEE ATTACHED SCOPE OF WORK | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 5 | Name of Registered Landfill Grand Central | | | | |
| City, State Lafayette, NJ | | Disposal Date 2/28/17 | | City, State Penn Argyle, PA | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | | Signature  | | | Date 2-15-2017 | |



February 15, 2017

State of New Jersey Notification for Asbestos Abatement
Page 2 of 2

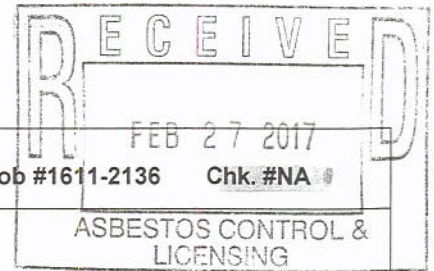
Commercial Property 69 King Street Dover, NJ
Amendment #7 – Additional Scope of work

Scope of Work:

| Location | Description | Amount | Abatement Type |
|---|---------------------|--------|----------------|
| 2 nd Floor – (2) rooms Already Completed | Pipe Insulation | 845 LF | Removal |
| 1 st Floor – 1 room | Floor Tile & Mastic | 400 SF | Removal |
| 1 st Floor – 3 rooms & 3 hallways | Pipe Insulation | 139 LF | Removal |
| Basement | Pipe Insulation | 33 LF | Removal |
| 2 nd Floor | Pipe Insulation | 20 LF | Removal |
| 3 rd Floor | Pipe Insulation | 18 LF | Removal |
| 3 rd Floor | Floor Tile | 770 SF | Removal |

 2-15-2017

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



| | | | | | | | | |
|---|---|---|--|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12 / 27 / 16 | | Operator (2) A&H Partnership, LLC | | Job # 1611-2136 Chk. # NA | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 69 King Street | | ASBESTOS CONTROL & LICENSING | | | | |
| | | City, State, Zip Code Dover, NJ 07801 | | | | | | |
| | | Name of Contact Kirk Harpell | | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Property | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 69 King Street | | | | | | | | |
| City (5) Dover | | | Square Feet 217,800 | # of Floors 4 | Bldg. Age 107 | | | |
| County (6) Morris | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Warehouse | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories | | ASCM No. | Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | | | |
| Street Address 3370 Progress Drive, Suite J | | Street Address 3859 Sylon Boulevard | | | | | | |
| City, State, Zip Code Bensalem, PA 19020 | | City, State, Zip Code Hainesport, NJ 08036 | | | | | | |
| Project Manager for Monitoring Firm Mike Panepresso | | Telephone No. 215-244-1300 | Telephone No. 609-702-0400 | License No. 00862 | | | | |
| Start Date (10) 1 / 10 / 17 | Scheduled Completion Date (11) 2 / 28 / 17 | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | | Street Address 200 U.S. Route 130 North | | | | | |
| | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf 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 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 |
| SEE ATTACHED SCOPE OF WORK | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 5 | Name of Registered Landfill Grand Central | | | | |
| City, State Lafayette, NJ | | | Disposal Date 2/28/17 | City, State Penn Argyle, PA | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | | Title Office Coordinator | Signature | | Date 2-15-2017 | | | |



February 15, 2017

State of New Jersey Notification for Asbestos Abatement
Page 2 of 2

Commercial Property 69 King Street Dover, NJ
Amendment #6

Scope of Work:

| Location | Description | Amount | Abatement Type |
|---|---------------------|--------|----------------|
| 2 nd Floor – (2) rooms Already Completed | Pipe Insulation | 845 LF | Removal |
| 1 st Floor – 1 room | Floor Tile & Mastic | 400 SF | Removal |
| 1 st Floor – 3 rooms & 3 hallways | Pipe Insulation | 139 LF | Removal |
| Basement | Pipe Insulation | 33 LF | Removal |
| 2 nd Floor | Pipe Insulation | 20 LF | Removal |
| 3 rd Floor | Pipe Insulation | 18 LF | Removal |
| 3 rd Floor | Floor Tile | 455 SF | Removal |

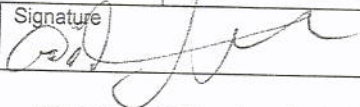
A handwritten signature in dark ink, appearing to be 'D. H.' or similar, written over a light blue grid background.

2-15-2017

CL 67891

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

| | | |
|---|--|------------|
| RECEIVED | | Print Form |
| FEB 27 2017 | | |
| ASBESTOS CONTROL & LICENSING | | |


| | | | | | | | | | |
|---|---|--|---|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 02/24/2017 | | Name of Building Owner/Operator (2) Glenwood Apartments & County Club | | | | | | | |
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTROL & LICENSING | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 1 Cherry Hill Lane | | | | | | | |
| | | City, State, Zip Code Oldbridge, NJ 08857 | | | | | | | |
| | | Name of Contact Eric Prieto | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment | | Type of Facility (4) | | | | | | | |
| Street Address 7-11 Willow Run | | <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) Oldbridge, NJ | | Square Feet 2,000 | # of Floors 2 | | | | | | |
| County (6) | | Bldg. Age 65+ | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) DIA General Construction, Inc | | | | | | |
| Street Address | | Street Address 1360 Clifton Ave, PMB Suite 218 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Clifton, NJ 07012 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-389-0089 | | | | | | |
| Start Date (10) 03/09/2017 | | Scheduled Completion Date (11) 03/17/2017 | License No. 00693 | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor DIA General Construction, Inc | | | | | | | |
| <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 1360 Clifton Ave, PMB Suite 218 | | | | | | | |
| | | City, State, Zip Code Clifton, NJ 07012 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 |
| 7 A-D Willow Run-Crawl Space | X | | | Pipe/Elbow Insulation | 180 LF | X | | | |
| 9 A-D Willow Run-Crawl Space | x | | | Pipe/Elbow Insulation | 160 LF | X | | | |
| 11 A-D Willow Run-Crawl Space | x | | | Pipe/Elbow Insulation | 170 LF | | | | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 8 CY | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle | | Disposal Date 3/17/2017 | | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Milan Njezic | | Title Vice President | | Signature  | | Date 02/24/2017 | | | |

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

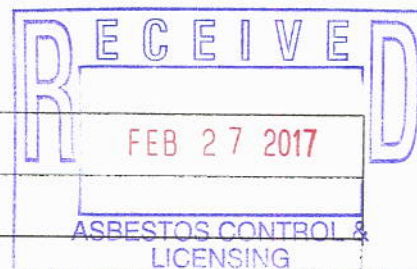
DOL - 10 DAY

FEB 23 2017

WAIVER APPROVED

| | | | |
|--|--|--|---|
| Date of Notification (1) February 23, 2017 | | Name of Building Owner/Operator (2) Erickson Living | |
| Agencies Notified | Type Notification | Street Address 761 Maiden Choice Lane | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Catonsville, MD 21228 | |
| | | Name of Contact Marko Stankovic, Project Manager | |
| | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Lantern Hill Phase III | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 603 Mountain Ave | | Square Feet 25,000 | # of Floors 2 |
| City (5) New Providence | | Bldg. Age 30 | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior to being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | Name of Abatement Contractor (9) BL Contracting Inc | |
| Street Address | | Street Address 5 Marguerite Lane | |
| City, State, Zip Code | | City, State, Zip Code Towaco, NJ 07082 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-901-0153 | License No. 01265 |
| Start Date (10) February 24, 2017 | | Scheduled Completion Date (11) 3/01/2017 | |
| 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 BL Contracting Inc | |
| | | Street Address 5 Marguerite Lane | |
| | | City, State, Zip Code Towaco, NJ 07082 | |
| Scope of Work (Check All That Apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |
| | Yes | No | |
| 5 locations throughout building | | | X |
| | | | pipe insulation |
| | | | 70 LF |
| | | | X |
| | | | |
| | | | |
| Name of Registered Waste Hauler Weigle Trucking Co. | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 4 |
| City, State Linden, PA | | Name of Registered Landfill TRRP | |
| | | Disposal Date | City, State Tullytown, PA |
| Completed by Marko Stankovic | | Title Project Manager | Signature  |
| | | Date 2/23/2017 | |

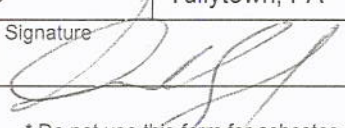
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) February 23, 2017 | | Name of Building Owner/Operator (2) Erickson Living | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 761 Maiden Choice Lane | | | | | | | |
| <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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Catonsville, MD 21228 | | | | | | | |
| | | Name of Contact Marko Stankovic, Project Manager | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Lantern Hill Phase III | | Type of Facility (4) | | | | | | | |
| Street Address 603 Mountain 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) New Providence | | Square Feet 25,000 | # of Floors 2 | | | | | | |
| | | Bldg. Age 30 | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) BL Contracting Inc | | | | | | |
| Street Address | | Street Address 5 Marguerite Lane | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Towaco, NJ 07082 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-901-0153 | | | | | | |
| | | License No. 01265 | | | | | | | |
| Start Date (10) February 28, 2017 | Scheduled Completion Date (11) 3/20/2017 | Name of OSHA Monitor BL Contracting Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 5 Marguerite Lane | | | | | | | |
| <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 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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| please see attached pages | | | X | | | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Weigle Trucking Co. | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste 300 | Name of Registered Landfill TRRP | | | | | |
| City, State Linden, PA | | | Disposal Date | City, State Tullytown, PA | | | | | |
| Completed by Marko Stankovic | | Title Project Manager | Signature | Date 2/23/2017 | | | | | |

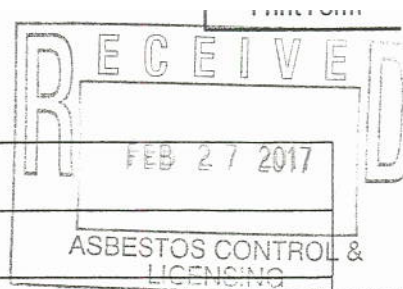
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK # 1668

| Date of Notification (1) 2/20/2017 | | Name of Building Owner/Operator (2) Garden State Episcopal Community Development | | | | | | | |
|--|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 118 Summit 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 Jersey City, NJ 07304 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Carlos Morales | Telephone Number 27 2017 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Property | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 184 Hobart Avenue | | Square Feet 1,900+ | # of Floors 2+ Bldg. Age 50+ | | | | | | |
| City (5) Bayonne | | Current Use (Prior if being demolished) Empty | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) _____ | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Unicorn Contracting Corp. | | | | | | |
| Street Address | | Street Address 32 Willow Way | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-333-9176 | License No. 01232 | | | | | | |
| Start Date (10) 3/2/17 | Scheduled Completion Date (11) 3/5/17 | Name of OSHA Monitor Envirovision Consultants, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____ | | 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 type="checkbox"/> Renovation <input checked="" 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | | | X | Built-Up Roof Material | 5,000 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Unicorn Contracting Corp. | | NJDEP Waste Hauler ID No. 0035844 | Cubic Yards of Waste 5+ | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Woodland Park, New Jersey | | | Disposal Date TBD | City, State Tullytown, PA | | | | | |
| Completed by Dimo Golcev | | Title General Manager | Signature  | Date 2/20/2017 | | | | | |

CK1147

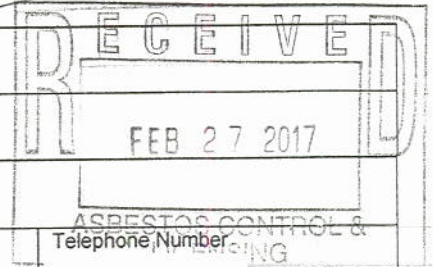
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | | | | | |
|--|--|--|--|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 2/10/2017 | | Name of Building Owner/Operator (2) Edgewood Properties | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1260 Stelton rd | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Piscataway NJ | | | | | | | |
| | | Name of Contact frank | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Property | | 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) Somerville NJ | | Square Feet 2500 | # of Floors 2 | | | | | | |
| | | Bldg. Age +50 | | | | | | | |
| County (6) Somerset County | 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. N/A | Name of Abatement Contractor (9) ACM Solutions Services LLC | | | | | | |
| Street Address N/A | | Street Address 1435 51st Street | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code North Bergen NJ 07047 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01320 | | | | | | |
| Start Date (10) 2/21/2017 | Scheduled Completion Date (11) 2/30/2017 2/28/2017 | Name of OSHA Monitor Iris Environmental Laboratories | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 2333 Route 22 West | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Union NJ 07803 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 | Pipe Insulation | 20 LF | x | | | |
| | | | | | | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem Rd Landfill | | | | | |
| City, State Po Box 5670 | | | Disposal Date | City, State 2335 Applebutter Rd Bethlehem PA | | | | | |
| Completed by Marcos Regato | | Title President | Signature <i>Marcos Regato</i> | | Date 2/10/2017 | | | | |

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

CK 1146



| | | | | | | | | | |
|--|---|---|--|--|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 2/10/2017 | | Name of Building Owner/Operator (2) Edgewood Properties | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1260 Stelton rd | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Piscataway NJ | | | | | | | |
| | | Name of Contact frank | | | | | | | |
| <p align="center">FACILITY INFORMATION</p> | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Property | | 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) Somerville NJ | | Square Feet 2500 | # of Floors 2 | | | | | | |
| County (6) Somerset County | | Bldg. Age +50 | | | | | | | |
| 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. N/A | Name of Abatement Contractor (9) ACM Solutions Services LLC | | | | | | |
| Street Address N/A | | Street Address 1435 51st Street | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code North Bergen NJ 07047 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01320 | | | | | | |
| Start Date (10) 2/21/2017 | Scheduled Completion Date (11) 2/30/2017 2/28/2017 | Name of OSHA Monitor Iris Environmental Laboratories | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 2333 Route 22 West | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Union NJ 07803 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | x | Pipe Insulation | 30 LF | x | | | |
| | | | | | | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem Rd Landfill | | | | | |
| City, State Po Box 5670 | | Disposal Date | | City, State 2335 Applebutter Rd Bethlehem PA | | | | | |
| Completed by Marcos Regato | | Title President | Signature <i>Marcos Regato</i> | | | Date 2/10/2017 | | | |

CK1151

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

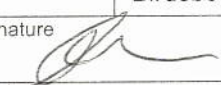
CK1151

| | | | | | | | | | |
|---|---|--|-----|--|---|-------------------|--------|-------------|-----------|
| Date of Notification (1) 2/13/2017 | | Name of Building Owner/Operator (2) 64-66-69th Street LLC | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 27 2017 NJ DEPARTMENT OF ENVIRONMENTAL CONTROL & NURSING </div> | | | | | |
| Agencies Notified | | Street Address 5600 Kennedy Blvd | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | City, State, Zip Code West New York NJ Name of Contact | | | | | | | |
| Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Property | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address [REDACTED] | | | | Square Feet 200SF | # of Floors 1 | | | | |
| City (5) Guttenberg | | | | Bldg. Age +50 | | | | | |
| County (6) Hudson | | 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. N/A | | Name of Abatement Contractor (9) ACM Solutions Services LLC | | | | | |
| Street Address N/A | | Street Address 1435 51st Street | | City, State, Zip Code North Bergen NJ 07047 | | | | | |
| City, State, Zip Code N/A | | Telephone No. N/A | | Telephone No. 201-552-9685 | License No. 01320 | | | | |
| Project Manager for Monitoring Firm N/A | | Scheduled Completion Date (11) 2/17/2017 | | Name of OSHA Monitor Iris Environmental Laboratories | | | | | |
| Start Date (10) 2/15/2017 | | 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 | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | | X | Shingles | 400SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem Rd Landfill | | | | |
| City, State Po Box 5670 | | Disposal Date | | City, State 2335 Applebutter Rd Bethlehem PA | | | | | |
| Completed by Marcos Regato | | Title President | | Signature <i>Marcos Regato</i> | | Date 2/13/2017 | | | |

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

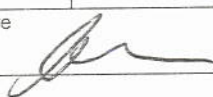
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 16178

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) 2/16/17 | | Name of Building Owner/Operator (2) Marilyn Tomasovic | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 27 2017 DEPT. OF ENVIRONMENTAL CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Elizabeth, NJ 07208 | | | | | | | |
| | | Name of Contact Marilyn Tomasovic | | | | | | | |
| <div align="center">FACILITY INFORMATION</div> | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | | 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) Elizabeth | | | Square Feet 2200 | # of Floors 2 | Bldg. Age 70 | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-764-2276 | License No. 703 | | | | | |
| Start Date (10) 2/25/17 | Scheduled Completion Date (11) 3/25/17 | | 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>basement</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 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 |
| basement | | | x | pipe insulation | 50 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State Birdsboro, PA | | | | | |
| Completed by A. Scott Higgins | Title President | | Signature  | | Date 2/16/17 | | | | |

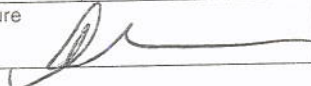
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 16179

| | | | | | | | | | |
|--|---|--|-----|--|---|-----------------|--------|-------------|-----------|
| Date of Notification (1) 2/16/17 | | Name of Building Owner/Operator (2) Livingston Police Department | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 27 2017 CONTROL & LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address 81 Naylor Avenue | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Livingston, NJ | | | | | | | |
| | | Name of Contact John Drumm | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Old Animal Shelter | | | | 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 81 Naylor Avenue | | | | Square Feet 2000 | # of Floors 2 | | | | |
| City (5) Livingston | | | | Bldg. Age 75 | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Detail Associates | | ASCM No. 00012 | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | |
| Street Address 300 Grand Avenue | | | | Street Address PO Box 483, 4 E Gate Drive | | | | | |
| City, State, Zip Code Englewood, NJ 07631 | | | | City, State, Zip Code Glenwood, NJ 07418 | | | | | |
| Project Manager for Monitoring Firm Stephen Jaraczewski | | Telephone No. 201-569-6708 | | Telephone No. 973-764-2276 | License No. 703 | | | | |
| Start Date (10) 2/25/17 | | Scheduled Completion Date (11) 3/25/17 | | Name of OSHA Monitor | | | | | |
| 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 | | | | | |
| | | | | City, State, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Old Animal Shelter (vacant) | | | x | transite panels | 450 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | | | | |
| City, State Freehold, NJ | | | | Disposal Date TBD | City, State Birdsboro, PA | | | | |
| Completed by A. Scott Higgins | | Title President | | Signature  | | Date 2/16/17 | | | |

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

Check 16189

| Date of Notification (1) 2/20/17 | | Name of Building Owner/Operator (2) Cyndi Pollack | | | | | | | |
|--|---|---|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hackettstown, NJ 07840 | | | | | | | |
| | | Name of Contact Cyndi Pollack | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) house | | 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 2100 | # of Floors 2 | | | | | | |
| City (5) Hackettstown | | Bldg. Age 70 | | | | | | | |
| County (6) Warren | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | License No. 703 | | | | | | |
| Start Date (10) 3/1/17 | Scheduled Completion Date (11) 3/25/17 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u> | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | | x | pipe insulation | 130 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date TBD | | City, State Birdsboro, PA | | | | | |
| Completed by A. Scott Higgins | | Title President | Signature  | | | Date 2/20/17 | | | |

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

CL # 026406

| | | | | | |
|---|---|--|--|---|--|
| Date of Notification (1) 02/21/17 | | Name of Building Owner/Operator (2) Rafael Guadalupe | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 27 2017 ASBESTOS CONTROL & REMEDIATION </div> | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Belleville, NJ 07109 Name of Contact Mr. Rafael Guadalupe | | | |
| | | Telephone Number _____ | | | |

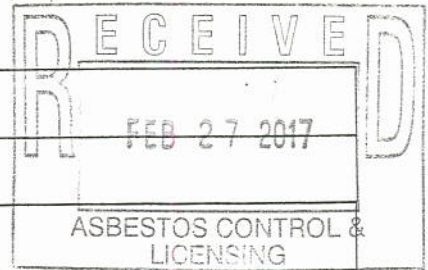
| FACILITY INFORMATION | | | | | |
|--|--|---|---|--|-------------------|
| Name of Facility Where Abatement is Taking Place (3) Residential | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1,500 + | # of Floors 2 | Bldg. Age 50 + |
| City (5) Belleville | | County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. | | |
| Street Address | | Street Address 1141 Route 23 | | | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-628-9200 | License No. 00408 | |
| Start Date (10) 03/02/17 | | Scheduled Completion Date (11) 03/03/17 | | Name of OSHA Monitor Enviro Vision Consultants, Inc. | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | Street Address 20-21 Wagaraw Road, Bldg. #35E | | |
| | | | City, State, Zip Code Fair Lawn, NJ 07410 | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |

| Location of Asbestos-Containing Material (ACM) In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | Pipe Insulation | 68 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|--|---|------------------|
| Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc. | | NJDEP Waste Hauler ID No. 17819 | Cubic Yards of Waste 5 | Name of Registered Landfill Grand Central Landfill | |
| City, State Wayne, New Jersey | | Disposal Date | City, State Pen Argyl, Pennsylvania | | |
| Completed by Jerry Bijelonic | | Title Project Manager | Signature | | Date 02/21/17 |

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

ck# 1148



| Date of Notification (1) 2/13/2017 | | Name of Building Owner/Operator (2) Edgewood Properties | | | | | | | |
|--|--|---|---|---|---|-------------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1260 Stelton Rd City, State, Zip Code Piscataway NJ Name of Contact Dan Chelchowski | | | | | | |
| | | | Telephone Number | | | | | | |
| | FACILITY INFORMATION | | | | | | | | |
| | Name of Facility Where Abatement is Taking Place (3) Private Property Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Jackson | | Square Feet 2800 | # of Floors 2 | | | | | | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age +50 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) ACM Solutions Services LLC | | | | | | |
| Street Address N/A | | Street Address 1435 51st Street | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code North Bergen NJ 07047 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01320 | | | | | | |
| Start Date (10) 2/23/2017 | Scheduled Completion Date (11) 2/26/2017 | | Name of OSHA Monitor Iris Environmental Laboratories | | | | | | |
| 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 07803 | | | | | | | |
| Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div> | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| First Floor | | | x | Join Compound | 500SF | x | | | |
| Exterior | | | x | Transite | 300SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste | Name of Registered Landfill ISES Bethlehem Rd Landfill | | | | |
| City, State Po Box 5670 | | | | Disposal Date | City, State 2335 Applebutter Rd Bethlehem PA | | | | |
| Completed by Marcos Regato | | Title President | | Signature <i>Marcos Regato</i> | | Date 2/13/2017 | | | |

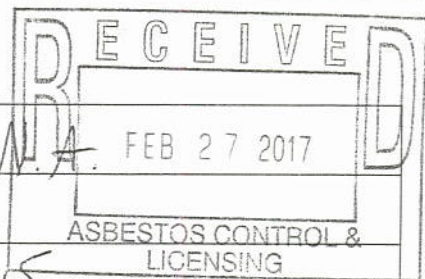
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Check 9905
RECEIVED
FEB 27 2017
ASBESTOS CONTROL & LICENSING

| | | | | | | | | |
|---|--|---|---|--|----------------|--------|-------------|-----------|
| Date of Notification (1) 2-22-17 | | Name of Building Owner/Operator (2) Lorie Hurley | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] | | | | | | |
| | | City, State, Zip Code Trenton NJ 08619 | | | | | | |
| | | Name of Contact Lorie Hurley | | | | | | |
| Telephone Number [REDACTED] | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | 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 1900 | # of Floors 1 | | | | | |
| City (5) Trenton NJ 08619 | | Bldg. Age 65+- | | | | | | |
| County (6) Mercer | | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | |
| Project Manager for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | License No. 00394 | | | | | |
| Start Date (10) March 6, 2017 | Scheduled Completion Date (11) March 17, 2017 | | Name of OSHA Monitor EPC Technologies Inc | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address P.O. Box 337 | | | | | | |
| | | City, State, Zip Code New Egypt NJ 08533 | | | | | | |
| 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Attic | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Vermiculite | Amount (Specify SF or LF) 900 SF | Abatement Type | | | |
| | | | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 24 | Name of Registered Landfill Waste Management of PA | | | | |
| City, State New Egypt NJ | | Disposal Date by 3-17-17 | | City, State Morrisville PA | | | | |
| Completed by Steve Schenker | | Title President | Signature <i>Steve Schenker</i> | Date 2-22-17 | | | | |

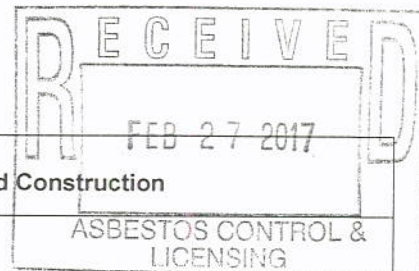
CK 2621

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



| | | | | | | | | | |
|---|--|---|---------------------------|--|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 2/20/17 | | Name of Building Owner/Operator (2) Wells Fargo Bank, N.A. | | | | | | | |
| Agencies Notified | Type Notification | Street Address 3476 Stateview Blvd. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Fort Mill, SC 29715 | | | | | | | |
| | | Name of Contact Eric Plackis | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Woodbine | | Square Feet 1936 | # of Floors 2 | | | | | | |
| County (6) | | County Code (7) (STATE USE ONLY) | Bldg. Age 117 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) Home | | | | | | | |
| ASCN No. | | Name of Abatement Contractor (9) Brick Industries Inc. | | | | | | | |
| Street Address | | Street Address P.O. Box 915 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Brick, New Jersey 08723 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. (732)899-7499 | License No. 01196 | | | | | | |
| Start Date (10) 2/20/17 | Scheduled Completion Date (11) 3/1/17 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | interior plaster | 150SF | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 4 | Name of Registered Landfill GROWS Inc. | | | | | |
| City, State Brick, New Jersey | | | Disposal Date | City, State PA | | | | | |
| Completed by Eric Plackis | | Title President | Signature [Signature] | | | Date 2/20/17 | | | |

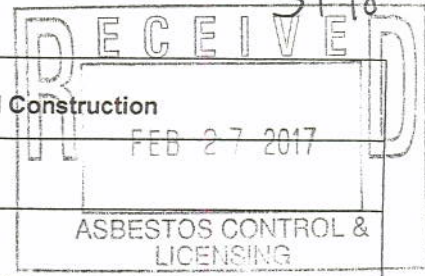
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| Date of Notification (1) <u>1</u> / <u>30</u> / <u>17</u> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | | | | | | | |
|---|--|--|--------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-2/17/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | Square Feet 1,000,000 # of Floors 8 Bldg. Age 70 | | | | | | | |
| City (5) Princeton | | County Code (7)(STATE USE ONLY) MERCER Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | ASCM No. 00098 Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 License No. 00509 | | | | | | | |
| Start Date (10) <u>2</u> / <u>13</u> / <u>17</u> | | Scheduled Completion Date (11) <u>ON HOLD</u> Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: <u>5:00PM-1:30AM</u> | | Street Address 1123 BEAVER STREET 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"/> Renovation <input 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"/> 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 |
| Level B Hallway outside room B7L | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Level C Hallway outside room C6J | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 200 SF | <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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | City, State MORRISVILLE, PA 19067 | | | | | |
| Completed By (Print or Type) Brian Scafiro | | Title Estimator | | Signature <i>Brian Scafiro</i> | | Date <u>2/17/17</u> | | | |

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

chk # 3148



| | | | |
|--|---|--|------------------|
| Date of Notification (1) <u>1</u> / <u>30</u> / <u>17</u> | | Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA 3481 <input checked="" type="checkbox"/> DOLWD 3504 <input checked="" type="checkbox"/> DHSS 3498 <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 200 Elm Dr. | |
| | | City, State, Zip Code Princeton, NJ 08544 | |
| | | Name of Contact Robert Ortego | Telephone Number |

FACILITY INFORMATION

| | | | |
|---|--|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library | | 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 Washington Rd | | | |
| City (5) Princeton | | Square Feet 1,000,000 | # of Floors 8 |
| County (6) MERCER | | Bldg. Age 70 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Library | |

| | | | | |
|--|--|---|--|-----------------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC | | ASCM No. 00098 | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address Three Terri Center | | Street Address 1123 BEAVER STREET | | |
| City, State, Zip Code Burlington, NJ 08016 | | City, State, Zip Code BRISTOL, PA 19007 | | |
| Project Manager for Monitoring Firm Michael Keehn | | Telephone No. 609-386-8800 | Telephone No. 215-788-6040 | License No. 00509 |

| | | | |
|--|--|--|--|
| Start Date (10) <u>2</u> / <u>13</u> / <u>17</u> | Scheduled Completion Date (11) <u>2</u> / <u>17</u> / <u>17</u> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5:00</u> PM - <u>1:30</u> AM | | Street Address 1123 BEAVER STREET | |
| | | 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"/> Renovation | <input 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"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

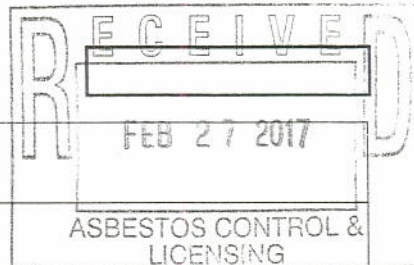
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Level B Hallway outside room B7L | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 200 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Level C Hallway outside room C6J | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor tile and mastic | 200 SF | <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"/> |

| | | | | | |
|---|--|---|----------------------|---|--|
| Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. | | NJDEP Waste Hauler ID No. 18706 | Cubic Yards of Waste | Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL | |
| City, State BRISTOL, PA 19007 | | Disposal Date | | City, State MORRISVILLE, PA 19067 | |

| | | | |
|--|---------------------------|--|------------------------|
| Completed By (Print or Type) Brian Scafiro | Title Estimator | Signature <i>Brian Scafiro / JS</i> | Date 1/30/17 |
|--|---------------------------|--|------------------------|

MO#24219186377

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



| | | | |
|---|--|--|------------------|
| Date of Notification (1) 02 / 20 / 17 | | Name of Building Owner/Operator (2) Tower DBW REO II LLC | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <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 [REDACTED] City, State, Zip Code West New York, NJ 07093 | |
| | | Name of Contact Neil Harreveld | Telephone Number |

FACILITY INFORMATION

| | | | |
|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| City (5) West New York, NJ 07093 | | Square Feet | # of Floors |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Gr Tech LLC | |
| Street Address | | Street Address 576 Valley Rd #283 | |
| City, State, Zip Code | | City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-638-1777 | License No. 01127 |
| Start Date (10) 03 / 01 / 17 | Scheduled Completion Date (11) 03 / 02 / 17 | Name of OSHA Monitor Envirovision Consultants, Inc | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 20-21 Wagaraw Road, Bldg .# 35E City, State, Zip Code Fair Lawn, NJ 07410 | |

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ > 160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 SIF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Crawl space | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe insulation-wrap&cut | 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 Gr Tech LLC | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc |
| City, State Wayne, NJ 07470 | Disposal Date TBD | City, State Tullytown, PA | |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | Date 02/20/17 |

RECEIVED
FEB 27 2017
ASBESTOS CONTROL & LICENSING
07450

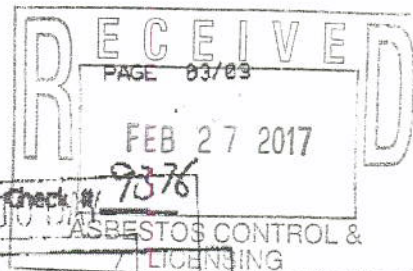
ASB-41 (R-06-08)

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

02/17/2017 11:49

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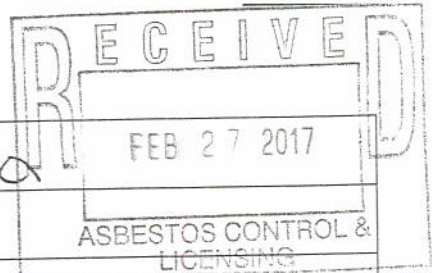
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:29 and 12:122)

DOL - Check # **9376**
 ASBESTOS CONTROL & LICENSING

| | | | | | | | | |
|---|--|--|--|---|----------------|---|--------|----------------------|
| Date of Notification (1) 2/17/17 | | Name of Building Owner/Operator (2) JANETTE THOMASON | | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | |
| Street Address [REDACTED] | | City, State, Zip Code PASSAIC, NJ 07055 | | | | | | |
| Name of Contact JANETTE | | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) THOMASON | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | Squares Feet 2850 | | | | | | |
| City (6) PASSAIC | | # of Floors 3 | | | | | | |
| County (5) PASSAIC | | Bldg. Age 62 | | | | | | |
| Country Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RES | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | | | | | |
| Street Address | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | | | | | |
| City, State, Zip Code | | Street Address 186 Vreeland Ave. | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Midland Park, N.J. | | | | | | |
| Telephone No. | | Telephone No. 201-262-5841 | | | | | | |
| Start Date (10) 2/17/17 | | License No. 00168 | | | | | | |
| Scheduled Completion Date (11) 2/20/17 | | Name of OSHA Monitor Omaga Environmental Services 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 type="checkbox"/> Other - Describe: _____ | | Street Address 280 Huyler Street | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sq ft or 23 ft <input type="checkbox"/> 2180 sq ft or 2250 ft | | City, State, Zip Code Hackensack, N.J. 07606 | | | | | | |
| <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed (C) and Non-Fixable 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) 40 SF | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulated in situ |
| PARTIAL BASEMENT | | | PIPE | | X | | | |
| Name of Registered Waste Handler Newark Carting, Inc. | | NJ DEP Waste Hauler ID No. 04-509 | | Cubic Yards of Waste 5 | | Name of Registered Landfill Grand Central Sanitary Landfill | | |
| City, State Newark, N.J. 07105 | | Disposal Date 2/17/17 | | City, State Pen Argyl, PA 08072 | | Date 2/17/17 | | |
| Completed by R. McDonald | | Title President | | Signature <i>[Signature]</i> | | Date 2/17/17 | | |

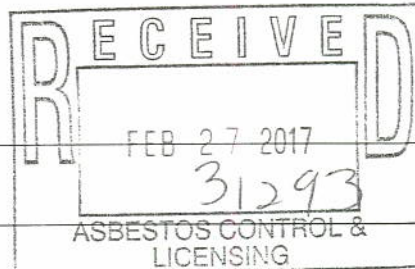
CK 2619

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



| Date of Notification (1) 2/17/17 | | Name of Building Owner/Operator (2) Robert Rusciano | | | | | | | |
|--|---|---|--|---|---------------------------|-------------------------------------|------------------------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type 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 [REDACTED] City, State, Zip Code North Arlington, NJ 07031 Name of Contact Eric Plackis Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1185 | # of Floors 2 Bldg. Age 97 | | | | | | |
| City (5) North Arlington | | County Code (7) (STATE USE ONLY) _____ | | | | | | | |
| County (6) Bergen | | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Brick Industries Inc. | | | | | | |
| Street Address | | Street Address P.O. Box 915 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Brick, New Jersey 08723 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. (732)899-7499 | License No. 01196 | | | | | | |
| Start Date (10) 2/18/17 | Scheduled Completion Date (11) 3/3/17 | Name of OSHA Monitor | | | | | | | |
| 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 City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| | | | | asbestos floor tile | 225 SF | <input checked="" type="checkbox"/> | | | |
| | | | | | | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | Cubic Yards of Waste 3 | Name of Registered Landfill GROWS Inc. | | | | | |
| City, State Brick, New Jersey | | | Disposal Date 3/3/17 | City, State PA | | | Date 2/17/17 | | |
| Completed by Eric Plackis | | Title President | | Signature <i>[Signature]</i> | | | | | |

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



| Date of Notification (1) 02 / 20 / 17 | | Name of Building Owner/Operator (2) JBH Paving & Excavating | | | | | | | |
|---|--|--|---|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 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 546 Vath Street | | | | | | | |
| | | City, State, Zip Code Jackson, NJ 08527 | | | | | | | |
| | | Name of Contact John | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | 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 [REDACTED] | | | | | | | | | |
| City (5) Toms River | | Square Feet 1500 sf | # of Floors 1 | | | | | | |
| | | Bldg. Age 65 | | | | | | | |
| County (6) Ocean | | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 03 / 02 / 17 | Scheduled Completion Date (11) 03 / 06 / 17 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| 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 Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 1056 Stelton | | | | | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 1550 sf | <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"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | Disposal Date 03/07/17 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | Date 2/20/17 | | | |