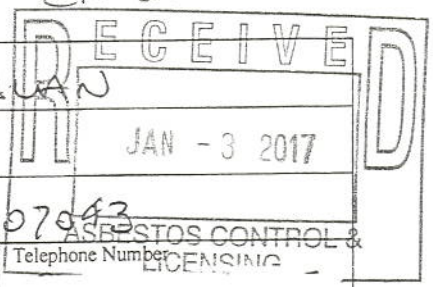


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CIC 3890



Date of Notification (1) 1/28/16		Name of Building Owner/Operator (2) MS. PRITHA GOPALAN	
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 MONTCLAIR, NJ 07043
		Name of Contact MS. PRITHA GOPALAN	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MS PRITHA GOPALAN		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]			
City (5) MONTCLAIR	Square Feet 2000	# of Floors 2	Bldg. Age 1945
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)		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River Street	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 1/10/17	Scheduled Completion Date (11) 1/11/17	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler Street	
		City, State, Zip Code South Hackensack, NJ 07606	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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				THERMAL SYSTEMS INSULATION	90 LF	X			

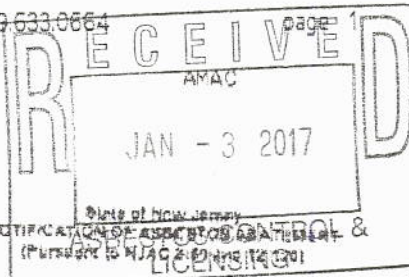
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2-29	Name of Registered Landfill Minverva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 1/11/17	City, State Waynesburg, OH 44688		
Completed by J. Maiorano	Title Estimator	Signature 	Date 1/28/16		

12/27/2016 18:17 2012629321

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT &
(Pursuant to N.J.A.C. 26:27 and 26:28)



DOL - 10 DAY

DEC 27 2016

WAIVER APPROVED

Date of Notification (1) 12/27/16		Name of Building Owner (2) DEBORAH WIEN	
Agency handling <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> LSH <input checked="" type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including investigation) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code NORTH ARLINGTON, N.J. 07031	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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 [REDACTED]		City, State, Zip Code 1450 7 450	
City (5) NORTH ARLINGTON		County (6) BERGEN	
Name of Monitoring Firm Hired by Building Owner (7) AMAC		Name of Abatement Contractor (8) AMAC Contracting Inc.	
Street Address [REDACTED]		Street Address 185 Vreeland Ave	
City, State, Zip Code Midland Park, NJ		City, State, Zip Code Midland Park, NJ	
Name of Manager for Monitoring Firm 12/27/16		Telephone No. (201) 262-5841	
Name of ASHA Member Omega Environmental Services		License No. 00156	
Frequency of Monitoring During Abatement (Check Only One) <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other - Describe		Name of ASHA Member Omega Environmental Services	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 1-3 of 23 II <input checked="" type="checkbox"/> 1-150 of 23 II <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Name of ASHA Member Omega Environmental Services	
Location of Abatement Containing Material (ACM) BOILER ROOM		Description of Abatement Containing Material (ACM) PIPE INSULATION	
Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes		Amount (Square ft or LF) 75LF	
Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes		Amount (Square ft or LF) 3250	
Name of Registered Waste Handler Newark Carting, Inc.		Name of Registered Landfill IESI PA Bethlehem Landfill Corp	
City, State Newark, NJ		City, State Bethlehem PA	
Completed by Joseph Vocellaro		Signature J. Vocellaro	
Title Vice President		Date 12/27/16	

ASB-4 (7-03-08)

Do not use this form for asbestos removal abatement activities

* Emergency *

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

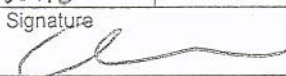
Print Form

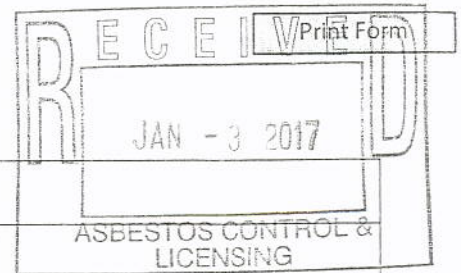
RECEIVED

CK 5913

JAN - 3 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/28/16		Name of Building Owner/Operator (2) Greater Egg Harbor Regional High School							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1824 Dr. Dennis Foreman Drive							
City, State, Zip Code Mays Landing NJ 08330		Name of Contact Thomas Grossi							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oakcrest High School		Type of Facility (4)							
Street Address 1824 Dr. Dennis Foreman Drive		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mays Landing NJ 08330		Square Feet 1000+	# of Floors 1						
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance LLC		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 167		Street Address PO Box 329							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	Telephone No. 856-753-9800						
Start Date (10) 12/29/16		Scheduled Completion Date (11) 12/30/16	License No. 00727						
Name of OSHA Monitor Same									
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 checked="" type="checkbox"/> Other - Describe: after 3:30		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 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
room 419			x	elbow insulation	6 lf	x			
				WET WRAP & CUT					
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste .5	Name of Registered Landfill ACUA					
City, State West Berlin NJ		Disposal Date 12/30/16		City, State Egg Harbor TWP NJ 08234					
Completed by Anthony T Perna		Title President		Signature 		Date 12/28/16			

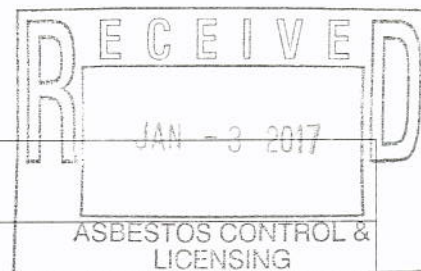


CH5187

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

Date of Notification (1) 12/27/16		Name of Building Owner/Operator (2) Dubin Contracting							
Agencies Notified	Type Notification	Street Address 31 Birch St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Mr. Dubin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MARLBORO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address		Square Feet 1000	# of Floors 1						
City (5) MARLBORO		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 01/06/17	Scheduled Completion Date (11) 01/09/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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) <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				Floor Tile	740SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 6	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 01/09/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

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;">12 / 27 / 16</div>		Name of Building Owner/Operator (2) Daniel Vitale	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 1.2em; width: 100%;"></div>	
		City, State, Zip Code Toms River, NJ 08755	
		Name of Contact Daniel Vitale	Telephone Number

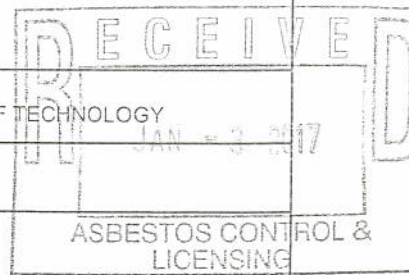
FACILITY INFORMATION

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 <div style="background-color: black; height: 1.2em; width: 100%;"></div>			
City (5) Lavallette	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		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.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) <div style="text-align: center;">12 / 28 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 29 / 16</div>	Name of OSHA Monitor E.M.S.L. Analytical	
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 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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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 checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1450 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 12/30/16		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 12/27/16	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

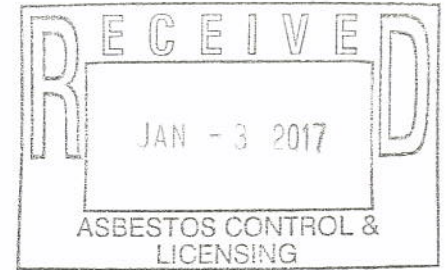


Date of Notification (1) 12 / 27 /16		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified		Street Address CASTLE POINT ON HUDSON	
Type Notification		City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact DAVID FERNANDEZ	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 CASTLE POINT TERRACE		Square Feet 20,000	# of Floors 1
City (5) HOBOKEN		County (6) HUDSON	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 201-398-4544	Telephone Number 845-369-7500
Expected State Date (10) 6 / 3 /16 Month Day Year		Sched. Completion Date (11) 5 / 15 /17 Month Day Year	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> Wrap and Cut	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FL. POWERHOUSE			X	BOILER BREECHING	2,100 SF	X			
1ST FL. POWERHOUSE			X	PIPE INSULATION	165 LF	X			
1ST FL. POWERHOUSE			X	PIPE FITTING	100 LF	X			
1ST FL. POWERHOUSE			X	TANK INSULATION	510 SF	X			
1ST FL. POWERHOUSE			X	PIPE FLANGE GASKET	25 SF	X			
EXTERIOR POWERHOUSE			X	BOILER BREECHING	200 SF	X			
TRENCH-EXTERIOR POWERHOUSE			X	PIPE INSULATION	150 SF	X			
ROOF -POWERHOUSE			X	BUILT UP ROOFING	650 SF	X			
ROOF -POWERHOUSE			X	ROOF MASTIC	600 SF	X			
POWERHOUSE EXTERIOR WALL			X	FOUNDATION SEAM CAULK	45 LF	X			
POWERHOUSE -THROUGHOUT			X	PIPE INSULATION	35 LF	X			
Name of Registered Waste Hauler GLOBAL WASTE 699 WASHINGTON STREET City, State	NJDEP Waste Hauler ID No. 22147			Cubic Yards of Waste 160	Name of Registered Landfill GROWS LANDFILL / TULLYTOWN RESOURCE City, State				

HACKETT WON, NEW JERSEY 07840		6/3-12/3/2016	MORRISVILLE, PA 19067 / MORRISVILLE, PA	
Completed by (Print or Type)	Title	Signature	Date	
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS	<i>BSS</i>	12/27/16	



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

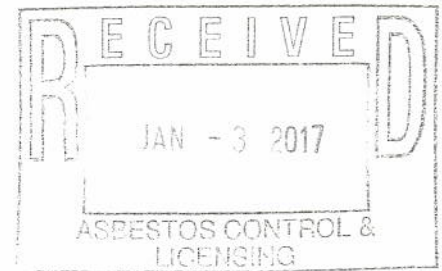


Date of Notification (1) 5 / 19 /16		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address CASTLE POINT ON HUDSON	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
		Name of Contact DAVID FERNANDEZ	Telephone Number

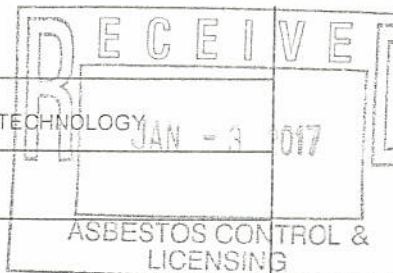
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 CASTLE POINT TERRACE		Square Feet 20,000	# of Floors 1
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (STATE USE ONLY)	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VEE JAY PATEL		Telephone Number 201-398-4544	License Number 1101
Expected State Date (10) 6 / 3 /16 Month Day Year	Sched. Completion Date (11) 12 / 30 /16 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		Street Address 1376 ROUTE 9	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		City, State, Zip Code WAPPINGERS FALLS, NY 12590	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Encllo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> Wrap and Cut	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FL. POWERHOUSE			X	BOILER BREECHING	2,100 SF	X			
1ST FL. POWERHOUSE			X	PIPE INSULATION	165 LF	X			
1ST FL. POWERHOUSE			X	PIPE FITTING	100 LF	X			
1ST FL. POWERHOUSE			X	TANK INSULATION	510 SF	X			
1ST FL. POWERHOUSE			X	PIPE FLANGE GASKET	25 SF	X			
EXTERIOR POWERHOUSE			X	BOILER BREECHING	200 SF	X			
TRENCH-EXTERIOR POWERHOUSE			X	PIPE INSULATION	150 SF	X			
ROOF -POWERHOUSE			X	BUILT UP ROOFING	650 SF	X			
ROOF -POWERHOUSE			X	ROOF MASTIC	600 SF	X			
POWERHOUSE EXTERIOR WALL			X	FOUNDATION SEAM CAULK	45 LF	X			
POWERHOUSE -THROUGHOUT			X	PIPE INSULATION	35 LF	X			
Name of Registered Waste Hauler GLOBAL WASTE 699 WASHINGTON STREET City, State	NJDEP Waste Hauler ID No. 22147			Cubic Yards of Waste 160	Name of Registered Landfill GROWS LANDFILL / TULLYTOWN RESOURCE City, State				

RETTWON, NEW JERSEY 07840		6/3-12/3/2016	MORRISVILLE, PA 19067 / MORRISVILLE, PA	
Completed by (Print or Type)	Title	Signature	Date	
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS	<i>[Signature]</i>	5/19/16	



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 6 / 1 / 16		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified		Street Address CASTLE POINT ON HUDSON	
Type Notification		City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact DAVID FERNANDEZ	
		Telephone Number	

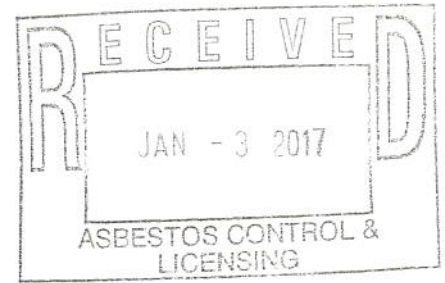
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 CASTLE POINT TERRACE		Square Feet 20,000	# of Floors 1
City (5) HOBOKEN		County (6) HUDSON	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 201-398-4544	Telephone Number 845-369-7500
Expected State Date (10) 6 / 3 / 16		Sched. Completion Date (11) 12 / 30 / 16	
		Name of OSHA Monitor QUALITY ENVIRONMENTL	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure <input type="checkbox"/> Wrap and Cut	
---	--	--	--

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF, or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FL. POWERHOUSE			X	BOILER BREECHING	2,100 SF	X			
1ST FL. POWERHOUSE			X	PIPE INSULATION	165 LF	X			
1ST FL. POWERHOUSE			X	PIPE FITTING	100 LF	X			
1ST FL. POWERHOUSE			X	TANK INSULATION	510 SF	X			
1ST FL. POWERHOUSE			X	PIPE FLANGE GASKET	25 SF	X			
EXTERIOR POWERHOUSE			X	BOILER BREECHING	200 SF	X			
TRENCH-EXTERIOR POWERHOUSE			X	PIPE INSULATION	150 SF	X			
ROOF -POWERHOUSE			X	BUILT UP ROOFING	650 SF	X			
ROOF -POWERHOUSE			X	ROOF MASTIC	600 SF	X			
POWERHOUSE EXTERIOR WALL			X	FOUNDATION SEAM CAULK	45 LF	X			
POWERHOUSE -THROUGHOUT			X	PIPE INSULATION	35 LF	X			
Name of Registered Waste Hauler GLOBAL WASTE 699 WASHINGTON STREET City, State	NJDEP Waste Hauler ID No. 22147			Cubic Yards of Waste 160	Name of Registered Landfill GROWS LANDFILL / TULLYTOWN RESOURCE				
				Disposal Date	City, State				

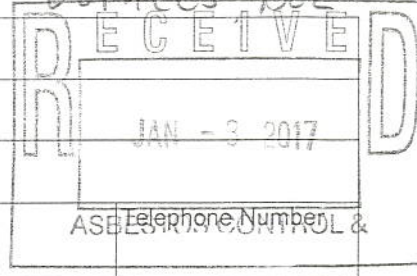
MIDDLETOWN, NEW JERSEY 07840		6/3-12/3/2016	MORRISVILLE, PA 19067 / MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 6/1/16



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

12/28
approved by: TOM
Vorhees DOL

Date of Notification (1) 12/27/16		Name of Building Owner / Operator (2) Gloucester Township Public Schools	
Agencies Notified	Type Notification	Street Address 1000 Davistown Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Blackwood, NJ 08012	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Sani Umar	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number & ASBESTOS CONTROL	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Administration Bldg		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)	
Street Address 17 Erial Road		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Blackwood		<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Warminster	County Code (7)	Square Feet	# of Floors
		Bldg. Age	
Current Use (Prior if being demolished) Retail			
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 515 Grove St.		Street Address 1123 Beaver Street	
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Tom Adams	Telephone Number 856-656-2875	Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 12/28/16	Scheduled Completion Date (11) 12/29/16	Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 1123 Beaver Street	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 10:00 AM – 11PM		City, State & Zip Code Bristol, PA 19007	
<input type="checkbox"/> Facility Occupied During Abatement			

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 ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

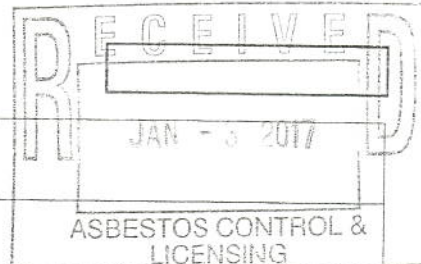
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Hallway and Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	950 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"/>
	<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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, Delaware		Disposal Date 12/29/16	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gm</i>		Date 12/27/16

GI16211

MO#24219176016

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



Date of Notification (1) 12 / 26 / 16		Name of Building Owner/Operator (2) Julia Smith	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING
City, State, Zip Code Mountain Lakes, NJ 07046		Name of Contact Gery Toriello	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private 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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Mountain Lakes, NJ 07046		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]	ASCM No.	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.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 01 / 04 / 16	Scheduled Completion Date (11) 01 / 06 / 16	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)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure
<input checked="" 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"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

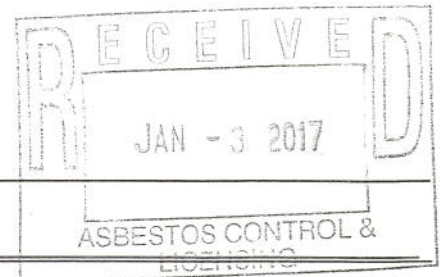
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom-third floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling plaster	225 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 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 12/26/16

ASB-41

MAY 11

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



Date of Notification (1) 1/12/17		Name of Building Owner/Operator (2) kevin cullinane	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code UNION, NJ 07083	
Name of Contact kevin cullinane		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) kevin cullinane			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) UNION	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 12/28/16		Sched. Completion Date (11) 01/20/16	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER Rm.		<input checked="" type="checkbox"/>		PIPE INSULATION	45 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/29/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/28/16

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

Check 160014

Date of Notification (1) 12/27/16		Name of Building Owner/Operator (2) Jared Cumming		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN - 3 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Garwood, NJ							
		Name of Contact Jared Cumming							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Garwood				Square Feet 2100	# of Floors 2				
County (6) Union		County Code (7) (STATE USE ONLY) _____		Bldg. Age 68					
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) 1/5/17	Scheduled Completion Date (11) 2/2/17		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	paper on ducts	10 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 12/27/16				

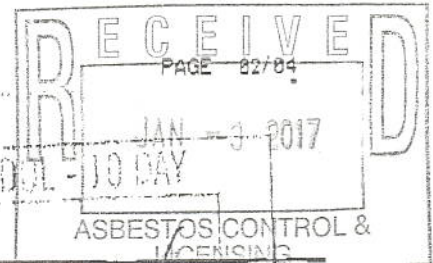
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D&S RESTORATIO

CK 6933

D&S Proj. #: 16-392

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



Date of Notification (1) 11/12/17/11/16		Name of Building Owner/Operator (2) Kevin Cullinane	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	UNION, NJ 07083	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Kevin Cullinane	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kevin Cullinane			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address			Square Feet	# of Floors
City (5) UNION			County (6) UNION	County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 12/28/16		Sched. Completion Date (11) 01/20/16	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours. Describe:				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (?) and Non-filable procedure			
<input checked="" type="checkbox"/> >2 sf or >3 lf <input type="checkbox"/> >180 sf or >250 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap
BASMENT BOILER Rm.	Yes	No	PIPE INSULATION	45 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"/>
Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503	Disposal Date 12/29/16	City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/28/16				

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

Ch 11042

check # **RECEIVED**
JAN - 3 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 30 / 16		Name of Building Owner/Operator (2) Landmark Health Care Facilities, LLC	
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 839 N. Jefferson Street - Suite 600 City, State, Zip Code Milwaukee, WI 53202 Name of Contact William Komlo	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Deborah Heart & Lung - Elichman Pavillion		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 200 Trenton Road		Square Feet 30,000	Bldg. Age 50+
City (5) Browns Mills		# of Floors 1	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Health Care	

Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 102	Name of Abatement Contractor (9) Controlled Environmental Systems	
Street Address 515 Grove St - Suite 18		Street Address 1121 N. Bethlehem Pike - Suite 60		
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Spring House, PA 19477		
Project Manager for Monitoring Firm Matthew Z. Kensil		Telephone No. 856 547 0505	Telephone No. 215 542 7000	License No. 00847
Start Date (10) 01 / 10 / 17	Scheduled Completion Date (11) 3 / 10 / 17	Name of OSHA Monitor CES		

Occupancy Status During Abatement (Check only one) <input 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: 7:00AM-7:00PM/ PM- AM	Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477
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Scope of Work (Check all that apply)

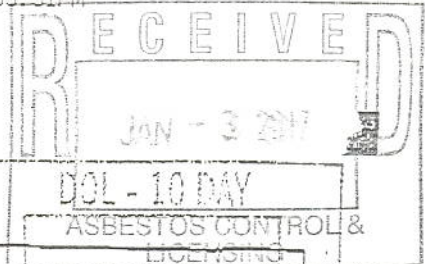
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Window Glazing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Windows	60 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Roof	26,000	<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 Hilltop Enterprises	NJDEP Waste Hauler ID No. 3175	Cubic Yards of Waste 60 Yards	Name of Registered Landfill GROWS Tullytown
City, State 1157 Phoenixville, Pike # 102-West Chester PA 19380		Disposal Date 3/1/2017	City, State Tullytown, PA
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 12/30/16

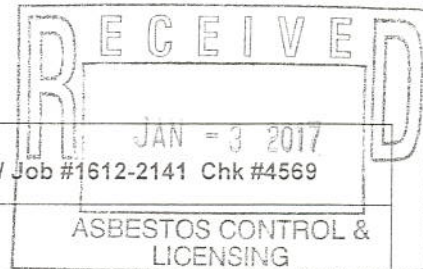
CH 6681

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:126)



Date of Notification (1) 12/27/2016		Name of Building Owner/Operator (2) Ms. Gerilyn Ricci							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Lyndhurst, NJ 07071							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Ms. Gerilyn Ricci	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lyndhurst		Square Feet 1500	# of Floors 2						
County (6) Bergen		Bldg. Age 80							
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 Avenue, PMB Suite 215							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 12/28/2016		Scheduled Completion Date (11) 12/29/2016							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor DIA General Construction, Inc.							
		Street Address 1360 Clifton Avenue, PMB Suite 215							
		City, State, Zip Code Clifton, NJ 07012							
Scopes of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 of or 23 if ≥165-4/ or ≥235 if		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frable 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, 1st Floor, Attic			X	Transite Flue Pipe	14 LF	X			
						X			
						X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 12/29/2016		City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 12/27/2016			

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



Date of Notification (1) <u>12</u> / <u>27</u> / <u>16</u>		Name of Building Owner/Operator (2) Lisa Carco & Jeff Bewkes		ASBESTOS CONTROL & LICENSING JAN - 3 2017 Job #1612-2141 Chk #4569					
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Princeton, NJ 08540		Telephone Number					
Name of Contact Lisa Carco									
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 100-102 Elm Road				Square Feet 4347					
City (5) Princeton				# of Floors 2	Bldg. Age 1933				
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Horizon environmental		ASCM No.		Name of Abatement Contractor (9) 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 Dave Flanigan		Telephone No. 856-848-0800		License No. 00862					
Start Date (10) <u>1</u> / <u>11</u> / <u>17</u>		Scheduled Completion Date (11) <u>1</u> / <u>17</u> / <u>17</u>		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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement/Crawlspace/Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	300 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 1/17/17	City, State Penn Argyle, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 12-27-16			

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

Check # 11039

Date of Notification (1) 12 / 30 / 16		Name of Building Owner/Operator (2) NJSDA		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JAN - 3 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Telephone Number ASBESTOS CONTROL & LICENSING</div>					
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 32 E Front St							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential - slated for Demo				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 22 S 5th Street									
City (5) Harrison				Square Feet 3,500	# of Floors 3				
				Bldg. Age 50+					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned Residential Structures-Demo					
Name of Monitoring Firm Hired by Building Owner (8) Louis Berger Group		ASCM No.		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address 412 Mt Kemble		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Morristown, NJ 07962-1946		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Bruce Lockwood		Telephone No. 201-247-8907		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) 1 / 18 / 17		Scheduled Completion Date (11) 2 / 28 / 17		Name of OSHA Monitor CES					
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: 7:00AM-5:00PM/___PM-___AM				Street Address 1121 N. Bethlehem Pike - Suite 60					
				City, State, Zip Code Spring House, PA 19477					
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 checked="" type="checkbox"/> Glovebag Procedure <i>TEST + CUR</i> <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
Basement Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Elbows	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Roofing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing- Non Friable Exterior	100 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 Champion Waste removal		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 2	Name of Registered Landfill GROWS Tullytown				
City, State				Disposal Date 2/28/2017	City, State Morgantown, PA				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 12/30/2016			

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

Chalk # 11040

Date of Notification (1) <div style="text-align: center;">12 / 29 / 16</div>		Name of Building Owner/Operator (2) NJSDA		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 3 2017 ASBESTOS CONTROL & LICENSING </div>					
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 32 E Front St City, State, Zip Code Trenton, NJ 08608 Name of Contact _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential - slated for Demo				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 24 S 5th Street				Square Feet 3,500 # of Floors 3 Bldg. Age 50+					
City (5) Harrison		County (6) Hudson		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Louis Berger Group				Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address 412 Mt Kemble				Street Address 1121 N. Bethlehem Pike - Suite 60					
City, State, Zip Code Morristown, NJ 07962-1946				City, State, Zip Code Spring House, PA 19477					
Project Manager for Monitoring Firm Bruce Lockwood		Telephone No. 201-247-8907		License No. 00847					
Start Date (10) <div style="text-align: center;">1 / 18 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 28 / 17</div>		Name of OSHA Monitor CES					
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: 7:00AM-5:00PM / ____ PM - ____ AM				Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477					
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 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
Interior Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Walls & Ceilings	7000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Elbows	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile	12 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"/>
Name of Registered Waste Hauler Champion Waste Removal		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 40	Name of Registered Landfill GROWS Tullytown				
City, State _____				Disposal Date 2/28/2017	City, State Morgantown, PA				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 12/30/2016			

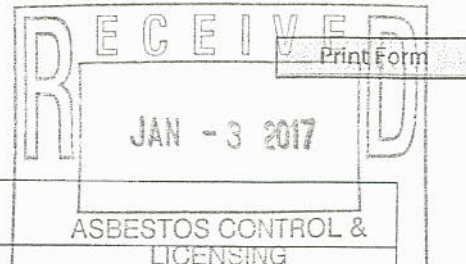
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Chat # 11041

Date of Notification (1) <u>12</u> / <u>30</u> / <u>16</u>		Name of Building Owner/Operator (2) NJSDA		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN - 3 2017 ASBESTOS CONTROL & LICENSING </div>					
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 32 E Front St City, State, Zip Code Trenton, NJ 08608 Name of Contact _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential - slated for Demo				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 26th S 5th Street				Square Feet 3,000	# of Floors 3				
City (5) Harrison				Bldg. Age 50+					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned Residential Structures-Demo					
Name of Monitoring Firm Hired by Building Owner (8) Louis Berger Group		ASCM No.		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address 412 Mt Kemble		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Morristown, NJ 07962-1946		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Bruce Lockwood		Telephone No. 201-247-8907		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) <u>1</u> / <u>18</u> / <u>17</u>		Scheduled Completion Date (11) <u>2</u> / <u>28</u> / <u>17</u>		Name of OSHA Monitor CES					
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: <u>7:00AM-5:00PM</u> PM-___AM				Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477					
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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Tar	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing	300SF	<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"/>
Name of Registered Waste Hauler Champion Waste Removal		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 2	Name of Registered Landfill GROWS Tullytown				
City, State				Disposal Date 2/28/2017	City, State Morgantown, PA				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 12/30/2016			

NOCK

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



Date of Notification (1) 12/27/16		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ 07080							
		Name of Contact Dawn Neville	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bayway Switching Station		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 602 Trenton Ave		Square Feet N/A	# of Floors N/A						
City (5) Elizabeth, NJ 07202		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Electric Switching Yard							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111						
Start Date (10) 5/2/16		Scheduled Completion Date (11) 7/31/17	License No. 01136						
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: Work performed during ongoing construction		Name of OSHA Monitor Same as above							
		Street Address N/A							
		City, State, Zip Code N/A							
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 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
26KV Switching Yard			X	Transite Pipe (Encased conduit)	2000 LF	X			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200	Name of Registered Landfill GROWS Landfill North					
City, State Newark, NJ 07114		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Pedro Guerra		Title Supervisor		Signature 		Date 12/27/16			

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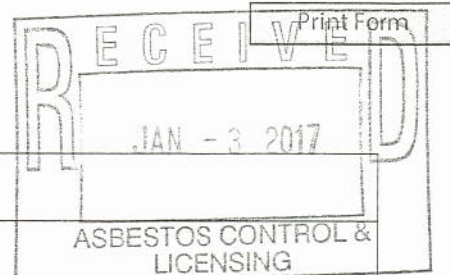
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
JAN - 3 2017
Print Form
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/18/16		Name of Building Owner/Operator (2) PSE&G		ASBESTOS CONTROL & LICENSING					
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 4000 Hadley Road City, State, Zip Code South Plainfield, NJ 07080 Name of Contact Dawn Neville Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Bayway Switching Station			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 602 Trenton Ave			Square Feet n/a						
City (5) Elizabeth, NJ 07202			# of Floors n/a						
County (6) Union			Bldg. Age n/a						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Electric Switching Yard							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) WRS Environmental Services Inc.					
Street Address n/a		Street Address 17 Old Dock Rd							
City, State, Zip Code n/a		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 631 924 8111					
License No. 01136									
Start Date (10) 5/2/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor same as above					
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: work performed during ongoing construction				Street Address n/a					
				City, State, Zip Code n/a					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥280 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frable 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
26KV Switching Yard		x		Transite pipe(encased conduit)	2000 LF	x			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 200		Name of Registered Landfill GROWS Landfill North			
City, State Newark, NJ 07114		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Michael J DiMaria		Title Proj Mgr/Site Supervisor		Signature <i>Michael J DiMaria</i>		Date 4/18/16			

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

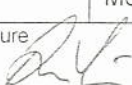


Date of Notification (1) 12/27/2016		Name of Building Owner/Operator (2) Bernard Gross	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>	
		City, State, Zip Code Highland Park NJ 08904	
		Name of Contact Tom Fizzano	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Midland Ross 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 & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			
City (5) Highland Park		Square Feet 30,000	# of Floors N/A
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Wallpaper manufacturer
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045	Name of Abatement Contractor (9) Op-tech Environmental Services, Inc.
Street Address 64 Broad Street		Street Address 6392 Deere Road	
City, State, Zip Code Matawan N.J. 07747		City, State, Zip Code Syracuse N.Y. 13206	
Project Manager for Monitoring Firm Thomas P. Gieger		Telephone No. 732-290-2217	Telephone No. 315-437-2065
License No. 01323			
Start Date (10) 12/29/2016	Scheduled Completion Date (11) 1/20/2016	Name of OSHA Monitor Alpine Environmental	
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 438 New Karner Road	
		City, State, Zip Code Albany N.Y. 12205	

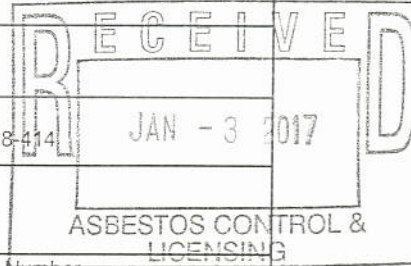
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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
Expansion Joints in Foundation slab			x	Expansion joint compound (nf)	4760 lf	x			

Name of Registered Waste Hauler Horwith Trucks, Inc.		NJDEP Waste Hauler ID No. NJDEP16227	Cubic Yards of Waste EST. 60 Yards	Name of Registered Landfill Waste Mangement
City, State Northampton, P.A.		Disposal Date	City, State Morrisville, P.A.	
Completed by Don miles	Title Project manager	Signature 	Date 12-27-2016	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

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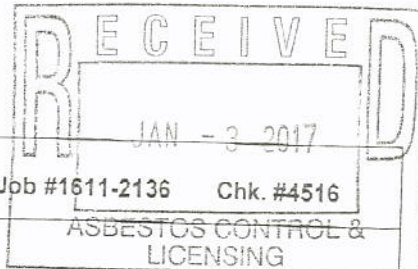


Date of Notification (1) 12 / 27 /16		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact Sandra M. Schenk Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80Y LINK		Square Feet 7,500	# of Floors 1
City (5) RAHWAY		Bldg. Age 38	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 1 / 9 /17 Month Day Year	Sched. Completion Date (11) 6 / 15 /17 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7 AM- 3:30 PM		Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR -THROUGHOUT			X	DUCT WORK FLANGES	800 LN. FT.	X			
1ST FLOOR -THROUGHOUT			X	COVE BASE MOLDING	200 LN. FT.	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 12/27/16					

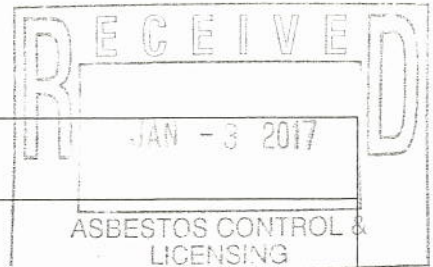
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 12 / 27 / 16		Name of Building Owner/Operator (2) A&H Partnership, LLC		/ Job #1611-2136 Chk. #4516	
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 69 King Street 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				Square Feet 217,800	
City (5) Dover				# of Floors 4	
County (6) Morris				Bldg. Age 107	
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		City, State, Zip Code Bensalem, PA 19020		Street Address 3859 Sylon Boulevard	
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		City, State, Zip Code Hainesport, NJ 08036	
Start Date (10) 1 / 10 / 17		Scheduled Completion Date (11) 1 / 25 / 17		Telephone No. 609-702-0400	
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		License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.	
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)	
		Yes No N/A		Amount (Specify SF or LF)	
1 st Floor & 2 nd Floor - Center Sections of building		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile & Mastic	
1 st Floor & 2 nd Floor - Center Sections of building		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		2,500 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		200 LF	
		<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	
City, State Lafayette, NJ		Disposal Date 1/25/17		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 12-27-2016	

Ch 1842

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



Date of Notification (1) 12 / 28 / 16		Name of Building Owner/Operator (2) Levin Management Corporation	
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 975 US Highway 22 West	
		City, State, Zip Code North Plainfield, NJ 07060	
		Name of Contact David Tolchin	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 982 Easton Avenue			
City (5) Somerset, NJ		Square Feet	# of Floors
County (6) Somerset		County Code (7) (STATE USE ONLY)	
		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188
Start Date (10) 01 / 07 / 16	Scheduled Completion Date (11) 01 / 21 / 16		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

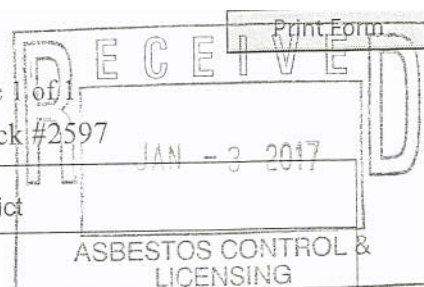
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> 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
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Board Joint Compound	3,528 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	1,100 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 ATC		NJDEP Waste Hauler ID No. SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 		Date 12/29/16	

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

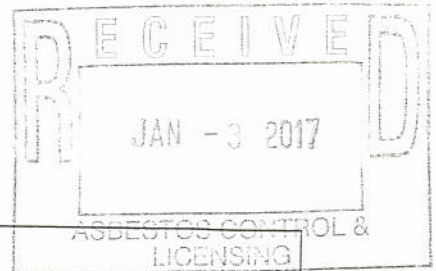
Page 1 of 1
Check #2597



Date of Notification (1) 12-27-2016		Name of Building Owner/Operator (2) Northern Valley Regional High School District							
Agencies Notified	Type Notification	Street Address 162 Knickerbocker Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Demarest, NJ 07627							
		Name of Contact Tom Mullen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demarest High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 150 Knickerbocker Rd		Square Feet 40,000 +	# of Floors 2						
City (5) Demarest		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
License No. 01084									
Start Date (10) 1-13-2017 at 4pm	Scheduled Completion Date (11) 1-15-2017	Name of OSHA Monitor GL Group, 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 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
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 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
Auditorium Air Handler		X		Asbestos Fittings	39	X			
Auditorium Air Handler		X		Pipe Insulation	50 lf	X			
Supply Room Basement		X		Asbestos Elbows	16		X		
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 12-27-2016			

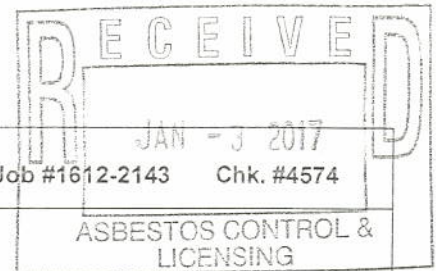
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



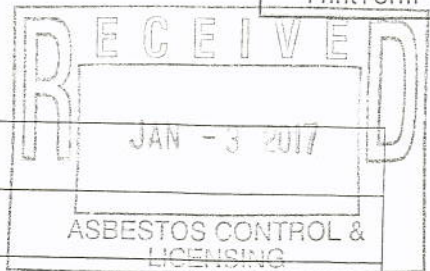
Date of Notification (1) <u>11</u> / <u>28</u> / <u>2016</u>		Name of Building Owner/Operator (2) ERE Property Trust							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1545 Route 22 East City, State, Zip Code Annandale, New Jersey 07002							
		Name of Contact Alek Heilstedt	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Runyon 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 1561 Route 22		Square Feet 1,326	# of Floors 2						
City (5) Clinton		Bldg. Age 66 Years							
County (6) Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8) Kleinfelder		Name of Abatement Contractor (9) Terra Contracting Services, LLC							
Street Address 1340 Charwood Road, Suite I		Street Address 5100 West Michigan Avenue							
City, State, Zip Code Hanover, MD 21076		City, State, Zip Code Kalamazoo, MI 49006							
Project Manager for Monitoring Firm Dan Beard		Telephone No. (858-877-0727)	License No. 01208						
Start Date (10) 12 / 12 / 2016	Scheduled Completion Date (11) 12 / 22 / 2016	Name of OSHA Monitor Analytical Testing & Consulting Services							
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 14625 Doster Road City, State, Zip Code Plainwell, MI 49080							
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 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	Enclosure
Building & Garage Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	2060 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Second Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	3,995 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basement/Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Pipe Insulation/Window Glazing	256 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Hazmat Environmental Group		NJDEP Waste Hauler ID No. 1665	Cubic Yards of Waste 20 Tons	Name of Registered Landfill High Acres Landfill					
City, State Buffalo, NY		Disposal Date		City, State Fairport, NY					
Completed By (Print or Type) Gregory G. Moe		Title Director of Abatement		Signature <i>Gregory G. Moe</i>		Date 12/21/2016			

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



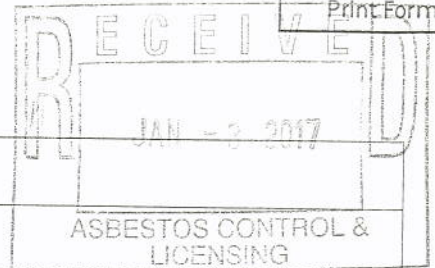
Date of Notification (1) 12 / 22 / 16		Name of Building Owner/Operator (2) Ocean Bay Developers		/ Job #1612-2143 Chk. #4574					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1605 Route 22 West City, State, Zip Code Bridgewater, NJ Name of Contact Steven Biddle					
				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 119 West Sea Way									
City (5) Lavallette		Square Feet 1000	# of Floors 1	Bldg. Age 50					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address		Street Address 3859 Sylon Boulevard							
City, State, Zip Code		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 1 / 16 / 17		Scheduled Completion Date (11) 1 / 17 / 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 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 Siding	600 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 1/17/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 12-28-16			

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



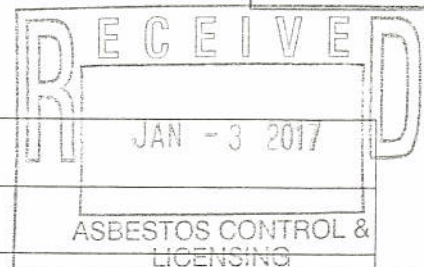
Date of Notification (1) 12/29/16		Name of Building Owner/Operator (2) Township of Wayne							
Agencies Notified	Type Notification	Street Address 475 Valley Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input 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 Wayne, NJ 07470							
		Name of Contact Elaine Kuca	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned 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 10 West Rd.		Square Feet 1500	# of Floors 1						
City (5) Wayne		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Rd suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
		License No. 01228							
Start Date (10) 12/9/17	Scheduled Completion Date (11) 12/11/17	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 135 Kinnelon Rd suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
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 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
Roof			x	Roofing	500 sf	x			
Roof			x	Flashing	50 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Grows					
City, State Kinnelon NJ		Disposal Date 1/13/17		City, State Morrisville PA					
Completed by John Mucha		Title Project Mang		Signature 		Date 12/29/16			

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



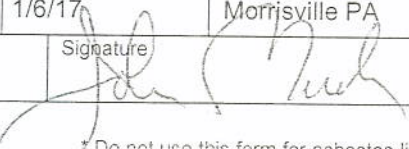
Date of Notification (1) 12/29/16		Name of Building Owner/Operator (2) Township of Wayne							
Agencies Notified	Type Notification	Street Address 475 Valley Rd	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Wayne, NJ 07470							
		Name of Contact Elaine Kuca	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4)							
Street Address 17 West Rd.		<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) Wayne		Square Feet 1200	# of Floors 1 Bldg. Age 50+						
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Rd suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 12/10/17	Scheduled Completion Date (11) 12/13/17	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd suite 102							
<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: _____		City, State, Zip Code Kinnelon, NJ 07405							
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
Basement			x	Window glaze	280 sf	x			
Exterior			x	Transite bond	4 windows	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Grows					
City, State Kinnelon NJ		Disposal Date 1/13/17		City, State Morrisville PA					
Completed by John Mucha		Title Project Mang		Signature		Date 12/29/16			

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



Date of Notification (1) 12/29/16		Name of Building Owner/Operator (2) Gateway Family YMCA							
Agencies Notified	Type Notification	Street Address 144 Madison Ave							
<input checked="" 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 Elizabeth NJ 07020							
		Name of Contact Dennis McNany	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former VFW Building		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 1491 Campbell St		Square Feet 6000	# of Floors 1 1/2						
City (5) Rahway, NJ		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Rd suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 1/16/17	Scheduled Completion Date (11) 1/31/17	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: closed/abandoned Bldg.		Street Address 135 Kinnelon Rd suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior walls/ceiling			x	plaster	7930 sf	x			
basement			x	VAT	1167 sf	x			
basement			x	pipe and flu packing	45 lf	x			
roof			x	roof	2320 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill Grows					
City, State Kinnelon NJ			Disposal Date 1/31/17	City, State Morrisville PA					
Completed by John Mucha		Title Project Mang	Signature 	Date 10/17/16					

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

Date of Notification (1) 12/27/16		Name of Building Owner/Operator (2) Borough of Raritan							
Agencies Notified	Type Notification	Street Address 1 Municipal Dr							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Flemington, NJ 08822							
		Name of Contact Robert Bogart	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Abandoned Structure		Type of Facility (4)							
Street Address 401 Tillman St.		<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) Raritan NJ		Square Feet 1600	# of Floors 1 1/2						
County (6) Hunterdon		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Abandoned							
Street Address		Name of Abatement Contractor (9) Yannuzzi Environmental Services							
City, State, Zip Code		Street Address 135 Kinnelon Rd suite 102							
Project Manager for Monitoring Firm		City, State, Zip Code Kinnelon, NJ 07405							
Telephone No.		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 1/3/17	Scheduled Completion Date (11) 1/6/17	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd suite 102							
<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 Kinnelon, NJ 07405							
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
ENTIRE STRUCTURE			x	ENTIRE STRUCTURE		x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill Grows					
City, State Kinnelon NJ		Disposal Date 1/6/17		City, State Morrisville PA					
Completed by John Mucha		Title Project Mang		Signature 		Date 1/6/17			