

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 3007

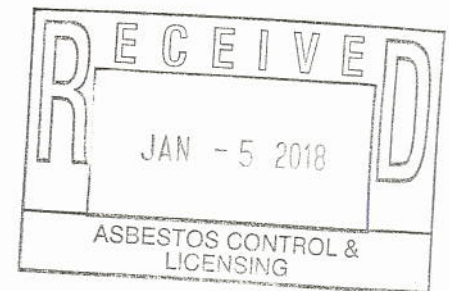
Date of Notification (1) 01 / 03 / 18		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN - 5 2018 218 LICENSING </div>	
Agencies Notified		Street Address 570 COMMERCE BLVD			
Type of Notification		City, State, Zip Code CARLSTADT, NJ 07072			
		Name of Contact DOMINICK TUCCI			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOL		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 300,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 655 WEST SHORE TRAIL			Street Address 32 Williams Parkway		
City, State, Zip Code SPARTA, NJ 07871			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm WILLIAM KIERBIL			Telephone Number 973-729-5649		
Scheduled Start Date (10) 01 / 15 / 18		Sched. Completion Date (11) 06 / 30 / 18		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <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	
				R E M O V A L	E N C A P S U L
U 13 - EXTERIOR FAÇADE	<input checked="" type="checkbox"/>	WATERPROOFING	11,000 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 NEWARK CARTING / NORTHSTAR CONTRACTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I. / GROWS	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM / TULLYTOWN, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 01/03/18

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 3006

Date of Notification (1) 01 / 03 / 18		PAID		Name of Building Owner / Operator (2) CELGENE CORPORATION		RECEIVED JAN - 5 2019		
Agencies Notified				Street Address 535 MORRIS AVENUE				
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code SUMMIT, NJ 07901				
		Name of Contact JANOS ANGELI		Telephone Number				
FACILITY INFORMATION								ASBESTOS CONTROL & LICENSING
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION - BLDG. S-2				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 bldgs., homes, etc.)				
Street Address 535 MORRIS AVENUE								
City (5) SUMMIT	County (6) UNION	County Code (7)	Square Feet 17,000	# Of Floors 2	Building Age 40+			
			Current Use (Prior if being demolished) OFFICE/CAFETERIA					
Name of Monitoring Firm Hired by Bldg. Owner (8) WCD GROUP LLC / EWMA			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.					
Street Address 23 RT 31 NORTH, STE B26 / 100 MISTY LANE			Street Address 32 Williams Parkway					
City, State, Zip Code PENNINGTON, NJ 08534 / PARSIPPANY, NJ 07054			City, State, Zip Code East Hanover, NJ 07036					
Project Mngr. For Monitoring Firm MIKE GARAMBONE / Kevin Seise			Telephone Number 609-730-0007 / 973-560-1400					
Scheduled Start Date (10) 01 / 29 / 18		Sched. Completion Date (11) 04 / 30 / 18		Telephone Number 973-884-8682		License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 am to 3:30 pm <input checked="" type="checkbox"/> Other - Describe: MON-FRI				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.				
				Street Address 32 Williams Parkway				
				City, State, Zip Code East Hanover, NJ 07036				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos Containing <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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R	
S-2 THRU OUT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTINGS	262 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-2 2ND FLOOR ROOF	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT CALK	260 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-2 1ST & 2ND FLOORS	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FOAM MASTIC	2,442 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S-2 BASEMENT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT /MASTIC	862 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler NORTHSTAR CONTRACTIN GROUP, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State EAST HANOVER, NJ		Disposal Date	City, State MORESVILLE, PA					
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 01/03/18			

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			
						R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES	NO	N/A						
S-2 BASEMENT STAIRWELL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT BANK AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT LOCKER AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S-2 BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	120 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PAID

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 3005

Date of Notification (1) 01 / 03 / 18		Name of Building Owner / Operator (2) Mondelez International		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 </div>	
Agencies Notified		Street Address 2211 Route 208 North			
Type of Notification		City, State, Zip Code Fairlawn, New Jersey, 07410			
		Name of Contact KEITH PACKARD			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Mondelez International			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 bldgs., homes, etc.)		
Street Address 2211 Route 208			Square Feet 1,000,000 # Of Floors 3 Building Age 40 +		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Bakery/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address 32 Williams Parkway		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	Telephone Number 973-884-8682		
Sched. Start Date (10) 01 / 06 / 18		Sched. Completion Date (11) 01 / 08 / 18	License Number 00860		
Occupancy Status During Abatement (Check Only 1) <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: 7:00AM - 3:30PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <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 TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				R E M O V A L	E N C A P S U L
				R E P A I R	E N C L O S U R
BAKERY WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	90 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"/>
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.		
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105			
Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature 	Date 01/03/18		

CL 2588

PAID

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

RECEIVED	Print Form
	JAN - 5 2018
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 1/3/18		Name of Building Owner/Operator (2) CSX Transportation							
Agencies Notified	Type Notification	Street Address 500 Water Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jacksonville, FL 32202							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oak Island Rail Yard - Railcar MWCX 500108		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 611 Delancey Street		Square Feet	# of Floors 1						
City (5) Newark, NJ 07105		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) AECOM		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 4840 Cox Road		Street Address 102 Technology Lane							
City, State, Zip Code Glen Allen, VA 23060		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Mark Connors		Telephone No. 732-672-7519	License No. 01121						
Start Date (10) 1/17/2018	Scheduled Completion Date (11) 1/18/2018	Name of OSHA Monitor AECOM							
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 4840 Cox Road							
		City, State, Zip Code Glen Allen, VA 23060							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Railcar MWC 500108			X	Caulking	210	IF			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill					
City, State Trenton, New Jersey			Disposal Date 1/3/18	City, State Morrisville, PA					
Completed by Jessica Wolfe		Title Admin. Support	Signature <i>J Wolfe</i>			Date 1/3/18			

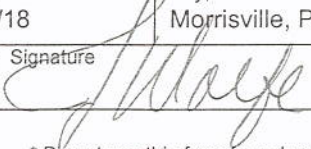
PAID

State of New Jersey

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

RECEIVED	Print Form
JAN - 5 2018	
ASBESTOS CONTROL & LICENSING	

CK 25488

Date of Notification (1) 1/3/18		Name of Building Owner/Operator (2) CSX Transportation							
Agencies Notified	Type Notification	Street Address 500 Water Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jacksonville, FL 32202							
		Name of Contact Mark Connors							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Railyard - Raritan Corridor Line		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 900 Green Lane									
City (5) Union, NJ 07083		Square Feet	# of Floors 1						
		Bldg. Age 60+							
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) AECOM		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 4840 Cox Road		Street Address 102 Technology Lane							
City, State, Zip Code Glen Allen, VA 23060		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Mark Connors		Telephone No. 732-672-7519	Telephone No. 724-325-3330						
			License No. 01121						
Start Date (10) 01/08/2018	Scheduled Completion Date (11) 01/17/2018		Name of OSHA Monitor AECOM						
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 4840 Cox Road							
		City, State, Zip Code Glen Allen, VA 23060							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Railcar GACX 54336			X	Caulking	2160	IF			
Railcar IFTX 92098			X	Caulking	100	IF			
Railcar GACX 54338			X	Caulking	160	IF			
Railcar GACX 54325			X	Caulking	1600	IF			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill					
City, State Trenton, New Jersey			Disposal Date 1/3/18	City, State Morrisville, PA					
Completed by Jessica Wolfe		Title Admin. Support	Signature 	Date 1/3/18					

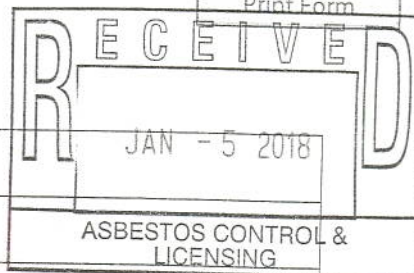
PAID

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

ck # 3300

Date of Notification (1) 1 / 2 / 18		Name of Building Owner/Operator (2) Verizon		<div>RECEIVED</div> <div>JAN - 5 2018</div> <div>ASBESTOS CONTROL & TESTING</div>			
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 15 East Montgomery Place, Lower Level	
		City, State, Zip Code Pittsburgh, PA 15212				Name of Contact Anthony Porta	
						Telephone Number _____	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Verizon South River C.O.				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 318 Cranbury Road				Square Feet			
City (5) East Brunswick				# of Floors			
County (6) Middlesex				Bldg. Age			
County Code (7)(STATE USE ONLY)				Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007			
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007		License No. 00509			
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040			
Start Date (10) 1 / 15 / 18		Scheduled Completion Date (11) 1 / 18 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM				Street Address 1123 BEAVER STREET			
				City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Basement Battery Room		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Pipe Insulation			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste			
City, State NEW CASTLE, DE 19720		Disposal Date		Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688			
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro/gk			
				Date 1-2-18			

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



Date of Notification (1) 12-22-17		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<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							
		Name of Contact John Yeliseyev							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Hinchmans Substation		Type of Facility (4)							
Street Address 685 Hamburg Turnpike		<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 N/A	# of Floors N/A						
County (6) Passaic		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) 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) 01-03-18		Scheduled Completion Date (11) 06-03-18	License No. 01136						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor WRS Environmental Services Inc.							
<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: Electrical circuit cabinet		Street Address 17 Old Dock Road							
		City, State, Zip Code Yaphank, NY 11980							
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
Control House			X	Brick	60 SF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>	Date 12-22-17					

NO CK

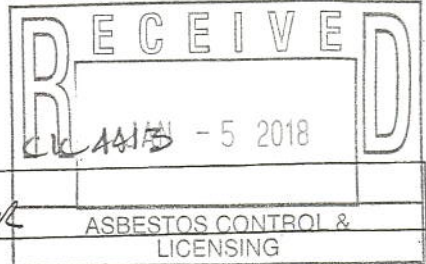
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
	JAN - 5 2018

Date of Notification (1) 10/11/2017		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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # 1 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY RD. City, State, Zip Code SOUTH PLAINFIELD NJ 07080 Name of Contact JOHN LENHART 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	Bldg. Age N/A				
City (5) ELIZABETH, NJ 07202			Current Use (Prior if being demolished) ELECTRIC SWITCHING YARD						
County (6) UNION		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) WRS ENVIRONMENTAL SERVICES INC.						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Street Address 17 OLD DOCK RD.						
Street Address N/A		City, State, Zip Code YAPHANK, NY 11980							
City, State, Zip Code N/A		Telephone No. N/A	Telephone No. 631-924-8111	License No. 01136					
Project Manager for Monitoring Firm N/A		Name of OSHA Monitor SAME AS ABOVE							
Start Date (10) 10/23/2017		Scheduled Completion Date (11) 10/31/2018		Street Address N/A					
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:		City, State, Zip Code N/A							
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 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
26KV SWITCHING YARD			X	Transite Pipe(Encased Conduit)	200LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT SERVICES		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless landfill.					
City, State ELIZABETH NJ, 07201		Disposal Date	City, State Morrisville PA.						
Completed by PEDRO GUERRA		Title SUPERVISOR	Signature		Date 10/11/2017				

CH4413 PAID

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

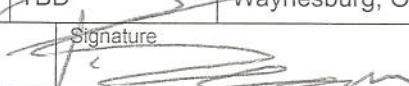


Date of Notification (1) 12/28/17		Name of Building Owner/Operator (2) MS NANCY MEYER		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code CLIFFSIDE PARK, NJ 07010		Telephone Number	
		Name of Contact MS MEYER			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MS. MEYER				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) CLIFFSIDE PARK		Square Feet 2200		# of Floors 2	
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Bldg. Age 1935	
		Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		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.		Telephone No. 201-329-7444	
				License No. 00388	
Start Date (10) 11/9/18		Scheduled Completion Date (11) 1/10/18		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: 730 AM TO 5:00 PM				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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	
				Amount (Specify SF or LF) 225 LF	
				Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 10 YS	
City, State Hackensack, NJ 07601		Disposal Date 1/10/18		Name of Registered Landfill Minerva Enterprises, LLC	
Completed by J. Maiorano		Title Estimator		Signature J. Maiorano	
				Date 12/28/17	

PAID

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


CHECK # 2506

Date of Notification (1) 12/22/2017		Name of Building Owner/Operator (2) Garden Commercial Properties		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 CONTROL & </div>					
Agencies Notified	Type Notification	Street Address 820 Morris Turnpike							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078 Name of Contact Mr. Joseph DeNivo							
<div align="center">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Former Brogan Cadillac - Building No. 1			Type of Facility (4)						
Street Address 100 South Broad Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Ridgewood			Square Feet 13,500	# of Floors 2	Bldg. Age 70				
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address			Street Address 1385 Valley Road, Suite K						
City, State, Zip Code			City, State, Zip Code Wayne, New Jersey 07470						
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. (973) 928-5040	License No. 00874					
Start Date (10) 1/15/2018	Scheduled Completion Date (11) 3/31/2018		Name of OSHA Monitor Sky Contracting, LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 1385 Valley Road, Suite K						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Wayne, New Jersey 07470						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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
Rear Boiler Room	x			Boiler Rib Gasket	85 SF	x			
Showroom Roof		x		Grey Flashing Patch	12 SF	x			
Exterior - Windows		x		Caulking	730 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD	City, State Waynesburg, Ohio						
Completed by Predrag Sarcev		Title Vice President	Signature 		Date 12/22/2017				

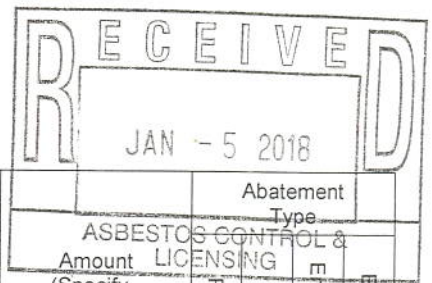
PAID

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

CHECK # 2505

Date of Notification (1) 12/22/2017		Name of Building Owner/Operator (2) Garden Commercial Properties							
Agencies Notified	Type Notification	Street Address 820 Morris Turnpike							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Mr. Joseph DeNivo							
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 CONTROL & LICENSING </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) D'Angelo's Farm Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 510 Washington Avenue		Square Feet 14,000	# of Floors 1						
City (5) Dumont		Bldg. Age 80							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 928-5040						
		License No. 00874							
Start Date (10) 1/8/2018	Scheduled Completion Date (11) 3/31/2018	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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
See Attached									
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 12/22/2017		

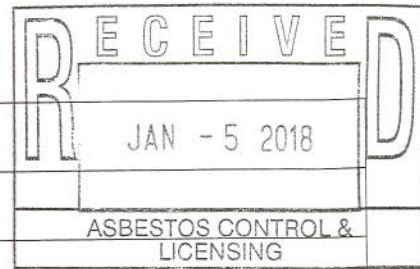
D'Angelo's Farm Property
510 Washington Avenue
Dumont, New Jersey



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 ASBESTOS CONTROL & LICENSING			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Area - Above Ceiling		x		Black Paint	1,200 SF	x			
Roof - Lower Area		x		Roofing Material	300 SF	x			
Roof - Higher Roof		x		Roofing Material	1,420 SF	x			
Roof - Small Roof by Attic		x		Black Roofing Material	485 SF	x			
Roof - Small Roof by Pitched Roof		x		Black Roofing Material	850 SF	x			
Roof - Small Roof by Attic		x		Black Roof Flashing Material	100 SF	x			
Roof - Small Roof by Pitched Roof		x		Roof Flashing	175 SF	x			
Roof - Rear Pitched Roof		x		Roofing Material	2,400 SF	x			
Roof - Rear Pitched Roof South		x		Black Flashing	220 SF	x			
Roof - Main Store Roof		x		Roofing Material	3,680 SF	x			
Roof - Main Store South & North		x		Roof Flashing	395 SF	x			
Roof - Wing by Main Store		x		Roofing Material	2,575 SF	x			
Roof - Wing by Main Store		x		Roof Flashing	250 SF	x			
Siding - Pitched Roof		x		Transite Panels	650 SF	x			
Exterior - Ground		x		Junk Pile scattered debris	25,000 SF	x			
Blockhouse - Bedroom # 3		x		Linoleum Flooring	4 SF	x			

PAID

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

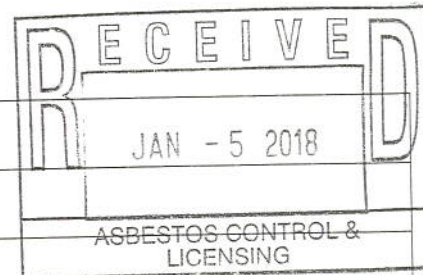


Date of Notification (1) 12/29/2017		Check 3120		Name of Building Owner/Operator (2) South Bergen Jointure Commission School	
Agencies Notified		Type Notification		Street Address 125 Union Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Lodi, NJ 07644	
				Name of Contact Joan	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Sout Bergen Jointure Commission				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 125 Union Street				Square Feet 20,000	
City (5) Lodi				# of Floors 2	
County (6) BERGEN				Bldg. Age 60+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation	
Street Address		Street Address 426 69th Street			
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	
				License No. 01074	
Start Date (10) January 15/2018		Scheduled Completion Date (11) 1/16/18		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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)
	Yes	No	N/A		
Boiler Room & Bathroom		x		pipe insulation	2 LF
Boiler Room & Stage		x		ceiling	2 SF
Name of Registered Waste Hauler Tri State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste tbd	
City, State Bronx, NY		Disposal Date tbd		Name of Registered Landfill Minerva Enterprises	
City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>Blumas</i>	
				Date 12/29/2017	

CH 3121

PAID

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



Date of Notification (1) 12/29/2017		Check 3121		Name of Building Owner/Operator (2) St Joseph School					
Agencies Notified		Type Notification		Street Address 115 Telford St					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code East Orange, NJ 07018					
				Name of Contact					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Joseph School				Type of Facility (4)					
Street Address 115 Telford Street				<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) East Orange				Square Feet 20,000	# of Floors 2				
County (6) ESSEX				Bldg. Age 60+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) EA Services Corporation					
Street Address			Street Address 426 69th Street						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 201-295-1700	License No. 01074				
Start Date (10) January 15/2018		Scheduled Completion Date (11) 1/16/18		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Boiler Room	x			pipe insulation	1 LF		x		
Gym-Storage Room		x		12 x 12 tiles	3 SF	x			
Name of Registered Waste Hauler Tri State Transfer Assoc			NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises				
City, State Bronx, NY			Disposal Date tbd		City, State Waynesburg, OH				
Completed by Gina Betances			Title Office Manager		Signature <i>[Signature]</i>		Date 12/29/2017		

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

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 8-12/29/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE		
		City, State, Zip Code PRINCETON, NJ 08544		
		Name of Contact ROBERT ORTEGO		
Telephone Number				

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 WASHINGTON ROAD			
City (5) PRINCETON, NJ		Square Feet 1,000,000	# of Floors 8
		Bldg. Age 70	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY LIBRARY	
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 3 TERRI LANE		Street Address 1123 BEAVER STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800	Telephone No. 215-788-6040
		License No. 00509	
Start Date (10) 12 / 4 / 17	Scheduled Completion Date (11) 1 / 5 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:00AM-3:00PM / PM - AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input 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 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
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	1010 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE & MASTIC	43,057 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Packed fittings on fiberglass	285 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 5A - LEVELS C & B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hanger pads on fiberglass	40 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>		Date 12-29-17	

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

Pg. 2

Date of Notification (1) <u>2</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JAN - 5 2018</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>8-12/29/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 ELM DRIVE							
		City, State, Zip Code PRINCETON, NJ 08544							
		Name of Contact ROBERT ORTEGO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1 WASHINGTON ROAD									
City (5) PRINCETON, NJ				Square Feet 1,000,000	# of Floors 8				
County (6) MERCER		County Code (7) (STATE USE ONLY)		Bldg. Age 70					
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098		Current Use (Prior if being demolished) UNIVERSITY LIBRARY					
Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.									
Street Address 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <u>12</u> / <u>4</u> / <u>17</u>		Scheduled Completion Date (11) <u>1</u> / <u>5</u> / <u>18</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>6:00AM-3:00PM</u> / <u> </u> PM - <u> </u> AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) <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
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL CEILING PLASTER	6075 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHASE 6 - LEVEL 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPLINE CEILING TILES	4050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACOUSTICAL PLASTER CEILING	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State WAYNESBURG, OH				
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 12-29-17			

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

Date of Notification (1) <div style="text-align: center;">2 / 27 / 17</div>		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">JAN - 5 2018</div> <div style="text-align: center; margin-top: 10px;">ASBESTOS CONTROL & LICENSING</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #8-12/29/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 200 ELM DRIVE			
		City, State, Zip Code PRINCETON, NJ 08544				Name of Contact ROBERT ORTEGO			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1 WASHINGTON ROAD				Square Feet 1,000,000					
City (5) PRINCETON, NJ				# of Floors 8					
County (6) MERCER				Bldg. Age 70					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) UNIVERSITY LIBRARY							
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 TERRI LANE		Street Address 1123 BEAVER STREET							
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) <div style="text-align: center;">12 / 4 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">1 / 5 / 18</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:00AM-3:00PM / ____ PM - ____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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
TRUSTEES READING RM MEZZ.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL OUTSIDE COTSEN LIBRARY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESERVATION ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WATERPROOFING	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL 1 STAIR #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE (WRAP & CUT)	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State WAYNESBURG, OH				
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 12-29-17			

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

Pg. 4

Date of Notification (1) 2 / 27 / 17		Name of Building Owner/Operator (2) TRUSTEES OF PRINCETON UNIVERSITY		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">D E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 18px;">JAN - 5 2018</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 12px;">ASBESTOS CONTROL & REMEDIATION DIVISION</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #8-12/29/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 200 ELM DRIVE			
		City, State, Zip Code PRINCETON, NJ 08544				Name of Contact ROBERT ORTEGO			
						Telephone Number 856-255-1234			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRINCETON UNIVERSITY - FIRESTONE LIBRARY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1 WASHINGTON ROAD									
City (5) PRINCETON, NJ				Square Feet 1,000,000	# of Floors 8				
County (6) MERCER		County Code (7) (STATE USE ONLY)		Bldg. Age 70					
				Current Use (Prior if being demolished) UNIVERSITY LIBRARY					
Name of Monitoring Firm Hired by Building Owner (8) ATC GROUP SERVICES LLC		ASCM No. 00098		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 TERRI LANE				Street Address 1123 BEAVER STREET					
City, State, Zip Code BURLINGTON, NJ 08016				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm MICHAEL R. KEEHN		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 12 / 4 / 17		Scheduled Completion Date (11) 1 / 5 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 6:00AM-3:00PM / ____PM-____AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ACCESS OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE/MASTIC	460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	206 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEN'S RESTROOM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	160 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State WAYNESBURG, OH				
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 12-29-17			

PAID


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

CK 6547

Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University - Rutgers Camden		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 S CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 200 Federal St. Suite 300							
<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 Camden NJ 08103							
		Name of Contact Dean D'Astuto		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demo (Former Beauty Supply Store)				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 200-202 South Broadway				Square Feet 1000+	# of Floors 1				
City (5) Camden NJ 08030				Bldg. Age 35+					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial Store					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc					
Street Address		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091					
City, State, Zip Code		Telephone No. 856-753-9800		License No. 00727					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same					
Start Date (10) 1/12/18		Scheduled Completion Date (11) 2/2/18		Street Address					
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: _____				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"/> Wet Wrap and Cut <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
Main Floor Below Plywood			x	Floor Tile Mastic	3400 SF	x			
Crawl Space			x	Floor tile debris	100 SF	x			
Basement			x	Pipe Insulation	120 LF	x			
				{ Wet Wrap and Cut }					
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 2/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/29/17			

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

CH 6549 PAID CK 6549

Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University - Rutgers Camden		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 CONTROL & LICENSING </div>					
Agencies Notified		Street Address 200 Federal St. Suite 300							
<input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
City, State, Zip Code Camden NJ 08103		Name of Contact Dean D'Asuto		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demo (Former Gold Way Jewelers)			Type of Facility (4)						
Street Address 204 South Broadway			<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) Camden NJ 08030			Square Feet 1000+	# of Floors 1	Bldg. Age 35+				
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Store						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 1/12/18	Scheduled Completion Date (11) 2/2/18		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 type="checkbox"/> Other - Describe:			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 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
Main Floor			x	Floor Tile Mastic	1500 SF	x			
Windows			x	Glazing	60 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/2/18	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 			Date 12/29/17			

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

PAID **RECEIVED**

12/29/17

12/29/17

Rowan University - Rutgers Camden

200 Federal St. Suite 300

Camden NJ 08103

Dean D'Asfuto

JAN - 5 2018

CONTROL & SING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Demo (Former Tomorrow's Men's Shop)

Street Address
220 South Broadway

City (5)
Camden NJ 08030

Square Feet
1000+

of Floors
1

Bldg. Age
35+

County (6)
Camden

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
Commercial Store

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
Pernaco Inc

Street Address
PO Box 329

City, State, Zip Code
West Berlin NJ 08091

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
856-753-9800

License No.
00727

Start Date (10)
1/12/18

Scheduled Completion Date (11)
2/2/18

Name of OSHA Monitor
Same

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe: _____

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥ 3 sf or ≥ 3 lf

☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation

☒ Demolition

☐ Full Containment with Negative Pressure

☐ Mini-Enclosure

☒ Glovebag Procedure

☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor			x	Floor Tile & Tar paper 3 layers	1536 SF	x			
Window Glazing				Exterior windows	100 LF	X			

Name of Registered Waste Hauler
United Containers

NJDEP Waste Hauler ID No.
22459

Cubic Yards of Waste
TBD

Name of Registered Landfill
G.R.O.W.S.

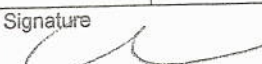
City, State
Elm NJ

Disposal Date
2/2/18

City, State
Morrisville PA 19067

Completed by
Anthony T Perna

Title
President

Signature


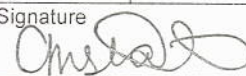
Date
12/29/17

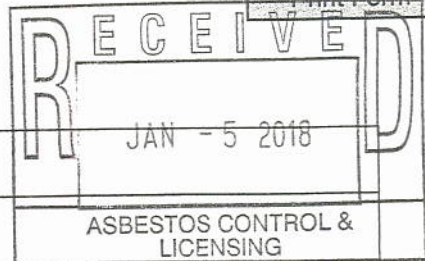
CK 4529

PAID

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

RECEIVED
JAN - 5 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 28 / 17		Name of Building Owner/Operator (2) Florence Hoskins							
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 [REDACTED] City, State, Zip Code Audubon, NJ 08106 Name of Contact Florence Hoskins Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoskins Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,000 # of Floors 2 Bldg. Age 70							
City (5) Audubon		County (6) Camden							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCN No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 609-298-4070		Telephone No. 856-755-0099							
License No. 00842		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 01 / 09 / 18		Scheduled Completion Date (11) 01 / 10 / 18							
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 Route 130 North							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077							
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
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paper on Ductwork	25 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill				
City, State Freehold, NJ		Disposal Date 01/10/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 12/28/17			



CH 6554

PAID


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

Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University- Rutgers Camden							
Agencies Notified <input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 federal St. Suite 300 City, State, Zip Code Camden NJ 08103 Name of Contact Dean D'Asiuto						
	ASBESTOS CONTROL & LICENSING								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demo (Former Daebat)		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 218 South Broadway		Square Feet 1000+	# of Floors 1 Bldg. Age 35+						
City (5) Camden NJ 08030		County Code (7) (STATE USE ONLY)							
County (6) Camden		Current Use (Prior if being demolished) Commercial Store							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/12/18	Scheduled Completion Date (11) 2/2/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input 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
Basement			x	Floor Tile & Mastic	100 SF	x			
Main Floor			x	Floor Tile	2000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 2/2/18	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 12/29/17			

PAID

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

CK 6551


Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University - Rutgers Camden		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 TOS CONTROL & INSING </div>	
Agencies Notified		Street Address 200 Federal St. Suite 300			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Camden NJ 08103 Name of Contact Dean D'Astuto			
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Demo (Former Ana's Pizza)				Type of Facility (4)	
Street Address 208 South Broadway				<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) Camden NJ 08030				Square Feet 1000+	# of Floors 1
County (6) Camden		County Code (7) (STATE USE ONLY)		Bldg. Age 35+	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Current Use (Prior if being demolished) Commercial Store	
Street Address		Name of Abatement Contractor (9) Pernaco Inc			
City, State, Zip Code		Street Address PO Box 329			
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091			
Telephone No.		Telephone No. 856-753-9800		License No. 00727	
Start Date (10) 1/12/18		Scheduled Completion Date (11) 2/2/18		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 type="checkbox"/> Other - Describe:				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 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)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement				90 LF	
				Pipe Insulation	
				wet wrap + cut	
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste TBD	
City, State Elm NJ		Disposal Date 2/2/18		Name of Registered Landfill G.R.O.W.S.	
Completed by Anthony T Perna		Title President		Signature 	
				Date 12/29/17	

PAID

Print Form

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


CK 6552

Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University - Rutgers Camden	
Agencies Notified <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 200 Federal St. Suite 300		City, State, Zip Code Camden NJ 08103	
Name of Contact Dean D'Astuto		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Demo (Former T Mobile)		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 210 South Broadway		Square Feet 1000+	
City (5) Camden NJ 08030		# of Floors 1	
County (6) Camden		Bldg. Age 35+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Store	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Pernaco Inc	
City, State, Zip Code		Street Address PO Box 329	
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091	
Telephone No.		Telephone No. 856-753-9800	
Start Date (10) 1/12/18		License No. 00727	
Scheduled Completion Date (11) 2/2/18		Name of OSHA Monitor Same	
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	
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		City, State, Zip Code	
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)	
Main Floor bottom layer		Floor Tile only	
2000 sf		x	
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	
Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 2/2/18	
City, State Morrisville PA 19067		Completed by Anthony T Perna	
Title President		Signature 	
Date 12/27/17			

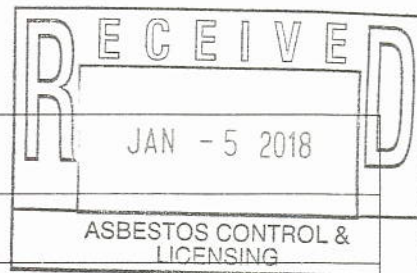
PAID

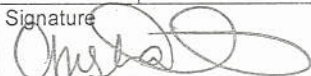
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CK 6548

Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University - Rutgers Camden		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="text-align: center; margin-top: 5px;">JAN - 5 2018</div>	
Agencies Notified		Type Notification			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address 200 Federal St. Suite 300		City, State, Zip Code Camden NJ 08103		Name of Contact Dean D'Astuto	
Name of Facility Where Abatement is Taking Place (3) Demo (Former Beauty Supply Store)		Type of Facility (4)		Telephone Number	
Street Address 200-202 South Broadway		<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.)		CONTROL & RING	
City (5) Camden NJ 08030		Square Feet 1000+		# of Floors 1	
County (6) Camden		County Code (7) (STATE USE ONLY)		Bldg. Age 35+	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Current Use (Prior if being demolished) Commercial Store	
Street Address		Name of Abatement Contractor (9) Pernaco Inc		Telephone Number	
City, State, Zip Code		Street Address PO Box 329		License No. 00727	
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091		Telephone No. 856-753-9800	
Start Date (10) 1/12/18		Scheduled Completion Date (11) 2/2/18		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)		Street Address		City, State, Zip Code	
<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: _____		Scope of Work (Check All That Apply)			
		<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Roof				Flashing	
Roof				Cove Capping	
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste TBD	
City, State Elm NJ		Disposal Date 2/2/18		Name of Registered Landfill G.R.O.W.S.	
Completed by Anthony T Perna		Title President		Signature 	
				Date 12/29/17	

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

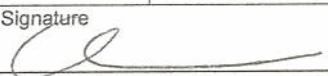


Date of Notification (1) 12 / 29 / 17			Name of Building Owner/Operator (2) Darren Yohe						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> City, State, Zip Code Palmyra, NJ 08065 Name of Contact Darren Yohe					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Yohe 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; width: 150px; height: 20px; margin-bottom: 5px;"></div>				Square Feet 1,500					
City (5) Palmyra				# of Floors 3					
County (6) Burlington				Bldg. Age 70					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services			ASCM No.						
Name of Abatement Contractor (9) Shade Environmental, LLC			ASCM No.						
Street Address PO Box 341			Street Address 623 Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		License No. 00842					
Start Date (10) 01 / 10 / 18		Scheduled Completion Date (11) 01 / 11 / 18		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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill				
City, State Freehold, NJ		Disposal Date 01/11/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations			Signature 		Date 12/29/17		

PAID

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


CK 6550

Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University - Rutgers Camden		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN - 5 2018 CONTROL & SING </div>					
Agencies Notified	Type Notification	Street Address 200 Federal St. Suite 300							
<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 Camden NJ 08103							
		Name of Contact Dean D' Astuto							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demo (Former Check Cashing Store)				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 206 South Broadway				Square Feet 1000+					
City (5) Camden NJ 08030				# of Floors 1					
County (6) Camden				Bldg. Age 35+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial Store							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800					
				License No. 00727					
Start Date (10) 1/12/18		Scheduled Completion Date (11) 2/2/18		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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
Main Floor Below Wood			x	Floor Tile only	800 SF	x			
Basement			x	Floor Tile & Mastic	450 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 2/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/29/17			

PAID

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

CK 6553

Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University- Rutgers Camden		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 Hazardous Waste Control & Management </div>					
Agencies Notified		Street Address 200 Federal St Suite 300							
<input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Camden NJ 08103		Telephone Number					
		Name of Contact Dean D'Asiuto							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demo (Former Robin J)				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 214 South Broadway				Square Feet 1000+					
City (5) Camden NJ 08030				# of Floors 1					
County (6) Camden				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Store							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800					
Start Date (10) 1/12/18		Scheduled Completion Date (11) 2/2/18		License No. 00727					
Name of OSHA Monitor Same									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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	Transit Panels	80 SF	x			
Main Floor				Floor Tile	2000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 2/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/29/17			

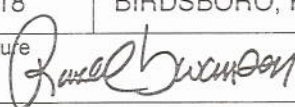
PAID

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

CHECK# 1720

Date of Notification (1) 12/29/2017		Name of Building Owner/Operator (2) STONHARD FACILITY		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 </div>	
Agencies Notified	Type Notification	Street Address 7 ESTERBROOK LANE			
<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 CHERRY HILL NJ 08003			
		Name of Contact CARL COX		CONTROL & SING	

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL OFFICE SPACE			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 7 ESTERBROOK LANE			Square Feet 50,000	# of Floors 1	Bldg. Age 50+				
City (5) CHERRY HILL		County (6) CAMDEN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) OFFICE SPACE				
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1012 INDUSTRIAL DRIVE		City, State, Zip Code WEST BERLIN NJ 08091		Street Address 570 CLEMS RUN					
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 01/11/2018		Scheduled Completion Date (11) 02/28/2018		Name of OSHA Monitor EMSL					
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 200 RT. 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
GROUND FLOOR			X	NF1 FLOOR TILE	8665 SF	x			

Name of Registered Waste Hauler DAVID GEPPERT		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 80	Name of Registered Landfill WESTERN BERKS LANDFILL	
City, State PHILADELPHIA PA		Disposal Date 03/01/2018		City, State BIRDSBORO, PA	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 12/29/2017	

CH 33440

PAID

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


RECEIVED	JAN - 5 2018 33440
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 29 / 17		Name of Building Owner/Operator (2) Miz Construction, Inc.							
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 212 2 nd Street, Suite 302							
		City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Moe Kassover							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2500 sf	# of Floors 2						
City (5) Lakewood		Bldg. Age 80							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 01 / 09 / 18	Scheduled Completion Date (11) 01 / 11 / 18	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 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
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-shed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	450 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 1/11/18	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 12/29/17		

PAID

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

CK 6546

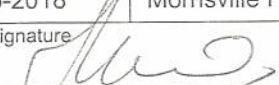
Date of Notification (1) 12/29/17		Name of Building Owner/Operator (2) Rowan University - Rutgers Camden		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 5 2018 </div>					
Agencies Notified		Street Address 200 Federal St. Suite 300							
<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Camden NJ 08103					
		Name of Contact Dean D'Asfuto		Telephone 609-982-1100					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Demo (Former Lees Deli)			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 212 South Broadway			Square Feet 1000+						
City (5) Camden NJ 08030			# of Floors 1		Bldg. Age 35+				
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Store					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091					
City, State, Zip Code		Telephone No. 856-753-9800		License No. 00727					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same					
Start Date (10) 1/12/18		Scheduled Completion Date (11) 2/2/18		Street Address					
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:				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 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
Main Floor			x	Floor Tile Mastic and Tar paper	2000 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 2/2/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/29/17			

CK 662

PAID

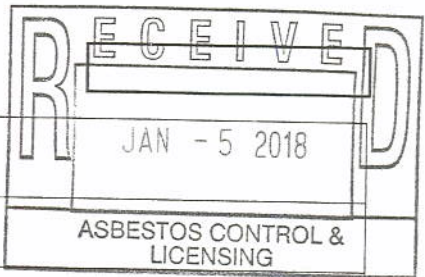
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	Print Form
JAN - 5 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12-28-2107		Name of Building Owner/Operator (2) Alice & Edward G. Wilkens							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillsborough NJ 08844							
		Name of Contact Zoran Dimovski							
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 & commercial buildings, homes, etc.)							
Street Address 111 Quimby Street		Square Feet N/A	# of Floors N/A						
City (5) Westfield NJ 07090		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 1130 W Chestnut St		Street Address PO BOX 734							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 972-494-3762	License No. 01266						
Start Date (10) 01-06-2018	Scheduled Completion Date (11) 01-29-2018	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
2nd Floor Hallway			x	spray-on	220 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 10 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 02-05-2018		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 			Date 12-28-2017			

MO#24776107042

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



Date of Notification (1) 12 / 29 / 17		Name of Building Owner/Operator (2) Alton Williams Senior	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code East Orange, NJ 07018	
Name of Contact Alton Williams Senior		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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) East Orange, NJ 07018		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 01 / 08 / 18		License No. 01127	
Scheduled Completion Date (11) 01 / 09 / 18		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	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" 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	
		<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Basement		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pipe insulation 120 LF	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N.Jevtic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		Disposal Date TBD	
Signature N.Jevtic		City, State Tullytown, PA	
Date 12/29/17			

MAY 11

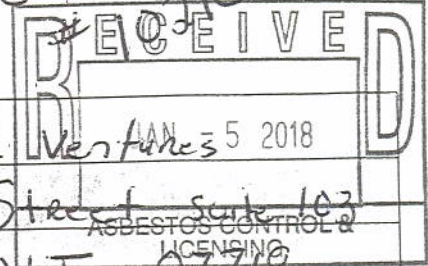
* Do not use this form for asbestos licensure exempted activities.

CK10210

PAID

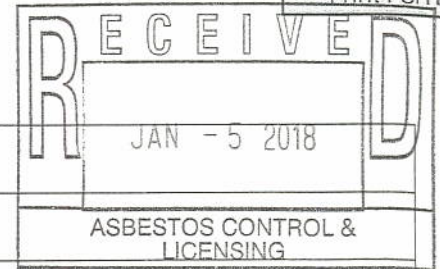
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60 and 12:120)

Check 210



Date of Notification (1) 12-29-17		Name of Building Owner/Operator (2) I2 Ventures							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 800 Main Street Suite 103		City, State, Zip Code Belmar NJ 07719							
Name of Contact Joe Kunze		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Store Front - Warehouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 707 10th AVE		Square Feet	# of Floors 2						
City (5) Belmar NJ 07719		Bldg. Age 80+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Store (Beauty Plus Store)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) Jan 8, 2018	Scheduled Completion Date (11) Feb 28, 2018	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
Roof	X			Roofing Material	9000 SF	X			
Offices		X		Floor Tiles	800 SF	X			
Warehouse		X		Pipe Insulation	400 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 30	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date Various Dates	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 12-29-17				

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



CK 2057

PAID

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

Date of Notification (1) 12/27/2017		Name of Building Owner/Operator (2) Naftali Saloman							
Agencies Notified <input checked="" 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 Clifton, NJ 07012							
Name of Contact Naftali Saloman		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Clifton		Square Feet 1,878	# of Floors 1						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8) Enviro-Pro UnLTD Corp.		Name of Abatement Contractor (9) Sunn Enterprise Group, LLC							
Street Address 262 West 38th St., Suite 601, 6th Floor		Street Address 90 Dayton Ave., Suite 210							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Passaic, NJ 07055							
Project Manager for Monitoring Firm Yevgeniy (Eugene) Golubchik		Telephone No. 718-801-2231	License No. 01229						
Start Date (10) 01/09/2018	Scheduled Completion Date (11) 01/09/2018	Name of OSHA Monitor Sunn Enterprise Group, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Private Home		Street Address 90 Dayton Ave., Suite 210 City, State, Zip Code Passaic, NJ 07055							
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) <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	VAT	950 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 482656PAE	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date TBD		City, State Pen Argyl, PA 18072					
Completed by Bogdan Markovski		Title Dir. of Operations		Signature <i>Bogdan Markovski</i>		Date 12/27/2017			

CK7093

PAID

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

Print Form

RECEIVED

JAN - 5 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12.26.2017		Name of Building Owner/Operator (2) Doreen McFarlane	
Agencies Notified	Type Notification	Street Address [REDACTED]	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	City, State, Zip Code Cherry Hill NJ 08002	
		Name of Contact Doreen McFarlane	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same		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 Same		Square Feet 1842	# of Floors 1
City (5)		Bldg. Age 70	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) AET	ASCM No. 0021	Name of Abatement Contractor (9) CPR Environmental Service	
Street Address 28 North Pennell Rd.		Street Address 8421 Hegerman St.	
City, State, Zip Code Media PA 19063		City, State, Zip Code Phila PA 19136	
Project Manager for Monitoring Firm Carmelo Altamonte	Telephone No. 201 864-6583	Telephone No. 215 333-5117	License No. 01328
Start Date (10) 12.30.17	Scheduled Completion Date (11) 1.13.18	Name of OSHA Monitor AET	
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 28 North Pennell Rd.	
		City, State, Zip Code Media PA 19063	

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 checked="" type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage floor tile		X		VAT	200	X			

Name of Registered Waste Hauler Republic Services	NJDEP Waste Hauler ID No. 2798	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management-G.R.O.W.S
City, State New Brunswick NJ	Disposal Date	City, State Morrisville PA	
Completed by Anthony Jones	Title Project Manager	Signature Anthony Jones	Date 12.26.2017

CK 33434

PAID

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

RECEIVED
JAN - 5 2018
33434
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 28 / 17		Name of Building Owner/Operator (2) ET Contracting Solution, Inc.	
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 245 N. Main Street, Suite 1991 City, State, Zip Code New City, NY 10956 Name of Contact Michael Figura 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 [REDACTED]		Square Feet 1800	
City (5) Monmouth Junction		# of Floors 1	Bldg. Age 65
County (6) Middlesex	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. 732-349-9932	License No. 00624
Start Date (10) 01 / 09 / 18	Scheduled Completion Date (11) 01 / 10 / 18	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"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

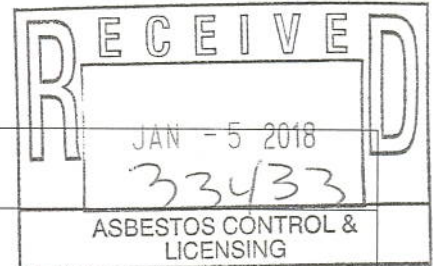
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 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 1/10/18	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>N. Fernicola</i>	Date 12/28/17		

CK 33433

PAID

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



Date of Notification (1) 12 / 28 / 17		Name of Building Owner/Operator (2) Estate of James A Corcoran Jr.	
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 [REDACTED] City, State, Zip Code New Providence, NJ 07974 Name of Contact Robert Thelander Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Garage		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 795 Old Springfield Avenue		Square Feet 3000 sf	
City (5) Summit		# of Floors 1	Bldg. Age 60
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Garage	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 01 / 08 / 18	Scheduled Completion Date (11) 01 / 09 / 18	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	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Piscataway, New Jersey 08854	
		<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	

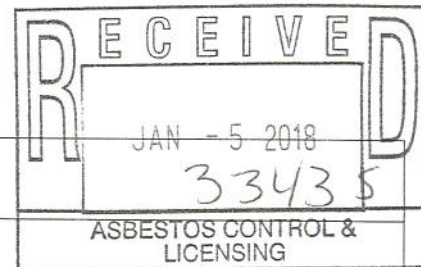
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	125 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 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 01/09/18	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/28/17		

CH 33435

PAID

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



Date of Notification (1) 12 / 28 / 17		Name of Building Owner/Operator (2) George Pravata							
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 [REDACTED] City, State, Zip Code Fairfield, NJ 07004 Name of Contact George Pravata 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 [REDACTED]		Square Feet 1500 # of Floors 1 Bldg. Age 65							
City (5) Ortley	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 01 / 10 / 18	Scheduled Completion Date (11) 01 / 11 / 18	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 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
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1350 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 01/11/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 12/28/17			

CK # 4406

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

R	RECEIVED	D
	JAN - 8 2018	

Date of Notification (1) 12-29-17		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING					
Agencies Notified <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 155 RT 50		City, State, Zip Code GREENFIELD N.J 08230					
Name of Contact BRUCE		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 & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 2000					
City (5) OCEAN CITY		# of Floors 2					
County (6) CAPE MAY		Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
Street Address		Name of Abatement Contractor (9) KLEMCO INC					
City, State, Zip Code		Street Address 369 S SPRUCE AVE					
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J 08052					
Telephone No.		Telephone No. 856-779-0472					
Start Date (10) 1-13-18		License No. 00444					
Scheduled Completion Date (11) 1-21-18		Name of OSHA Monitor N/A					
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					
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		City, State, Zip Code					
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) 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) 3500 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING	X	TRANSITE	3500 SF	X			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste		Name of Registered Landfill C.M.C.M.U.A	
City, State MAPLE SHADE N.J		Disposal Date		City, State WOODBINE			
Completed By MICHAEL KLOMM		Title SUP.		Signature <i>[Signature]</i>		Date 12-29-17	

PAID

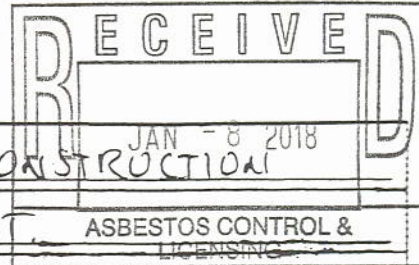
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
JAN - 8 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/18/17		Name of Building Owner/Operator (2) JTAS LLC								
Agencies Notified: <input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 526 Washington Blvd City, State, Zip Code: Sea Girt, New Jersey Name of Contact: See Telephone Number:								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) JTAS LLC Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address: 526 Washington Blvd		Square Feet: 2000	# of Floors: 1							
City (5): Sea Girt		Bldg. Age: 50+								
County (6): Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): Bank								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co, Inc							
Street Address:		Street Address: 95 Montrose Rd								
City, State, Zip Code:		City, State, Zip Code: Sea Girt, New Jersey 07720								
Project Manager for Monitoring Firm		Telephone No. 732 294 1777	License No. 00029							
Start Date (10): 1/16/18	Scheduled Completion Date (11): 1/11/18	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Street Address: City, State, Zip Code:								
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 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) Utility Closet	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) 50 lf	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Name of Registered Waste Hauler Ace Insulation Co, Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chims Landfill						
City, State Sea Girt, New Jersey		Disposal Date 1/11/18		City, State Chims, NJ						
Completed by Broom Gire		Title Secretary/Treasurer	Signature Broom Gire		Date 12/28/17					

CK # 4406

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

**PAID**

Date of Notification (1) 12-29-17		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
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 300 77TH ST	
City, State, Zip Code SEA ISLE CITY N.J. 08243		Name of Contact KRANIC	
		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 & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) SEA ISLE CITY		# of Floors 1	Bldg. Age 50+
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444
Start Date (10) 1-9-18	Scheduled Completion Date (11) 1-17-18	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING		X	TRAIL SITE
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste
City, State MAPLE SHADE N.J 08052		Name of Registered Landfill C.M.C.M.U.A.	
Disposal Date		City, State WOODBINE N.J.	
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 12-29-17

PAID

RECEIVED
JAN - 8 2010
NICHOLS

ASB-41

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

CK # 4486

PAID

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

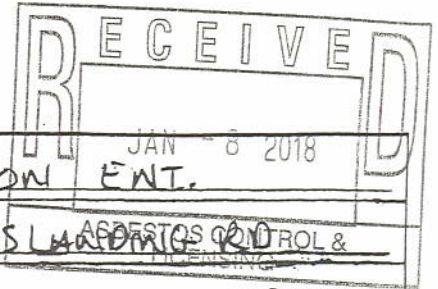
RECEIVED	
JAN - 8 2018	

Date of Notification (1) <u>12-29-17</u>		Name of Building Owner/Operator (2) <u>HUNT & SONS</u>							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>651 SEASHORE RD</u> City, State, Zip Code <u>CAPE MAY N.J. 08204</u>							
		Name of Contact <u>DAVID</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1500</u>							
City (5) <u>N. CAPE MAY</u>		# of Floors <u>2</u>	Bldg. Age <u>50+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>#00444</u>						
Start Date (10) <u>1-8-18</u>	Scheduled Completion Date (11) <u>1-15-18</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input 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) <u>2000 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C.M.C.W.V.A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBRIE</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>PRES.</u>	Signature <u>[Signature]</u>		Date <u>12-29-17</u>				

CK# 4406

PAID

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



Date of Notification (1) <u>12-29-17</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENT.</u>							
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 <u>601 W. CLARKSLANDING RD</u> City, State, Zip Code <u>EGG HARBOR N.J. 08218</u>							
Name of Contact <u>TOM</u>		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1500</u>							
City (5) <u>GALLOWAY</u>		# of Floors <u>1</u>							
County (6) <u>ATLANTIC</u>		Bldg. Age <u>50+</u>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>#00444</u>						
Start Date (10) <u>1-8-18</u>	Scheduled Completion Date (11) <u>1-15-18</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
City, State, Zip Code _____		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 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 IN Facility</u> (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) <u>2250 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>15904</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>ACVA</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>PLEASANTVILLE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUPERVISOR</u>		Signature <u>[Signature]</u>		Date <u>12-29-17</u>			

OK# 6220

PAID

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

RECEIVED	Print Form
	JAN - 8 2018
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/25/17		Name of Building Owner/Operator (2) Ashley Management							
Agencies Notified	Type Notification	Street Address 411 Ashley Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Devora	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1656	# of Floors Bldg. Age						
City (5) Lakewood									
County (6) Ocean	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) 1/4/18	Scheduled Completion Date (11) 1/8/18	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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				Flooring	150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 1/8/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

CK# 5013

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

RECEIVED	
JAN - 8 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/24/17		Name of Building Owner/Operator (2) E+B Enterprises of NJ, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 92 Lake Ave City, State, Zip Code Fairhaven, New Jersey	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Jim	

Telephone Number

Name of Facility Where Abatement is Taking Place (3) E+B Enterprise Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 92 Lake Ave		Square Feet 2000	
City (5) Fairhaven		# of Floors 2	
County (6) Monmouth		Bldg. Age 65+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House + garage	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey	
Project Manager for Monitoring Firm:		Telephone No. 732 294 1757	
Telephone No.		License No. 00029	
Start Date (10) 1/2/18		Scheduled Completion Date (11) 1/9/18	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM-7PM		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or 23 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or 2260 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) 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
house and garage exterior			X	siding	2000 lf	X			

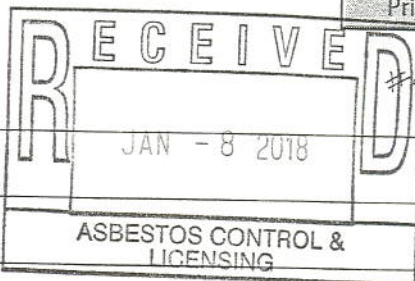
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3		Name of Registered Landfill Chrins Landfill	
City, State Colts Neck, New Jersey		Disposal Date 1/9/18		City, State Easton, PA			
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 12/24/17	

CK# 2494

Print Form

PAID

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



Date of Notification (1) 12/27/2017		Name of Building Owner/Operator (2) Lidl US, LLC							
Agencies Notified	Type Notification	Street Address 3500 South Clark Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Arlington, VA 22202							
		Name of Contact Mr. Stephen Damico	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial - Building No. 1		Type of Facility (4)							
Street Address 2365 US Highway 22 West		<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) Union		Square Feet 20,000	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 928-5040						
Start Date (10) 12/28/2017		Scheduled Completion Date (11) 1/5/2018	License No. 00874						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Sky Contracting, LLC							
<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 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Ground Floor (Center)		x		Pipe Insulation & Fittings	330 LF	x			
Ground Floor (West)		x		9" Floor Tiles	2,000 SF	x			
Staircase Casing				Transite Panels	150 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Vivian Jurcevic		Title Office Manager	Signature <i>Vivian Jurcevic</i>			Date 12/27/2017			

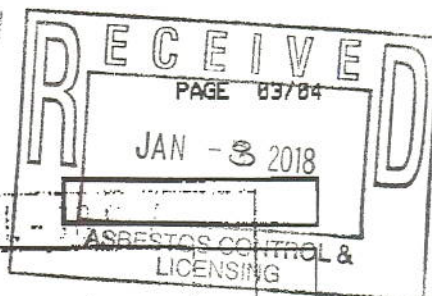
12/26/2017 09:01AM 9736381778

PAID

CK 2946

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

Check#2946

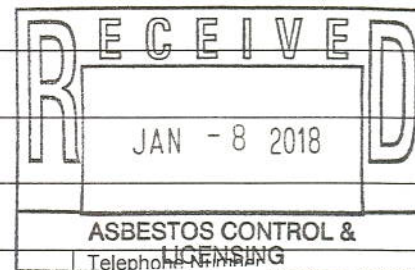


Date of Notification (1) 12 / 26 / 17		Name of Building Owner/Operator (2) Om Dodejs	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> OCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Glen Rock, NJ 07452	
Name of Contact Om Dodejs		Telephone Number [REDACTED]	
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Glen Rock, NJ 07452		County Code (7) (STATE USE ONLY)	
County (6) Bergen		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 12 / 27 / 17		Scheduled Completion Date (11) 01 / 09 / 18	
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		Name of OSHA Monitor Envirovision Consultants, Inc.	
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 checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Basement		Floor tiles	
Attic		Vermiculite insulation	
Back foyer		Vermiculite insulation	
Amount (Specify SIF or LF)		Abatement Type	
600 SF		Removal Repair Encapsulate Enclosure	
1,600 SF		Removal Repair Encapsulate Enclosure	
400 SF		Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Name of Registered Landfill T.R.R.F. Inc.		Disposal Date TBD	
City, State Tullytown, PA		Signature [Signature]	
Completed By (Print or Type) NJevtic		Title Owner	
Date 12/26/17		Date 12/26/17	

MAY 11

* Do not use this form for asbestos fugitive emission activities.

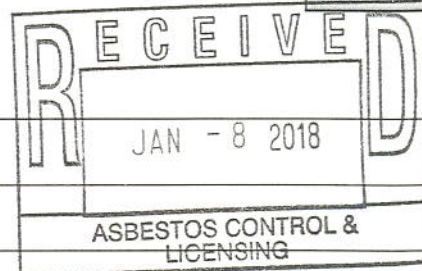
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/30/2017		Name of Building Owner/Operator (2) Philip Ginty							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sunyside, NY 11104							
		Name of Contact Aline Kolankowski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 01/11/2018	Scheduled Completion Date (11) 01/12/2018	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ, 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
2nd floor		X		Pipe Insulation	8 LF	X			
Attic		X		Pipe Insulation	6 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Moorisville, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 12/30/2017					

PAID

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



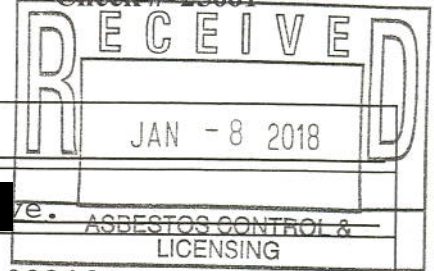
Date of Notification (1) 12/30/2017		Name of Building Owner/Operator (2) Harry Liapis							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Palisades Park, NJ 07650							
		Name of Contact Harry Liapis	Telephone Number						
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) Palisades Park		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 01/12/2018	Scheduled Completion Date (11) 01/14/2018	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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 Totowa, NJ, 07512							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Transit Siding	600 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Moorisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 12/30/2017		

K# 25661

PAID

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

Check # 25661



Date of Notification (1) <u>12/20/17</u>		Name of Building Owner/Operator (2) <u>Link</u>						
Agencies Notified <input checked="" 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 <u>Middlesex, NJ 08846</u>						
Name of Contact <u>Ethel Link</u>		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1500</u>						
City (5) <u>Middlesex, NJ 08846</u>		# of Floors <u>1</u>						
County (6) <u>Middlesex</u>		Bldg. Age <u>60</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>						
Start Date (10) <u>12/21/2017</u>		License No. <u>00493</u>						
Scheduled Completion Date (11) <u>12/22/2017</u>		Name of OSHA Monitor <u>MECS</u>						
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 checked="" type="checkbox"/> Other - Describe: <u>8am 4pm</u>		Street Address <u>PO Box 341</u>						
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		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
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
<u>Basement</u>		<u>X</u>	<u>Pipe Insulation</u>	<u>45 lf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>1</u>		Name of Registered Landfill <u>Fairless Landfill</u>		
City, State <u>Allentown, NJ</u>		Disposal Date		City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>12/20/17</u>		

12/20/2017 2 31PM FAX

00002/0005

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

Check # 25661

JAN 18 2018

ASBESTOS CONTROL & REMEDIATION

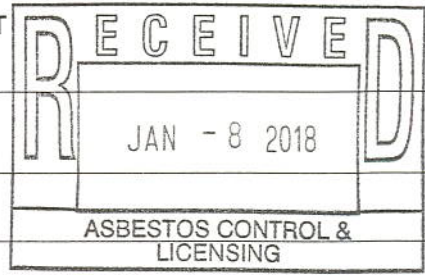
Date of Notification (1) 12/20/17		Name of Building Owner/Operator (2) Link	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Ethel Link	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) Middlesex, NJ 08846		# of Floors 1	
County (6) Middlesex		Bldg. Age 60	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	License No. 00493
Start Date (10) 12/21/2017		Scheduled Completion Date (11) 12/22/2017	
Name of OSHA Monitor MECS			
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 checked="" type="checkbox"/> Other - Describe: 8am 4pm		Street Address PO Box 341	
		City, State, Zip Code Crosswicks, NJ 08515	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	
Basement		X	Pipe Insulation
			45 lf
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1
City, State Allentown, NJ		Disposal Date	Name of Registered Landfill Fairless Landfill
			City, State Morrisville, PA
Completed By Mahlon E. Stevens	Title Project Manager	Signature 	Date 12/20/17

ASB-44
MAR 00

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

2K# 4524

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



Date of Notification (1) 12 / 27 / 17		Name of Building Owner/Operator (2) Lynne Kouser							
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 [REDACTED] City, State, Zip Code Williamstown, NJ 08094							
		Name of Contact Lynne Kouser	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kouser Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Williamstown		Square Feet 1,500	# of Floors 3 Bldg. Age 70						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 01 / 05 / 18	Scheduled Completion Date (11) 01 / 08 / 18	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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 01/08/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 12/27/17			

page 1

12/26/2017 06:25PM 2013297440

BEST REMOVAL INC

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED
PAGE 02/04
JAN - 8 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/26/17		Name of Building Owner/Operator (2) COFFIN TURBO PUMP INC		ASBESTOS CONTROLS 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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 326 SOUTH DEAN ST City, State, Zip Code ENGLEWOOD, NJ. 07631	
		Name of Contact ALVIN KUNEARY		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) COFFIN TURBO PUMP INC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 326 SOUTH DEAN ST			Square Feet 2500		
City (5) ENGLEWOOD			# of Floors 2		Build. Age 86 YRS
County (6) BORGEN			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) MANUFACTURING PLANT
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9)
Street Address					Best Removal Inc
City, State, Zip Code					Street Address 450 South River Street
					City, State, Zip Code Hackensack, NJ 07601
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-329-7444
					License No. 00388
Start Date (10) 12/29/17			Scheduled Completion Date (11) 12/30/17		
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: 75% ALL TO ELIMPH			Name of OSHA Monitor Omega Environmental		
			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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Finable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
WELDING AREA				THERMAL SYSTEMS INSULATION	
				10LP	
Name of Registered Waste Hauler Best Removal Inc		NIDEP Waste Handler ID No. 17109		Cubic Yards of Waste 2 1/2	
City, State Hackensack, NJ 07601				Disposal Date 1/2/18	
Completed by J. Maiorano		Title Estimator		Name of Registered Landfill Minerva Enterprises, LLC	
				City, State Waynesburg, OH 44688	
				Signature J. Maiorano	
				Date 12/26/17	

Dec 26 2017 17:07 NJ Asbestos Control 609.633.0664

page 1

12/26/2017 05:08PM 2013297440

BEST REMOVAL INC

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:40 and 12:126)

RECEIVED
 PAGE 02/04
 JAN 8 2018
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/26/17		Name of Building Owner/Operator (2) MR. RON RAINEY		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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code FAIR LAWN - NJ, 07410 Name of Contact MR. RAINEY Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. RON RAINEY			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 (5) FAIR LAWN			Square Feet 1800 # of Floors 2 Bldg. Age 1945		
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Best Removal Inc	
City, State, Zip Code				450 South River Street Hackensack, NJ 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-929-7444 License No. 00388	
Start Date (10) 12/28/17		Scheduled Completion Date (11) 12/29/17		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: 6:00 AM TO 5:00 PM				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 type="checkbox"/> ≥ 150 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A Y		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	
				Amount (Specify SF or LF) 85 LF	
				Abatement Type Removal Repair Encapsulate Enclose X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 20/207	
City, State Hackensack, NJ 07601		Disposal Date 12/29/17		Name of Registered Landfill Minerva Enterprises, LLC	
City, State Waynesburg, OH 44688		Date 12/24/17			
Completed by J. Maioreano		Title Estimator		Signature <i>J. Maioreano</i>	

AEB-41 (R-06-09)

Do not use this form for asbestos licensure exempted activities.

noack

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

RECEIVED
JAN - 8 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/30/2017		Name of Building Owner / Operator (2) Faine Higgins	
Agencies Notified <input checked="" 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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State & Zip Code Belmar, NJ Name of Contact Faine Higgins	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 & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2000	# of Floors 2
City (5) Belmar	County (6) Monmouth	County Code (7)	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Alpha Environmental Services	
Street Address		Street Address 2129 Route 33	
City, State & Zip Code		City, State & Zip Code Hamilton, NJ 08610	
Project Manager for Monitoring Firm		Telephone Number 609-847-2956	License Number 01222
Scheduled Start Date (10) 12/9/2017	Scheduled Completion Date (11) 1/22/2018	Name of OSHA Monitor EMSL 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 Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	


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 ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glove Bag Procedures	
		<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 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
Basement Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Pipe Insulation	103 lf 80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL	NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ		Disposal Date Various	City, State Morrisville, PA
Completed By (Print or Type) Rod Richardson		Title Project	Signature <i>Rod Richardson</i> Date 12/30/2017

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

PAID

Date of Notification (1) 12/20/2017		Name of Building Owner/Operator (2) GCP Investments, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN - 8 2018 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation				Street Address 20 Booth Ave	
						City, State, Zip Code Englewood Cliffs, NJ 07632	
				Name of Contact Chad Gulrajaney		Tel. Number _____	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)			
Street Address [REDACTED]				Entire Building: Sq. Feet: ~ 860,000 # of Floors 44 Bldg. Age 41			
City (5) Guttenberg		County (6) HUDSON		Condo unit (project location): Sq. Feet: ~ 800 # of Floors 1 (Apt 26J)			
		County Code (7) (State Use Only)		Current Use (if being demolished):			
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No. N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.		
Street Address N/A			Street Address 3300 Hudson Avenue				
City, State, Zip Code N/A			City, State, Zip Code Union City, NJ 07087				
Project Manager for Monitoring Firm N/A		Telephone Number		Telephone Number (201)325-0055		License Number 01124	
Scheduled Start Date (10) 12/21/2017		Scheduled Completion Date (11) 12/30/2017		Name of OSHA Monitor ISES, Inc.			
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work in unoccupied apartment				Street Address 3300 Hudson Avenue			
				City, State, Zip Code Union City, NJ 07087			
Source of Work (Check all that apply) () Demolition (X) Renovation							
() Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure							
() Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure							
(X) Large Project (>160 SF or > 260 LF ACM) () Glove-bag Procedure							
() Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)		Amount (Specify SF or LF)	
						Abatement Type	
						Removal Repair Encapsulate Enclosure	
Bedroom, living room, dining room		X		Floor Mastic (black) and associated wood floor		~ 700 SQ FT X	
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.		NJDEP Waste Hauler ID # 50452		Cubic Yards of Waste 30		Name of Reg. Landfill Grand Central Sanitation	
City, State 311 East Blackwell Street, Dover, NJ 07801		Disp. Date 12/29/2017		City, State Pen Argyl, PA 18072			
Completed by (Print or Type) David Camacho		Title Project Supervisor		Signature 		Date 12/20/2017	

2017-12-26 11:48

PAID
 Shade Environmental 1 >> 609 633 0664
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:16)

RECEIVED
P 5/16
JAN - 8 2018

Date of Notification (1) 12 / 26 / 17		Name of Building Owner/Operator (2) Cherry Hill Public Schools		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DCH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 45 Ranoldo Terrace		TV					
		City, State, Zip Code Cherry Hill, NJ 08034							
		Name of Contact Tom Carter							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Carus Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 315 Roosevelt Avenue				Squares Feet 100,000					
City (5) Cherry Hill				# of Floors 3					
County (6) Camden				Bldg. Age 80					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1263 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorstown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Gullardi		Telephone No. 856-840-8809		License No. 00842					
Start Date (10) 12 / 27 / 17		Scheduled Completion Date (11) 12 / 30 / 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 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥150 sf or ≥250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			Removed	Repair	Encapsulation	Enclosure
Doorway Entrances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk Insulation	136 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 16939		Cubic Yards of Waste 10		Name of Registered Landfill GROWS North Landfill			
City, State Freehold, NJ		Disposal Date 12/30/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 12/26/17			

ASB-41
JAN 13

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

2017-12-26 11:48

Shade Environmental >> 609 633 0664

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:15)

RECEIVED	P 8/16
	JAN 8 2018
ASBESTOS CONTROL & LICENSING	

Ch 4521

Date of Notification (1) 12 / 26 / 17		Name of Building Owner/Operator (2) Cherry Hill Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-5)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 Randolph Terrace City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact Tom Carter Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kilmer Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2900 Chapel Avenue		Square Feet 100,000	# of Floors 3
City (5) Cherry Hill		Bldg. Age 80	
County (5) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ACOM No. 00003	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 856-840-8800	Telephone No. 856-755-0099
Start Date (10) 12 / 27 / 17		Scheduled Completion Date (11) 12 / 30 / 17	License No. 00842
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 _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Doorway Entrances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Caulk Insulation	136 LF
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 18929	Cubic Yards of Waste 10
City, State Freehold, NJ		Disposal Date 12/30/2017	Name of Registered Landfill GROWS North Landfill
City, State Freehold, NJ		Disposal Date 12/30/2017	City, State Marrieville, PA
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 12/26/17

ASB-11
 JAN 13

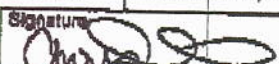
* Do not use this form for asbestos abatement exempted activities.

2017-12-26 11:49

Shade Environmental >> 609 633 0664

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

RECEIVED	
P 11/16	
JAN - 8 2018	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12 / 26 / 17		Name of Building Owner/Operator (2) Cherry Hill Public Schools		ASBESTOS CONTROL & LICENSING	
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 checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 48 Randolph Terrace City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact Tom Carter Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Rosa International Middle 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 and commercial buildings, homes, etc.)		
Street Address 485 Browning Lane			Square Feet 100,000		
City (5) Cherry Hill			# of Floors 3		
County (6) Camden			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TYI Environmental, Inc.		ASCM No. 00003		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 856-755-0099	
Project Manager for Monitoring Firm Jim Gullardi		Telephone No. 856-840-8800		License No. 00842	
Start Date (10) 12 / 27 / 17		Scheduled Completion Date (11) 12 / 30 / 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 _____ AM			Street Address 200 Route 130 North		
			City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)		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)	
Doorway Entrances		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		204 LF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <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 Freshhold Cartage		NJDEP Waste Hauler ID No. 15839		Cubic Yards of Waste 10	
City, State Freshhold, NJ		Disposal Date 12/30/2017		Name of Registered Landfill GROWS North Landfill	
City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	
				Date 12/30/17	

ASB-41
JAN 13

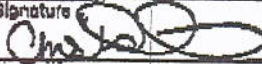
* Do not use this form for asbestos licensure exempted activities.

2017-12-26 11:50

Shade Environmental 1 >> 609 633 0664

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

RECEIVED	P-14716
	JAN - 8 2018
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12 / 28 / 17		Name of Building Owner/Operator (2) Cherry Hill Public Schools		ASBESTOS CONTROL & LICENSING					
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 checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 45 Randolph Terrace City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact Tom Carter Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cherry Hill High School East				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 and commercial buildings, homes, etc.)					
Street Address 1750 Krosson Road				Square Feet 100,000					
City (5) Cherry Hill				# of Floors 3					
County (6) Camden				Bldg. Age 80					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1253 N. Church Street		Street Address 623 Outer Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 856-840-8800		License No. 00842					
Start Date (10) 12 / 27 / 17		Scheduled Completion Date (11) 12 / 30 / 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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Encapsulation	Enclosure
Doorway Entrances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk Insulation	470 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Landfill GROWS North Landfill			
City, State Freehold, NJ		Disposal Date 12/30/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 12/26/17			

 A88-41
 JAN 13

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

2017-12-26 11:47

PAID
 Shade Environmental >> 609 633 0664
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:16)

R	E	C	E	I	V	E	D
P 2/16							
JAN - 8 2018							
ASBESTOS CONTROL & LICENSING							

Date of Notification (1) 12 / 26 / 17		Name of Building Owner/Operator (2) Cherry Hill Public Schools	
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 checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 48 Randolph Terrace City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact Tom Carter Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Beck Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 950 Cropwell Road		Square Feet 100,000	
City (5) Cherry Hill		# of Floors 3	
County (6) Camden		Bldg. Age 80	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 856-840-8800	
Telephone No. 856-755-0066		License No. 00842	
Start Date (10) 12 / 27 / 17		Scheduled Completion Date (11) 12 / 30 / 17	
Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 Route 130 North	
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 _____ AM		City, State, Zip Code Cinnaminson, NJ 08077	

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 checked="" type="checkbox"/> ≥ 180 sf or ≥ 280 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Feasible Procedure |

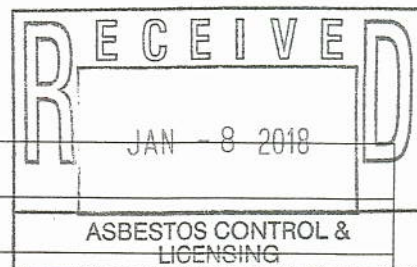
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Doorway Entrances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk Insulation	136 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS North Landfill
City, State Freehold, NJ		Dispose Date 12/30/2017	City, State Morrisville, PA
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 12/26/17

 ASB-41
 JAN 13

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

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



Date of Notification (1) 12-27-2017		Name of Building Owner / Operator (2) Cristina DiMeglio	
Agencies Notified <input checked="" 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 II(END Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>		
	City, State & Zip Code Lawrenceville, NJ 08648		
	Name of Contact Cristina DiMeglio		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 & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>			Square Feet 1,620		
City (5) Lawrence, NJ 08648		County (6) Mercer	County Code (7)	# of Floors 1	Bldg. Age 40
Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 365			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279		License Number 01185
Scheduled Start Date (10) 12-30-2017		Scheduled Completion Date (11) 1-4-2017		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:00am – 4:00pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

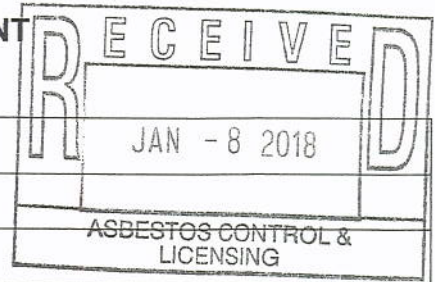
Scope of Work (Check all that apply)

<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 ≥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	Encapsulat	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite pipe	15 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 12-27-2017

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



Date of Notification (1) 12-27-2017		Name of Building Owner / Operator (2) Cristina DiMeglio	
Agencies Notified <input checked="" 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(Town) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
		Street Address [REDACTED]	
		City, State & Zip Code Lawrenceville, NJ 08648	
		Name of Contact Cristina DiMeglio	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 & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,620	# of Floors 1
City (5) Lawrence, NJ 08648	County (6) Mercer	Bldg. Age 40	
		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 12-30-2017	Scheduled Completion Date (11) 12-30-2017	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:00am - 4:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

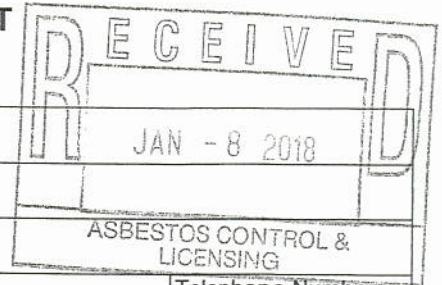
Scope of Work (Check all that apply)

<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 ≥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	Encapsulat	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite pipe	15 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 12-27-2017

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



Date of Notification (1) 12-21-2017		Name of Building Owner / Operator (2) Cristina DiMeglio	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Lawrenceville, NJ 08648	
		Name of Contact Cristina DiMeglio	
		Telephone Number [REDACTED]	

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 & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,620	# of Floors 1
City (5) Lawrenceville, NJ 08648	County (6) Mercer	County Code (7)	Bldg. Age 40
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 12-30-2017	Scheduled Completion Date (11) 12-30-2017	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:00am – 4:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

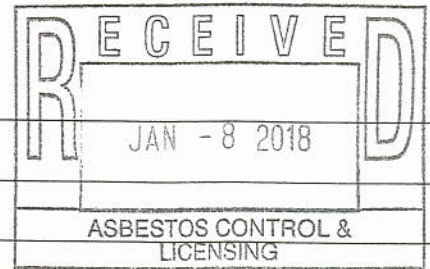
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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	Encapsulat	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite pipe	15 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 12-21-2017

PAID

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



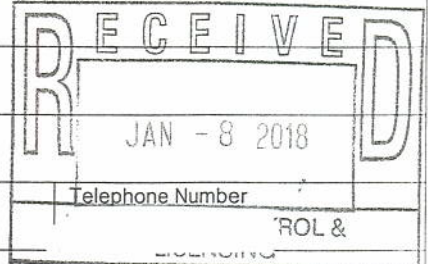
Date of Notification (1) 12-27-2017		Name of Building Owner / Operator (2) Kennedy University Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus City, State & Zip Code Cherry Hill, NJ 08002 Name of Contact Jim Uricchio Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-Admin Corridor		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 2201 Chapel Hill Campus		Square Feet 250,000	# of Floors 2						
City (5) Cherry Hill, NJ	County (6) Camden	Bldg. Age 52							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Bensalem, PA, 19020		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185						
Scheduled Start Date (10) 1-10-2018	Scheduled Completion Date (11) 2-28-2018	Name of OSHA Monitor J&S Environmental Laboratories, Inc							
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 Hours Describe: Project to be conducted 2 nd shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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
Admin Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire proofing	2,500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	80 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"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 		Date 12-27-2017			

PAID

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

Check 17231

Date of Notification (1) 12/28/17		Name of Building Owner/Operator (2) Paul Davis Restoration							
Agencies Notified	Type Notification	Street Address 298 N Midland Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Saddle Brook, NJ 07663							
		Name of Contact Carl George							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2100	# of Floors 2						
City (5) Irvington		Bldg. Age 75							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/7/18	Scheduled Completion Date (11) 1/22/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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			x	Pipe insulation	75 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 12/28/17			




PAID

Print Fo

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

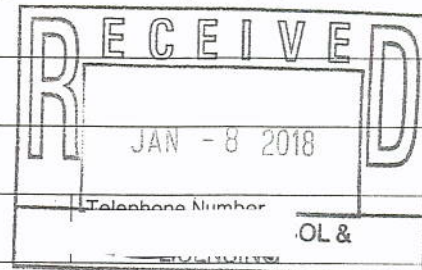
Check 17233

Date of Notification (1) 12/28/17		Name of Building Owner/Operator (2) Jerry Webber							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wharton, NJ							
		Name of Contact Jery Webber							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2100	# of Floors 2						
City (5) Wharton		Bldg. Age 72							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/15/18	Scheduled Completion Date (11) 1/30/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	100 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 12/28/17			

PAID

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

Check 17232



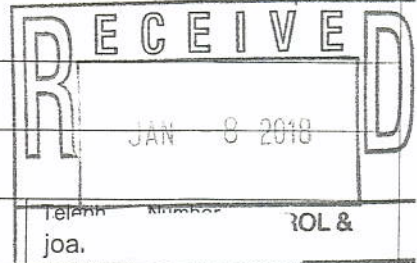
Date of Notification (1) 12/28/17		Name of Building Owner/Operator (2) Robert Webber							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 Teaneck, NJ 07666							
		Name of Contact Robert							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Teaneck		Square Feet 2000	# of Floors 2						
County (6) Bergen		Bldg. Age 64							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
ASCM No. _____		ABS Environmental Services, LLC							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Telephone No.		License No.							
Start Date (10) 1/13/18		Scheduled Completion Date (11) 1/30/18							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	80 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 12/28/17			

PAID

Print Fo

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

Check 17234



Date of Notification (1) 12/28/17		Name of Building Owner/Operator (2) Joanne Paduch							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Bound Brook, NJ							
		Name of Contact Joanne Paduch	Telephone Number joa. [REDACTED] 301 &						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2200	# of Floors 2						
City (5) South Bound Brook		Bldg. Age 62							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 12/30/17	Scheduled Completion Date (11) 1/15/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
living room			X	ceiling tile	225 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	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 12/28/17			

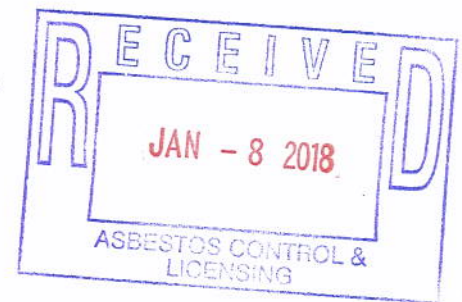
PAID

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 3008

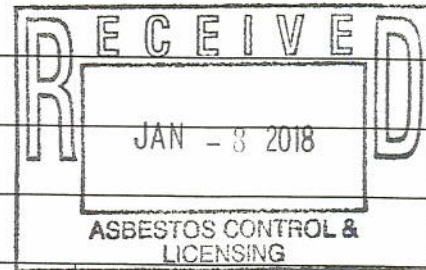
Date of Notification (1) 12 / 19 / 17		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 5px;">JAN 19 2018</div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		3551 LAWRENCEVILLE ROAD PRINCETON, NJ 08540 NICOLE MOSKAL	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB			Type of Facility (4)		
Street Address 3551 LAWRENCEVILLE ROAD			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) PRINCETON	County (6) MERCER	County Code (7)	Square Feet 116,850	# Of Floors 3	Building Age 40+
			Current Use (Prior if being demolished) OFFICE		
Name of Monitoring Firm Hired by Bldg. Owner (8) EAGLE INDUSTRIAL HYGIENE ASSOCIATION, INC.		ASCM NO. \			
Street Address 359 DRESHER ROAD		NORTHSTAR CONTRACTING GROUP, INC.			
City, State, Zip Code HORSHAM, PA 19044		Street Address 32 Williams Parkway			
Project Mngr. For Monitoring Firm MARK HAYS		City, State, Zip Code East Hanover, NJ 07936			
Telephone Number 215-672-6088		Telephone Number 973-884-8682			
Sched. Start Date (10) 01 / 15 / 18		Sched. Completion Date (11) 04 / 27 / 18		License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<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: 7:00 AM-3:30 PM MON-FRI			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <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 - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <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			R E M O V A L	R E P A I R
MOD B, 4TH FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	SHEETROCK/JOINT COMPOUND	60,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOD B, 4TH FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOD B, 4TH FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT MASTIC	150 SF	<input checked="" 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 NORTHSTAR CONTRACTING GROUP INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 01/05/18

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
MOD B, 3RD FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	SHEETROCK/JOINT COMPOUND	60,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 3RD FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 3RD FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT MASTIC	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 2ND FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	SHEETROCK/JOINT COMPOUND	60,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 2ND FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	CAULK	800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 2ND FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	DUCT MASTIC	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B, 1ST FL	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOD B THRU OUT	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE SADDLES	100 EA	<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"/>



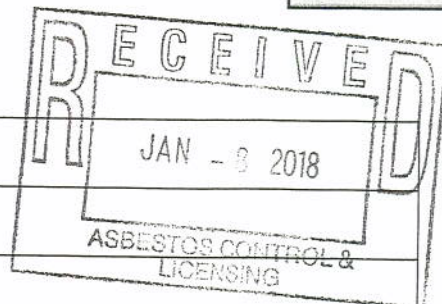
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID



Date of Notification (1) 01/02/2018		Name of Building Owner/Operator (2) Ray Rap Realty							
Agencies Notified	Type Notification	Street Address 52 Hudson Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Red Bank, NJ 07701							
		Name of Contact Raymond Rapcavage							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Red Bank		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711						
			License No. 01332						
Start Date (10) 01/12/2018	Scheduled Completion Date (11) 01/17/2018	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<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: 8:00am-5:00pm		City, State, Zip Code Paterson, NJ 07502							
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
External			X	Transite	3600 SF	X			
Name of Registered Waste Hauler Atlantic Carting LLC		NJDEP Waste Hauler ID No. 481257PAE	Cubic Yards of Waste 11	Name of Registered Landfill GCS Landfill					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 01/02/2018			

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

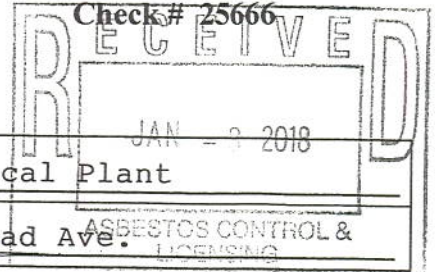


Date of Notification (1) 01/02/2018		Name of Building Owner/Operator (2) Ray Rap Realty							
Agencies Notified	Type Notification	Street Address 52 Hudson Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Red Bank, NJ 07701							
		Name of Contact Raymond Rapcavage	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Red Bank		Square Feet	# of Floors						
County (6) Monmouth		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-400-8711	01332						
Start Date (10) 01/12/2018	Scheduled Completion Date (11) 01/17/2018	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<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>8:00am-5:00pm</u>		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
External			X	Transite	2800 SF	X			
Name of Registered Waste Hauler Atlantic Carting LLC		NJDEP Waste Hauler ID No. 481257PAE	Cubic Yards of Waste 9	Name of Registered Landfill GCS Landfill					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Lasko Veskov		Title President	Signature 			Date 01/02/2018			

PAID

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

Check # 25666

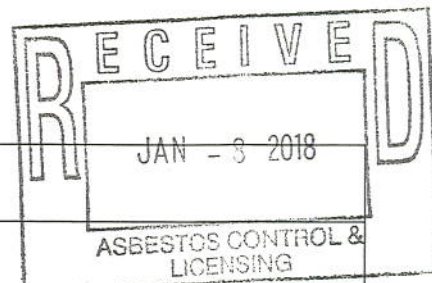


Date of Notification (1) 1/2/2018		Name of Building Owner/Operator (2) Pilot Chemical Plant	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 267 Homestead Ave.
			City, State, Zip Code Avenel, NJ 07001
		Name of Contact Michael Velsz	Telephone Number -
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Chemical Plant		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 267 Homestead Ave.		Square Feet 20,000	# of Floors 1
City (5) Avenel, NJ 07001		Bldg. Age 50	
County (6) Middlesex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	Telephone No. (609) 259-9688
Start Date (10) 1/15/2018		Scheduled Completion Date (11) 2/28/2018	License No. 00493
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 checked="" type="checkbox"/> Other - Describe: 7am 3pm		Name of OSHA Monitor MECS	
		Street Address PO Box 341	
		City, State, Zip Code Crosswicks, NJ 08515	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) 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	
Boiler Room	X		Transite Flue
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2
City, State Allentown, NJ		Name of Registered Landfill Fairless Landfill	
		Disposal Date 2/28/18	City, State Morrisville, PA
Completed By Mahlon E. Stevens	Title Project Manager	Signature 	Date 1/2/18

Att 2372

PAID

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



Date of Notification (1) 01 / 02 / 18		Name of Building Owner/Operator (2) Meadowlands Ventures, 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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 475 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Sean Stone	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 475 Stelton Road			
City (5) Piscataway, NJ		Square Feet	# of Floors
County (6) Middlesex		Bldg. Age	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188
Start Date (10) 01 / 11 / 18	Scheduled Completion Date (11) 01 / 25 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input 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"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

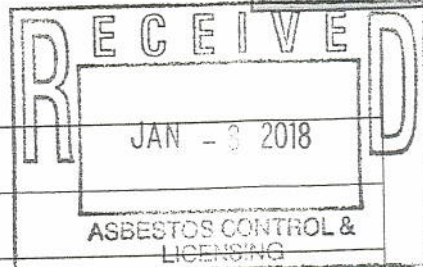
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Debris	1,000 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 Century Waste LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill G.R.O.W.S. North Landfill/ Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>	Date 01/02/18		

3K 4281

Print Form

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



Date of Notification (1) 01/03/18		Name of Building Owner/Operator (2) JJ Operating Inc.							
Agencies Notified	Type Notification	Street Address 112 W 34th Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10120							
		Name of Contact William Jamal	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Supremo Foodmarket & Former 99 cent Plaza		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 235-255 East Front Street		Square Feet 140,000	# of Floors 3						
City (5) Plainfield		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Food Store / Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational&Environmental Analysis		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 401 St. James Avenue		Street Address 265 Route 46 Suite 3d							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908 454 6316	Telephone No. 973 256 7010						
Start Date (10) 01/15/18		Scheduled Completion Date (11) 01/19/18	License No. 00666						
Name of OSHA Monitor Bako Construction & 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 <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 265 Route 46 Suite 3d							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
2nd Floor Mechanical Room	X			Pipe Insulation	220LF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Goran Kojic		Title Project Manager	Signature 			Date 01/03/18			

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

Ch# 3302

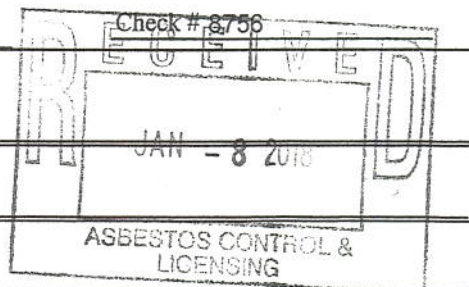
Date of Notification (1) 1/5/18		Name of Building Owner / Operator (2) Macys Inc.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JAN - 3 2018 ASBESTOS CONTROL LICENSING </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> 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"/> Emergency <input type="checkbox"/> Cancellation	7 West Seventh Street City, State & Zip Code Cincinnati, OH 45202							
		Name of Contact Tia Wenrich							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Macys Store			Type of Facility (4)						
Street Address South Orange Ave & Walnut Ave.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Livingston	County (6) Essex	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.		ASCM No.	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 Alan Lloyd		Telephone Number 856-656-2875	Telephone Number (215)788-6040	License Number 00509					
Scheduled Start Date (10) 1/22/18	Scheduled Completion Date (11) 1/31/18		Name of OSHA Monitor Bristol Environmental Inc.						
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 10PM to 7AM <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED 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
Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spray On Fireproofing	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 4 cu yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware		Disposal Date 1/31/18	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 1-5-18		

GI18003

B & G proj. # 2018-13

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

Date of Notification (1) 01/10/18		Name of Building Owner/Operator (2) New Jersey Turnpike Authority	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 581 Main Street		City, State, Zip Code Woodbridge, NJ 07095	
Name of Contact Bob / ACP Contracting, Inc		Telephone Number	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Toll Utility Buildings & Tunnels (New Jersey Turnpike)			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 Interchange # 16 E / 18 E			Square Feet # of Floors Bldg. Age		
City (5) Secaucus, NJ	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) Toll utility building		
Name of Monitoring Firm Hired by Bldg. Owner (8) T & M Environmental		ASCM No. 145	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 40 Monmouth Park Highway, Suite 2		Street Address 105 Ryerson Road			
City, State, Zip Code West Long Branch, NJ 07764		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Burns		Phone Number (732)676-4000	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/18/2018		Sched. Completion Date (11) 01/19/2018		Name of OSHA Monitor B & G 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: occupied		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
tunnel entrance below roadway			<input checked="" type="checkbox"/>	11 fittings	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/19/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/05/2018

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

B & G proj. #: 2018-12

PAID

Check # 8754

Date of Notification (1) <u>10/11/2018</u>		Name of Building Owner/Operator (2) NJIND Talmadge Road, LLC		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 100px;">JAN - 2018</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 100px;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address 2 Tower Center Blvd. - 20th Floor		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code East Brunswick, NJ 08816		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Moshe Stern		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) New Jersey Frozen Storage			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 145 Talmage Road			Square Feet 10,000.		
City (5) Edison			County (6) Middlesex		# of Floors 1
			County Code (7) (State use only)		Bldg. Age 50+
			Current Use (Prior if being demolished) Storage		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address		Street Address 105 Ryerson Road		
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 01/16/2018	Sched. Completion Date (11) 01/26/2018		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road		
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

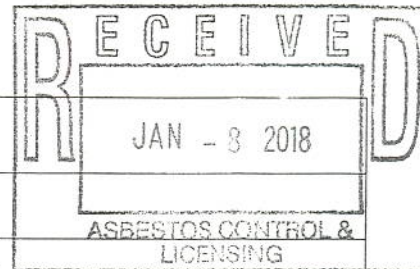
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked=""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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Cooling Tower - exterior			<input checked="" type="checkbox"/>	exterior asbestos transite panels	300 SF	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ	Disposal Date 01/16-26/2018	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 01/05/2018	

PAID

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



Date of Notification (1) <u>01 / 05 / 18</u>		Name of Building Owner/Operator (2) <u>Ed Wilkins</u>							
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 <u>111 Quimby Street</u> City, State, Zip Code <u>Westfield, NJ 07090</u>							
		Name of Contact <u>Jack Bally</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Office Building</u>		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 <u>111 Quimby Street</u>									
City (5) <u>Westfield</u>		Square Feet <u>10,000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>50+</u>							
County (6) <u>Union</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Commercial</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>AET</u>		ASCM No.	Name of Abatement Contractor (9) <u>ecoservices LLC</u>						
Street Address <u>28 N. Pennell Road</u>		Street Address <u>303 B National Road</u>							
City, State, Zip Code <u>Media Pa 19063</u>		City, State, Zip Code <u>Exton PA 19341</u>							
Project Manager for Monitoring Firm <u>Eric Houseknecht</u>	Telephone No. <u>610-891-0114</u>	Telephone No. <u>484-872-8884</u>	License No. <u>01161</u>						
Start Date (10) <u>01 / 19 / 18</u>	Scheduled Completion Date (11) <u>01 / 21 / 18</u>	Name of OSHA Monitor <u>EMSL</u>							
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 <u>200 Route 130 North</u> City, State, Zip Code <u>Cinnaminson, NJ</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
<u>2nd Floor hall, North</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Blown in insulation</u>	<u>185 SF</u>	<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 <u>ecoservices LLC</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <u>6</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Exton, PA</u>		Disposal Date <u>TBD</u>		City, State <u>Morrisville, Pa</u>					
Completed By (Print or Type) <u>Jack Bally</u>	Title <u>Sr. Project Manager</u>	Signature <u>Jack Bally</u>				Date <u>1/5/18</u>			