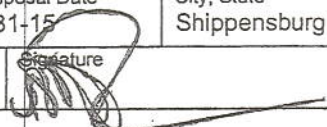


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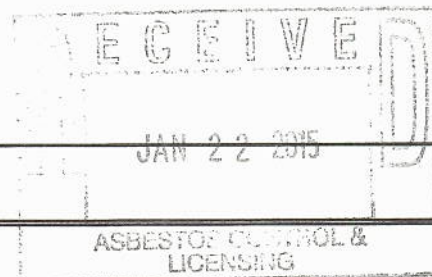
Print Form

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

Date of Notification (1) 10-7-14		Name of Building Owner/Operator (2) Jersey City Municipal Utilities Authority							
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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 501 Route 440 City, State, Zip Code Jersey City, New Jersey Name of Contact David Ambrose Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Jersey City Bayfront Incinerators		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 501 Route 440	City (5) Jersey City, New Jersey 07305	Square Feet 45,000 # of Floors 6 Bldg. Age 1975						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Not in use							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. _____	Name of Abatement Contractor (9) Gramercy Group Inc.						
Street Address 280 Huyler Street,		Street Address 3000 Burns Avenue							
City, State, Zip Code So. Hackensack NJ 07606		City, State, Zip Code Wantagh NY 11793							
Project Manager for Monitoring Firm Veronica Kero		Telephone No. 201-489-8700	Telephone No. 516-876-0020 License No. 01085						
Start Date (10) 10-21-14	Scheduled Completion Date (11) 1-31-15	Name of OSHA Monitor Gramercy Group Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility scheduled for demolition. No occupancy		Street Address 3000 Burns Avenue City, State, Zip Code Wantagh, NY 11793							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please see attached list			X	See attached list	Attached	X			
Name of Registered Waste Hauler Horwith Trucks Inc.		NJDEP Waste Hauler ID No. 16227	Cubic Yards of Waste 200	Name of Registered Landfill Cumberland County Landfill					
City, State Northampton, PA 18067		Disposal Date 1-31-15		City, State Shippensburg PA, 17257					
Completed by Robert Lewin		Title Environmental Coordinator		Signature 			Date 1/21/15		

D&S Proj. #: 15-31

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



Date of Notification (1) 10/1/16/15		Name of Building Owner/Operator (2) Estate Of Elizabeth Alesso	
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 338 2nd Street City, State, Zip Code Saddle Brook, NJ, 07663	Telephone Number
		Name of Contact Dominick Alesso	

FACILITY INFORMATION

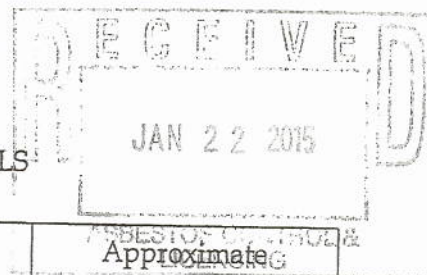
Name of facility where abatement is taking place (3) Residence Street Address 338 2nd Street City (5) Saddle Brook			County (6) Bergen	County Code (7) (State use only)	Type of Facility (4) <input type="checkbox"/> School < - 12 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. / ge Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Bldg. Owner (8) N/A Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169	
Project Manager for Monitoring Firm		Phone Number	Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
Start Date (10) 1/27/15	Sched. Completion Date (11) 1/28/15			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12) Yes No N/A			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
Basement		X		Pipe Insulation	44 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 2/5/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 1/16/2015

SUMMARY OF HAZARDOUS MATERIALS
For Asbestos

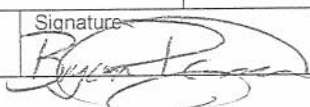


Sample Number	Material	General Location	Approximate Quantities
Contractor Garage			
200	Pipe insulation elbows	Office 1, Break room	4 each
201	Pipe insulation	Office 1, Break room	30 ln. ft.
202	Black Mastic on Duct Insulation	Loft	250 sq. ft.
306	9"x9" Floor tile, red and associated black mastic	Office 1, Office 2, Break room, Band room	500 sq. ft.
309	Caulk, steel beams exterior	Exterior steel beams	2,100 ln. ft.
311	Window caulk	Windows	225 sq. ft.
313	Floor tile and associated black mastic under HA 312	Office 2	100 sq. ft.
Salt Dome			
300	Red asphalt shingles	Roof	8,000 sq. ft.
301	Grey/Red asphalt shingles	Roof	8,000 sq. ft.
Incinerator Building			
320	Window glazing, white	Windows	2,500 sq. ft.
321	9"x9" Floor tile, green and associated black mastic	3rd floor offices south side	150 sq. ft.
335	Roof sealant	Roof of inspector trailer	800 sq. ft.
342	Built-up roofing	All three roofs	10,500 sq. ft.
343	Flashing	All three roofs	1,700 sq. ft.
Administration Building			
339	Flashing	Roof	1,000 sq. ft.
Vehicle Garage			
341	Flashing	Lower and upper roofs	1,800 sq. ft.
	ACM Pipe Insulation	Administration Building	170 ln. ft.

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Print Form

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

Date of Notification (1) 01/13/15		Name of Building Owner/Operator (2) Peter Davidson							
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		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 6 Elkin Dr.		City, State, Zip Code Livingston, NJ, 07039							
Name of Contact		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Peter Davidson		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 6 Elkin Dr.		Square Feet	# of Floors						
City (5) Livingston		Bldg. Age							
County (6) 07039	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 01/17/15	Scheduled Completion Date (11) 01/27/15	Name of OSHA Monitor HILMAMM CONSULTING 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 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
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 checked="" 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
Family Room				VAT	366 SF	x			
Name of Registered Waste Hauler SAN TON SERVICES		NJDEP Waste Hauler ID No. 22430	Cubic Yards of Waste	Name of Registered Landfill MEDOWLANCHES COMMISSION					
City, State KENILWORTH, NJ		Disposal Date		City, State KEARNY, NJ					
Completed by Bryan Parra		Title Project Manager		Signature 			Date 01/13/15		