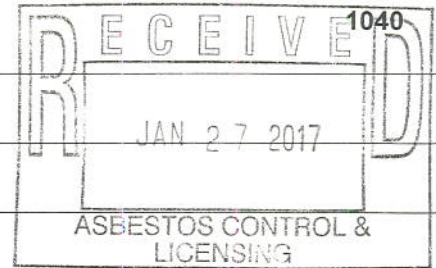
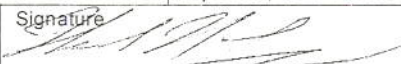


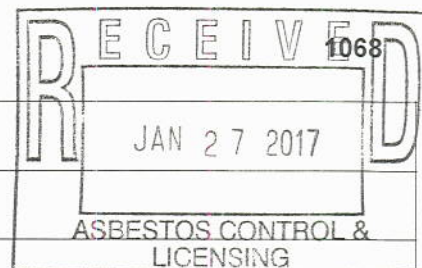
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>August 26, 2016</b>		Name of Building Owner/Operator (2) <b>Ethicon, Inc.</b>							
Agencies Notified	Type Notification	Street Address <b>PO BOX 151</b>							
<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 <b>Somerville, NJ 08876</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ethicon Bldg G</b>		Type of Facility (4)							
Street Address <b>737 US Route 22</b>		<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) <b>Bridgewater, NJ</b>		Square Feet	# of Floors <b>3</b>						
County (6) <b>Somerset</b>		Bldg. Age							
County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) <b>Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>PARS Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
Street Address <b>500 Horizon Drive, Suite 540</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Robbinsville, NJ 08691</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Project Manager</b>		Telephone No. <b>800.959.1119</b>	Telephone No. <b>(973) 759 - 5000</b>						
License No. <b>00781</b>									
Start Date (10) <b>9/13/16</b>	Scheduled Completion Date (11) <b>9/13/17</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<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 <b>Cherry Hill, NJ 08034</b>							
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 checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Bathrooms		<input checked="" type="checkbox"/>		VAT & mastic	2,000 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		pipe	500 l/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		duct insulation	400 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold / Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>22253</b>		Cubic Yards of Waste <b>29</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>				
City, State <b>Freehold / Newark, NJ</b>		Disposal Date <b>9/13/17</b>		City, State <b>Imperial, PA 15126</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>		Signature 			Date <b>8/26/16</b>		

2K 1008

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

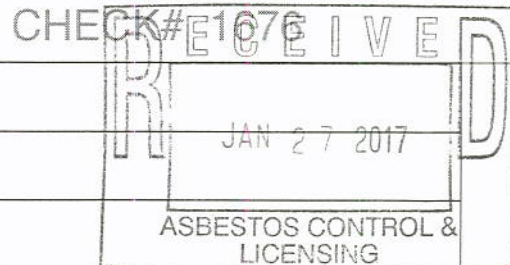


Date of Notification (1) <b>January 24, 2017</b>		Name of Building Owner/Operator (2) <b>Ethicon, Inc.</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>PO BOX 151</b> City, State, Zip Code <b>Somerville, NJ 08876</b>							
		Name of Contact <b>Project Manager</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ethicon</b>		Type of Facility (4)							
Street Address <b>737 US Route 22</b>		<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) <b>Bridgewater, NJ</b>		Square Feet	# of Floors <b>3</b>						
County (6) <b>Somerset</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.							
Street Address <b>220 Church Street</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Telephone No. <b>(908) 296-1132</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>						
Start Date (10) <b>9/13/16</b>	Scheduled Completion Date (11) <b>9/13/17</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>							
<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 <b>Cherry Hill, NJ 08034</b>							
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 checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Bldg G Bas. Bathrooms		<input checked="" type="checkbox"/>		VAT & mastic	2,000 s/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		pipe	500 l/f	<input checked="" type="checkbox"/>			
"-		<input checked="" type="checkbox"/>		duct insulation	400 s/f	<input checked="" type="checkbox"/>			
Bldg O MR ALU8		<input checked="" type="checkbox"/>		pipe insulation	12 l/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>29.1</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>9/13/17</b>		City, State <b>Imperial, PA 15126</b>					
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 			Date <b>1/24/17</b>			





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

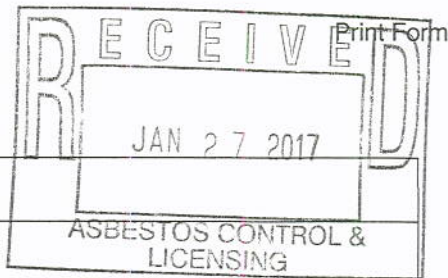


Date of Notification (1) 01/24/2017		Name of Building Owner/Operator (2) DOUG DAVIDOWICH							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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 VOORHEES NJ 08043							
		Name of Contact DOUG	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 1						
City (5) VOORHEES		Bldg. Age 50+							
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) N/A		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address		Street Address 570 CLEMS RUN							
City, State, Zip Code		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm		Telephone No. 610-304-4676	License No. 01145						
Start Date (10) 02/02/2017	Scheduled Completion Date (11) 02/03/2017	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		City, State, Zip Code CINNAMINSON NJ 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) <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
HOUSE SIDING			X	TRANSITE HOUSE SIDING	800 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 8	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 02/03/2017		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 01/24/2017					



CK 1086

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

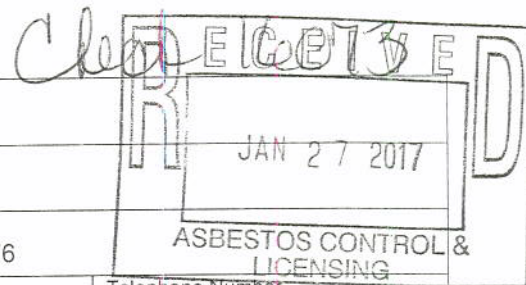


Date of Notification (1) 01/17/17		Name of Building Owner/Operator (2) 295 RT9 LLC							
Agencies Notified	Type Notification	Street Address 295 RT 9 SOUTH							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 BAYVILLE NJ 08721							
		Name of Contact RUFUS THOMAS							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 295 RT 9 SOUTH		Type of Facility (4)							
Street Address 295 RT 9 SOUTH		<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) BAYVILLE		Square Feet 4000	# of Floors 1						
County (6) OCEAN		Bldg. Age 1920							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ARIAI						
Street Address		Street Address 144 MILL ST							
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm		Telephone No.	License No. 1257						
Start Date (10) 01/27/17		Scheduled Completion Date (11) 02/27/17							
Name of OSHA Monitor GORAN IGEV									
Occupancy Status During Abatement (Check Only One)		Street Address 144 MILL ST							
<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 PATERSON NJ 07501							
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) <i>see attached</i> 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
TROUGH-OUT INTERIOR		V		CONTAMINATED WASTE	200-300 YRD3	V			
ROOF/FLUSHING		V		ROOF	10.200 SF	V			
FLOORINGS		V		STORE AREAS	8000 SF	V			
EXTERIOR SIDING		V		MODEL HOME	1200 SF	V			
Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State PATERSON, NJ			Disposal Date TBD	City, State MORRISVILLE PA					
Completed by GORAN IGEV		Title SECRETARY	Signature		Date 01/17/17				

CK 16073

Print Form

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



Date of Notification (1) 1/23/17		Name of Building Owner/Operator (2) ECS Homes	
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 485 Monroe Avenue	
		City, State, Zip Code Township of Washington, NJ 07676	
		Name of Contact Mike Elayan	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  Street Address [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.)	
City (5) Westwood		Square Feet 2100	# of Floors 2
County (6) Bergen		Bldg. Age 71	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code		Name of Abatement Contractor (9) ABS Environmental Services, LLC  Street Address PO Box 483, 4 E Gate Drive  City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm  Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 2/4/17	Scheduled Completion Date (11) 2/28/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code	

Scope of Work (Check All That Apply)

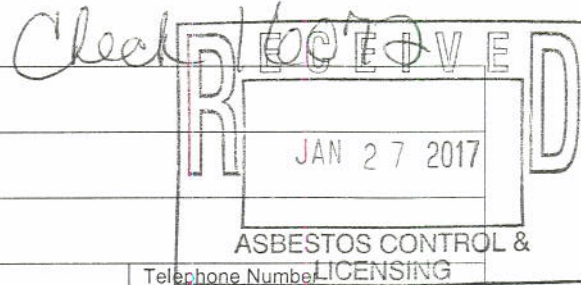
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <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	88 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 1/23/17	



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

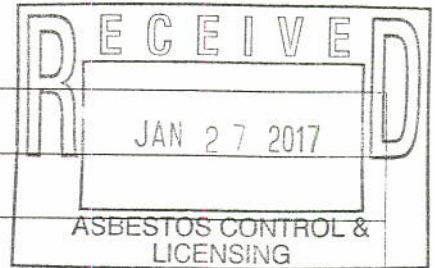


Date of Notification (1) 1/23/17		Name of Building Owner/Operator (2) Sleepy Hollow Realtors							
Agencies Notified	Type Notification	Street Address 1304 South Avenue, Suite 3							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Plainfield, NJ 07062							
		Name of Contact Geraldine Boone	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
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) Roselle		Square Feet 2200	# of Floors 2						
		Bldg. Age 63							
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/1/17	Scheduled Completion Date (11) 2/28/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	50 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 1/23/17			

CK 5204

Print Form

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

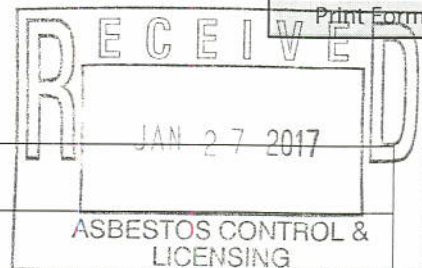


Date of Notification (1) 1/24/17		Name of Building Owner/Operator (2) Miz Construction							
Agencies Notified	Type Notification	Street Address 212 2nd St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Moe Kassover	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Lakewood		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	# of Floors						
City (5) Lakewood		Bldg. Age							
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) 2/3/17	Scheduled Completion Date (11) 2/6/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Siding	2500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 2/6/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 1/24/17			



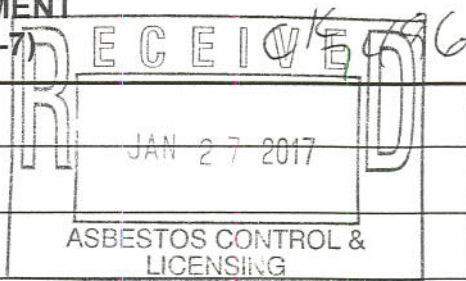
JK 2460564

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



Date of Notification (1) 01/23/2017		Name of Building Owner/Operator (2) James McNany							
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 West Orange, NJ 07052							
		Name of Contact James McNany	Telephone Number						
<b>FACILITY INFORMATION</b>									
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) West Orange		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. 973-345-8685	License No. 01311						
Start Date (10) 02/03/2017	Scheduled Completion Date (11) 02/04/2017	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: Occupied		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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe & Fitting Insulation	100 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 Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 01/23/2017			

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



Date of Notification 1/23/17		Name of Building Owner / Operator (2) <b>Marina Ivanova</b>	
Agencies Notified	Type of Notification	Street Address	ASBESTOS CONTROL & LICENSING
EPA	Emergency Notification	[REDACTED]	
DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	Amended Notification	<b>Union, NJ 07083</b>	
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact	Telephone Number
DCA		<b>Marina Ivanova</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4)	
Street Address		School (K-12)	
[REDACTED]		Subchapter 8 (Other than K-12)	
City (5) <b>Union</b>		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
County (6) <b>Union</b>	County Code (7)	Square Feet <b>2,500</b>	# of Floors <b>2</b>
		Bldg. Age <b>80+</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</b>	
Street Address <b>64 Broad Street</b>		Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
City, State & Zip Code <b>Matawan, NJ 07716</b>		Street Address <b>443 Schoolhouse Road</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Telephone Number <b>732-290-2217</b>		Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>2/2/17</b>	Scheduled Completion Date (11) <b>2/8/17</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address <b>443 Schoolhouse Road</b>	
Abatement Performed Outside of Normal Facility Hours - Describe:		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Other - Describe:			
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
Large Project <input type="checkbox"/>		Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is $\geq$ 3 SF or $\geq$ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is $\geq$ 160 SF or $\geq$ 260 LF ACM		Other: <b>Cut and Wrap</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 Square Feet or Linear Feet)
<b>Basement</b>	<b>N/A</b>	<b>Pipe insulation</b>	<b>40 LF</b>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>2/8/17</b>	Name of Registered Landfill <b>Cumberland County</b>
Completed By (Print or Type) <b>Dominick Tringali</b>		Signature <i>Dominick Tringali</i>	Date <b>1/23/17</b>

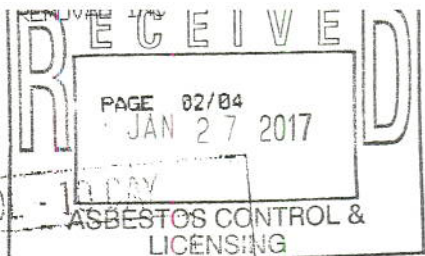


Jan 23 2017 04:43PM NJ Asbestos Control 609.633.0664

01/20/2017 05:30PM 2013297448

BEST REMOVAL INC

BEST



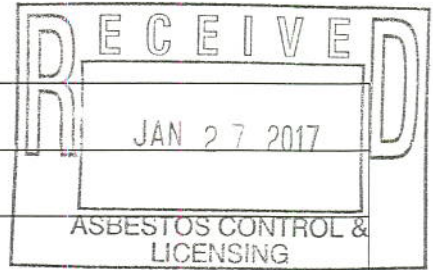
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJA C 8-60 and 22:120)

Date of Notification (1) <b>1/20/17</b>		Name of Building Owner/Operator (2) <b>ESTATE OF DOROTHY MARCELO</b>						
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 <b>LEONIA, NJ, 07605</b>						
Name of Contact <b>MS. D. TONES</b>		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>ESTATE OF DOROTHY MARCELO</b>		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]		Square Feet <b>3300</b>						
City (5) <b>LEONIA</b>		# of Floors <b>3</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>122</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River Street</b>						
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>						
Start Date (10) <b>1/24/17</b>		License No. <b>00388</b>						
Scheduled Completion Date (11) <b>1/25/17</b>		Name of OSHA Monitor <b>Omega Environmental</b>						
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: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>						
Scopes of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 1$ of or $\geq 1$ K <input type="checkbox"/> $\geq 160$ sq ft or $\geq 2500$ 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 <b>South Hackensack, NJ 07606</b>						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>BASEMENT</b>			<b>THERMAL SYSTEMS INSULATION</b>	<b>10 SLF</b>	<b>Y</b>			
<b>ATTIC</b>			<b>THERMAL SYSTEM INSULATION</b>	<b>8 LF</b>	<b>Y</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>2 1/2</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>1/25/17</b>		City, State <b>Waynesburg, OH 44688</b>		Date <b>1/20/17</b>		
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>[Signature]</i>		Date <b>1/20/17</b>		

CK 2687

Print Form

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

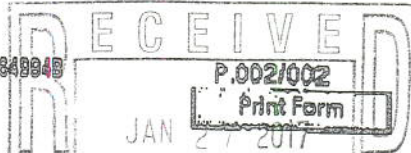


Date of Notification (1) 1/23/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Ridgefield Park, NJ 07660							
		Name of Contact Veronica Tewes	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 1200	# of Floors 2						
City (5) Ridgefield Park		Bldg. Age 100+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address		Street Address 1256 Liberty Avenue							
City, State, Zip Code		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm		Telephone No. 844-462-7465	License No. 01316						
Start Date (10) 1/23/2017	Scheduled Completion Date (11) 1/26/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions, 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 354							
		City, State, Zip Code South Orange, NJ 07079							
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
Basement		X		pipe	7lt	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ		Disposal Date 2/2/2017		City, State Penn Argyle, PA					
Completed by Ron Brink		Title President	Signature 			Date 1/23/2017			



01/23/2017 16:13

FAX 201-393-4949



CK 2687

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:00 and 12:120)

DOL 10 DAY

ASBESTOS CONTROL &amp; LICENSING

JAN 27 2017

WAIVER APPROVED

Date of Notification (1) 1/23/2017		Name of Building Owner/Operator (2) Residence							
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 <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Compulsion							
Street Address [REDACTED]		City, State, Zip Code Ridgely Park, NJ 07660							
Name of Contact Veronica Tewes		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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1200							
City (5) Ridgely Park		# of Floors 2							
County (6) Bergen		Bldg. Age 100+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code		Street Address 1288 Liberty Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Hillside, NJ 07205							
Telephone No.		Telephone No. 844-482-7466							
Start Date (10) 1/23/2017		License No. 01315							
Scheduled Completion Date (11) 1/26/2017		Name of OSHA Monitor A. Seine Lighthouse Solutions, 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 Other - Describe: _____		Street Address PO Box 354							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> a3 of or a3 if <input type="checkbox"/> a100 of or a250 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (C) and Non-Friable Procedure		City, State, Zip Code South Orange, NJ 07079							
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
Basement		X		pipe	7K	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04508		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill			
City, State East Orange, NJ		Disposal Date 2/2/2017		City, State Penn Argyle, PA					
Completed by Ron Brink		Title President		Signature [Signature]		Date 1/23/2017			

A23-61 (2-05-08)

Do not use this form for asbestos licensure exempted activities.



01/23/2017 02:21PM 18552248799

ASSURED SERVICES

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

RECEIVED  
PAGE 03/04  
JAN 27 2017  
CHECK# 1675  
ASBESTOS CONTROL & LICENSING  
WAIVER APPROVED

Date of Notification (1) 01/23/2017		Name of Building Owner/Operator (2) RELIANT REALTY SERVICES, LLC	
Agencies Notified <input 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 885 2ND AVE. 16TH FLOOR		City, State, Zip Code NEW YORK, NY 10017	
Name of Contact FERMIN GARCIA		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CARVER HALL APARTMENTS		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 512 NORTH SOUTH CAROLINA AVE.		City (5) ATLANTIC CITY	
County (6) ATLANTIC		County Code (7) (STATE USE ONLY)	
Name of Facility Where Abatement is Taking Place (3) CARVER HALL APARTMENTS		Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS	
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	
Street Address 1012 INDUSTRIAL DRIVE		City, State, Zip Code WEST BERLIN NJ 08091	
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	
Start Date (10) 01/25/2017		Scheduled Completion Date (11) 01/28/2017	
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 <input checked="" type="checkbox"/> Other - Describe: UNITS VACANT DURING ABATEMENT		Name of OSHA Monitor EMSL	
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 200 RT. 130 NORTH	
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)	
UNITS (1B-2B-2B)		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)	
NF1 FLOOR TILE		1082 SF	
Abatement Type		Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	
City, State MULLICA HILL NJ		Disposal Date 01/30/2017	
Name of Registered Landfill MINERVA LANDFILL		City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	
Signature <i>Ron Swanson</i>		Date 01/23/2017	

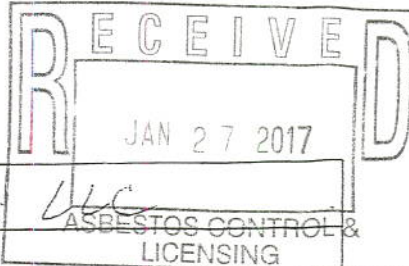


CHECK# 1675

RECEIVED  
JAN 27 2017  
ASBESTOS CONTROL & REMEDIATION  
Telephone Number

NO CK

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



1-17-17

Date of Notification (1) 11-8-16		Name of Building Owner/Operator (2) Cooper River Associates LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 6991 N. Park Drive City, State, Zip Code Pennsauken, N.J. 08109 Name of Contact Bill Pounds Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) COOPER RIVER EAST		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 6991 N Park Dr		Square Feet 46000	# of Floors 4						
City (5) Pennsauken		Bldg. Age 60 yrs							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Frago Inc		ASCM No.	Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC						
Street Address		Street Address 1212 Burlington Ave							
City, State, Zip Code		City, State, Zip Code Delanco NJ 08025							
Project Manager for Monitoring Firm		Telephone No. 609-346-0916	License No. 01070						
Start Date (10) 11-18-16	Scheduled Completion Date (11) 11/31/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNDER RETAIL		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floors			✓	ACM Floor tile	7500 SF	✓			
2nd Floors			✓	ACM Floor tile	7500 SF	✓			
3rd Floors			✓	ACM Floor tile	7500 SF	✓			
4th Floors			✓	ACM Floor tile	7500 SF	✓			
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste 2804	Name of Registered Landfill WM of PA					
City, State Delanco NJ		Disposal Date TBD	City, State Tollettown PA						
Completed by Joseph T Hall		Title V. President	Signature 		Date 11-8-16				

1-23-17