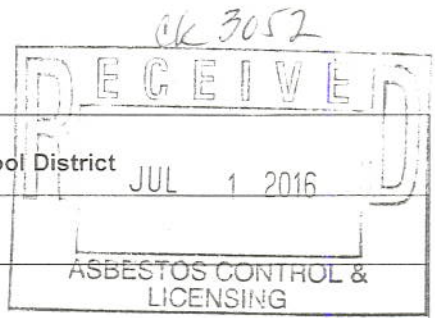


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 6 / 28 / 16		Name of Building Owner/Operator (2) Woodstown-Pilesgrove Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 135 East Avenue	
		City, State, Zip Code Woodstown, NJ 08098	
		Name of Contact BOE Office	Telephone Number 856-769-0144

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Woodstown High School/Middle School		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 140 East Avenue			
City (5) Woodstown	Square Feet 100000	# of Floors 3	Bldg. Age 101
County (6) Salem	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Group		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address PO Box 316		Street Address 1123 BEAVER STREET	
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Steve Flanagan	Telephone No. 856-848-0800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 6 / 20 / 16	Scheduled Completion Date (11) 7 / 29 / 16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM- AM ISOLATED AREA		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

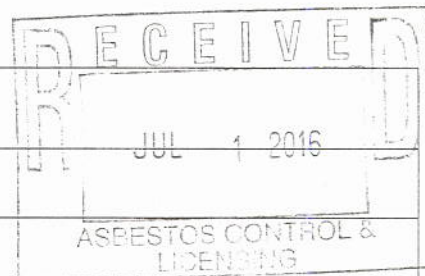
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	12,840 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Landfill	
City, State BRISTOL, PA 19007		Disposal Date 7/29/16		City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature 		Date 6/28/16	

NOCK

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



Date of Notification (1) 6 / 29 / 16		Name of Building Owner/Operator (2) Atlantic Cape Community College	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5100 Black Horse Pike City, State, Zip Code Mays Landing, NJ 08330 Name of Contact Tim Edmunds Telephone Number 609-992-0714	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ACCC Student Success Center Bldg C		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 5100 Black Horse Pike		Square Feet	
City (5) Mays Landing		# of Floors	Bldg. Age
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No. 100	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1805 Atlantic Ave		Street Address 1123 BEAVER STREET		
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Gary Fleming		Telephone No. 732-425-7258	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 06 / 30 / 16	Scheduled Completion Date (11) 07 / 06 / 16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM- 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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

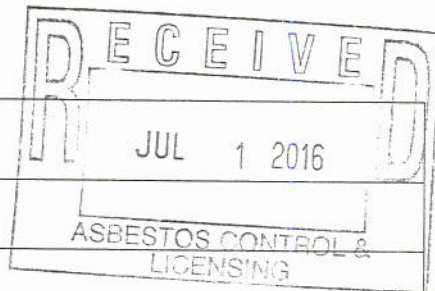
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room C 117	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe fittings	80 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"/>

Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 3	Name of Registered Landfill Atlantic County Utilities Authority	
City, State Bristol, PA		Disposal Date 7/6/2016		City, State Pleasantville, NJ	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date 6/29/16	

BS16031

CK 1565

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



Date of Notification (1) 06 / 28 / 16		Name of Building Owner/Operator (2) NJSDA	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address 32 East Front Street	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Trenton, NJ 08625	
	<input type="checkbox"/> Cancellation	Name of Contact Naimish Kathiari	Telephone Number 609-943-4012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hedgepath-Williams School		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 301 Gladstone Ave.,		Square Feet	# of Floors
City (5) Trenton, NJ 08629		Bldg. Age	
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 515 Grove Street, Suite 1 B		Street Address 27 Outwater Lane		
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Brian Clark	Telephone No. 856-547-0505	Telephone No. 973-928-4888	License No. 1188	
Start Date (10) 07 / 07 / 16	Scheduled Completion Date (11) 08 / 31 / 16	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM	Street Address 27 Outwater Lane
	City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Debris	890 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunnel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Debris	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen (Crawlspace)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. 1A-371	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises LLC
City, State Shirley, NY	Disposal Date TBD	City, State Waynesburg, OH	
Completed By (Print or Type) Raymond Blum	Title Project Manager	Signature 	Date 6/28/16

1000035455

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

Date of Notification (1) 10/6/12/2/1/16		Name of Building Owner/Operator (2) Buckeye	
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 Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 380 Maurer rd City, State, Zip Code Perth Amboy NJ 08861	
		Name of Contact John Philbin	Telephone Number 732 692 5212

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Buckeye East Yard		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 380 Maurer Road		Square Feet outside	# of Floors outdoors
City (5) Perth Amboy	County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Tank Storage

Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) New States Contracting	
Street Address		Street Address 2400 Main St Extension Suite 12	
City, State, Zip Code		City, State, Zip Code Sayreville NJ 08872	
Project Manager for Monitoring Firm		Telephone Number 732-525-0100	License Number 00749

Scheduled Start Date (10) 10/6/12/9/1/16	Sched. Completion Date (11) 10/7/15/1/16	Name of OSHA Monitor Tiger 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 - Describe: <input checked="" type="checkbox"/> Other - Describe: Done Normal working hours		Street Address 234 20th Ave
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code Brick NJ 08724

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ 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)	Abatement Type			
				R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Tank 748 Tank Storage Area	X	Transite	980 SF			X	
Pipe Rack Area			100 SF			X	

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland landfill
City, State Freehold NJ	Disposal Date 7-15-16	City, State Newburg PA 17240	

Completed By (Print or Type) Kurt Nale	Title Superintendent 908 451 3116	Signature Kurt Nale	Date 6-22-16
---	---	------------------------	-----------------

ASB-41
JUN 95

ground clean up - And encapsulation 748 tank
date changed and added clean up

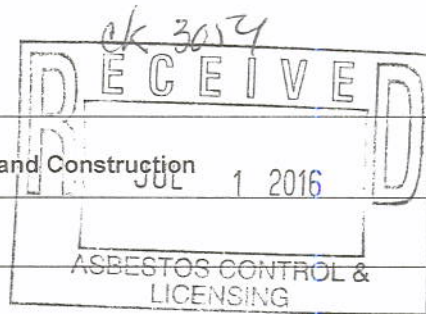
CK # 1243

Print Form

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

Date of Notification (1) 6/28/16		Name of Building Owner/Operator (2) PSEG		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 1 2016 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified		Type Notification				Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input 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 SOUTH PLAINFIELD, NJ 07068	
				Name of Contact JOHN BRADLEY		Telephone Number 609-915-5790	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSEG - ATHENIA SWITCH-OILER BLDG.				Type of Facility (4)			
Street Address 13 VAN VLIET				<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) CLIFTON				Square Feet 1050		# of Floors 1	
County (6) PASSAIC				County Code (7) (STATE USE ONLY)		Bldg. Age APPX 90 YRS	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS				ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET				Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747				City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER				Telephone No. 732-290-2217		Telephone No. 732-432-8350	
Start Date (10) 7/18/16				Scheduled Completion Date (11) 7/29/16		License No. 01111	
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA			
<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: OUTSIDE-NECESSARY OPER. ONLY				Street Address 396 WHITEHEAD AVE.			
				City, State, Zip Code SOUTH RIVER, NJ 08882			
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)	
		Yes No N/A					
Oil House Roof		X		ACM Roofing		1050 SF	
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste APPX 20		Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 6/28/16	

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;">6 / 29 / 16</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	Telephone Number 609-258-1841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University-McCosh Health Center		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 Frist Lane			
City (5) Princeton		Square Feet	# of Floors
County (6) MERCER		County Code (7)(STATE USE ONLY)	
		Current Use (Prior if being demolished) Library	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services LLC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address Three Terri Center		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <div style="text-align: center;">7 / 5 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">7 / 6 / 16</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: 7AMAM-3:30PMPM-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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

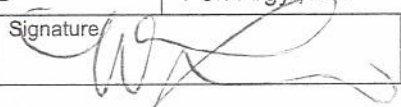
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room G09	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation-Wrap & Cut	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation-Wrap & Cut	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"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1-2	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date 7/6/2016		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date 6/29/16	

BS/6050-C

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

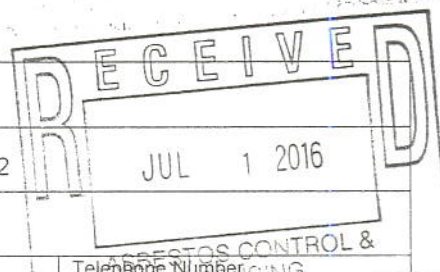
Ch 5852

Date of Notification (1) 06/24/2016		Name of Building Owner/Operator (2) BHR Ringwood Real Estate, LLC		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUL 1 2016</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Telephone Number ASBESTOS CONTROL & LICENSING (615) 207-3938 </div>					
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				200 Powell Place City, State, Zip Code Brentwood, TN 37027 Name of Contact Jose Orozco			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chaplin's Residence				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) Ringwood		Square Feet 2,000		# of Floors 2	Bldg. Age 60				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant - Residence					
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc.		ASCM No. _____		Name of Abatement Contractor (9) Incinia Contracting, Inc.					
Street Address 1600 Manor Drive, Suite 220		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Chalfont, PA 18914		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Jeremy Hassett		Telephone No. (215) 712-2700		Telephone No. (973) 450-9500	License No. 001036				
Start Date (10) 07/11/2016		Scheduled Completion Date (11) 08/15/2016		Name of OSHA Monitor Incinia Contracting, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 1360 Clifton Avenue, Unit 365					
<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>Monday to Saturday, 7AM to 5PM.</u>				City, State, Zip Code Clifton, NJ 07012					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <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
1st Floor Kitchen			X	Tan Linoleum Flooring	120 SF	X			
2nd Floor Kitchen			X	Black Sink Undercoating	5 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill Corp.				
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Milena Zoric		Title Executive Director		Signature 		Date 06/24/2016			

ck 4697

Print Form

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



Date of Notification (1) 06/29/16		Name of Building Owner/Operator (2) SUN EQUITIES	
Agencies Notified	Type Notification	Street Address 31 WEST 34TH STREET, SUITE 1012	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code NEW YORK, NY 10001	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact ZVI PINTER	Telephone Number 212-418-1281

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GERMAN AMERICAN CLUB		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 90 LANES MILL ROAD		Square Feet 10,000 SF	# of Floors 1
City (5) HOWELL, NJ		Bldg. Age	
County (6) MONMOUTH COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) CLUBHOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		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) 07/08/16	Scheduled Completion Date (11) 07/15/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

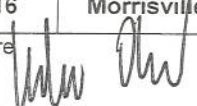
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input 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
EXTERIOR				SIDING	3,660 SF	X			
INTERIOR, VARIOUS AREAS				FLOOR TILE AND MASTIC	650 SF	X			
INTERIOR				CEILING JOINT COMPOUND	5,250 SF	X			
Interior Exterior				Insulation (pipe, boiler) sealant and window caulk	14 SF 48 LF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30 YARDS	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 07/15/16	City, State BETHLEHEM PA
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date 06/29/16

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

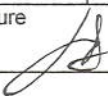
CHECK # 8814

Date of Notification (1) 06 / 27 / 16			Name of Building Owner/Operator (2) New Jersey Institute of Technology						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 323 Dr. Martin Luther King Jr. Blvd.					
				City, State, Zip Code Newark, NJ 07102					
				Name of Contact Mr. Joseph Myers					
				Telephone Number 973-596-5789					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJIT - Central High School			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 363-383 Martin Luther King Jr. Blvd. (100 Summit Street)			Square Feet 300,000 SF						
City (5) Newark			# of Floors 4		Bldg. Age 40+				
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc.		ASCM No. 120		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.					
Street Address 280 Huyler Street		Street Address 494 E. 41 Street							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Eric Gelhaus		Telephone No. 201-489-8700		License No. 00507					
Start Date (10) 07 / 08 / 16		Scheduled Completion Date (11) 02 / 01 / 17		Name of OSHA Monitor East Coast Haz Mat Removal, 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: 4:00PM - 1:00AM			Street Address 494 E. 41 Street						
			City, State, Zip Code Paterson, NJ 07504						
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 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) 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
Lower Level near Elevator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Plaster	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor-Old Lobby/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall/Ceiling Plaster	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor - Rm 210 & 212	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall/Ceiling Plaster	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor -Auditorium-Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Plaster	64 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 13206		Cubic Yards of Waste 20		Name of Registered Landfill GROWS, Inc.			
City, State Paterson, NJ 07504		Disposal Date 07-25-2016		City, State Morrisville, PA 12506					
Completed By (Print or Type) Leslie Olszewski		Title Project Manager		Signature 		Date 06-27-2016			

Ch 000614


Print Form

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

Date of Notification (1) 06-26-16		Name of Building Owner/Operator (2) PNY Technologies, Inc		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 1 2016 ASBESTOS CONTROL & REMEDIATION (973) 560-5599 </div>					
Agencies Notified	Type Notification	Street Address 100 Jefferson Rd.							
<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 Parsippany, NJ 07054							
		Name of Contact Rey Barraca							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building / Pump Room				Type of Facility (4)					
Street Address 100 Jefferson Rd.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Parsippany				Square Feet	# of Floors				
County (6) Morris		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) Delfa Contracting LLC.					
Street Address				Street Address 522 7th St.					
City, State, Zip Code				City, State, Zip Code Union City NJ 07087					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 07-05-16		Scheduled Completion Date (11) 07-06-16		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 522 7th 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: 7:00 am-5:00 pm				City, State, Zip Code Union City NJ 07087					
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 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
Pump Room		x		Roof Material	780 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 07-07-16		City, State Tullytown, PA			
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 06-26-16		

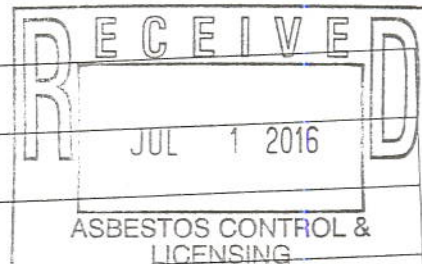
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

ch# 4176

Date of Notification (1) 06-28-2016		Name of Building Owner/Operator (2) EWMA							
Agencies Notified	Type Notification	Street Address 100 Misty Lane							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parsippany, NJ 07054							
		Name of Contact Craig Gorczyca							
		Telephone Number 973-560-1400							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Industrial Building		Type of Facility (4) ASBESTOS CONTROL & LICENSING							
Street Address 741-745 Alexander 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 buildings, homes, etc.)							
City (5) West Windsor		Square Feet	# of Floors						
County (6) Mercer		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) commercial							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 King Avenue suite 101		Street Address 606 McBride Ave							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Dennis Gober		Telephone No. 856-616-9516	Telephone No. 973-225-8400						
Start Date (10) 07-07-2016		Scheduled Completion Date (11) 07-20-2016	License No. 01104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories, LLC							
<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 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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 (window walls)			x	transite boards	1,008 SF	x			
exterior			x	caulking	672 LF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill					
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA					
Completed by Momo Glavatovic		Title vice president	Signature 	Date 06-28-2016					

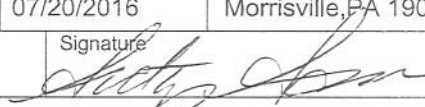
CK 3931

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

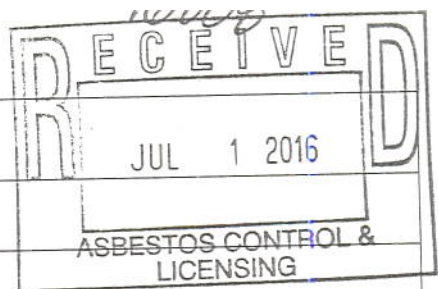


Date of Notification (1) 06/28/16		Name of Building Owner/Operator (2) Somerset Hills School District						
Agencies Notified	Type Notification	Street Address 25 Olcott Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bernardsville, NJ 07924						
		Name of Contact Dan McDougal	Telephone Number 908 204 1930					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Bedwell Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 141 Seney Drive		Square Feet 80000	# of Floors 2					
City (5) Bernardsville		Bldg. Age 50+						
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.					
Street Address 20-21 Wagaraw Road Bldg. 35E		Street Address 265 Route 46 Suite 3D						
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973 636 9145	Telephone No. 973 256 7010					
License No. 00666		Name of OSHA Monitor Bako Construction & Restoration, Inc.						
Start Date (10) 07/15/16		Scheduled Completion Date (11) 07/19/16						
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 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 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
Boy's & Girl's Bathroom		X	Pipe Insulation	75 LF	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 06/28/16		

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

Date of Notification (1) 06/27/2016		Name of Building Owner/Operator (2) New Jersey Turnpike Authority		JUL 1 2016					
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 checked="" 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		581 Main St					
				City, State, Zip Code Woodbridge NJ 07095					
		Name of Contact Robert Wowensdorf		Telephone Number 7324428600					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Existing Maintenance Bldg				Type of Facility (4)					
Street Address MP E111.5				<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) Secaucus				Square Feet 6900	# of Floors 1				
				Bldg. Age 1960					
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) business offices and support area					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Environmental Solutions LLC		ASCM No. 06-15995		Name of Abatement Contractor (9) APS Contracting Inc					
Street Address PO Box 1224		Street Address 155-161 Pennsylvania Ave							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Paterson NJ 07503							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-754-1980	License No. 00875				
Start Date (10) 07/14/2016		Scheduled Completion Date (11) 07/20/2016		Name of OSHA Monitor APS Contracting Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 155-161 Pennsylvania Ave					
<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 07503					
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 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
Thruout Bldg		x		VAT	8448 sf	x			
Thruout Bldg		x		Fiberglass Wall Ins/Cement Brd	324sf	x			
EC Rm 1038		x		Mastic/Cork Floor Tile	7940sf	x			
EC Rms 1040		x		Cement Piping/Pipe Insulation	22lf	x			
Name of Registered Waste Hauler APS Contractors Inc		NJDEP Waste Hauler ID No. 21259		Cubic Yards of Waste 40yards	Name of Registered Landfill Grows Landfill				
City, State paterson NJ				Disposal Date 07/20/2016	City, State Morrisville, PA 19067				
Completed by Svetozar Savreski		Title President		Signature 		Date 06/27/2016			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>6</u> / <u>28</u> / <u>16</u>		Name of Building Owner/Operator (2) St. Luke's Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 185 Roseberry St.							
		City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Ted Ruhf	Telephone Number 908-239-5007						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Luke's Hospital		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 185 Roseberry St.		Square Feet 100,000+	Bldg. Age 41+						
City (5) Phillipsburg, NJ 08865		# of Floors 2							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Pennonni Assoc.		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 515 Grove St.		Street Address 550 East Union St.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Tom Adams		Telephone No. 856-547-0505	License No. 00508						
Start Date (10) <u>7</u> / <u>13</u> / <u>16</u>	Scheduled Completion Date (11) <u>8</u> / <u>12</u> / <u>16</u>	Name of OSHA Monitor AET							
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> </u> AM - <u> </u> PM / <u>7:00</u> PM - <u>7:00</u> AM		Street Address 28 N. Pennel Road							
		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"/> ≥160 sf or ≥260 lf		<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) 1705 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Sub Phase 4 & 5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic		<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 Richard Burns & Co.		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 40	Name of Registered Landfill Western Berks Community Landfill					
City, State Phila., PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark H. Griffin		Title Estimator		Signature 				Date 6/28/16	

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

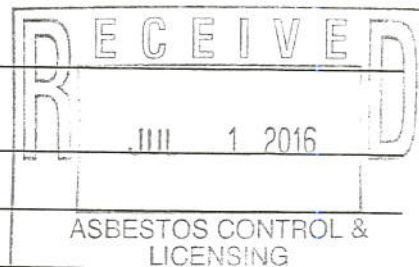
New check # 5532

Amended
Additional material

Date of Notification (1) 6/1/16		Name of Building Owner/Operator (2) Haddon Twp Board Of Education							
Agencies Notified	Type Notification	Street Address 500 Rhoads Ave							
<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 checked="" type="checkbox"/> Amended Amendment # <i>1</i> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westmont NJ 08108							
		Name of Contact Mike Moore	Telephone Number 609-313-6189						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Haddon Twp High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 406 Memorial Av.		Square Feet 10,000+	# of Floors 2						
City (5) Westmont NJ 08108		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Ser. LLC		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1930 Brown Road		Street Address PO Box 329							
City, State, Zip Code Newfield NJ 08344		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm James Eberts		Telephone No. 856-205-1077	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 6/20/16	Scheduled Completion Date (11) 7/15/16	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 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
Roof Top Green House			x	Pipe insulation	12 LF				
				wet wrap and cut					
<i>See next page</i>				<i>see next page</i>					
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/15/16	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature <i>[Signature]</i>				Date 6/1/16		

NOCK

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



Date of Notification (1) 06/29/16 Month/Day/Year		Name of Building Owner/Operator (2) Cooper University Hospital	
Agency Notified X EPA X DEP X DCA X DOH	Type Notification	Street Address One Cooper Plaza	ASBESTOS CONTROL & LICENSING
	Initial Notification	City, State, Zip Code Camden NJ 08103	
	x Amended Notification	Name of Contact Mark Elberfeld	
	Cancellation	Telephone Number 215-271-1449	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cooper Hospital- Kelemen Bldg			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address One Cooper Plaza			Square Feet 50,000	# of Floors 4	Bldg. Age 60
City (5) Camden	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 3370 Progress Drive			Street Address 98 LaCrue Avenue		
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Panpresso		Telephone Number 215-244-1300	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 06/29/15 Month/Day/Year		Sched. Completion Date (11) 12/31/16 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30 PM Other - Describe: 4:00 PM to 12:30AM			Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020		

Scope of work (Check all that apply)

Demolition x >3 sf or >3 if x >160 sf or >260 lf	x Renovation	Full Containment with Negative Pressure Mini - Enclosure Glovebag Procedure x 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
Pharmacy 2nd floor		x		floor tile and mastic	4564 SF	x			
3rd Fl OR		x		floor tile and mastic	1542 SF	x			
2nd Fl Enabling		x		floor mastic	1345 SF	x			
2nd Fl Enabling		x		floor tile	830 SF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As req.	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 6-29-16

ABS-41
JUN 95

G4667

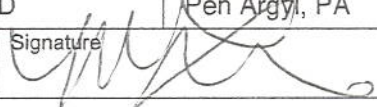
CK1869

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

Date of Notification (1) 6-14-2016		Name of Building Owner/Operator (2) 4217-4221 Park Avenue, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 1 2016 AS973-951-0316 LICENS </div>			
Agencies Notified	Type Notification	Street Address 1807 Kennedy Blvd. Apt # 1F					
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Bergen NJ 07047					
		Name of Contact Marco Oliveira					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4)			
Street Address 4217 Park Avenue				<input 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) Union City, NJ 07087				Square Feet 6000	# of Floors 1		
County (6) Hudson				Bldg. Age 70+			
		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) Green Environmental Services, LLC			
Street Address				Street Address 235 Virginia Avenue			
City, State, Zip Code				City, State, Zip Code Jersey City, NJ 07304			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855	License No. 01174		
Start Date (10) 6-15-2016		Scheduled Completion Date (11) 6-15-2016		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 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			
				Removal	Repair	Encapsulate	Enclosure
Roof	Yes No N/A	Roofing	400 SF	x			
Stairway		VAT	20 SF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. North Landfill			
City, State Jersey City, NJ		Disposal Date 6-16-2016		City, State Morrisville, PA			
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>		Date 6-14-2016		

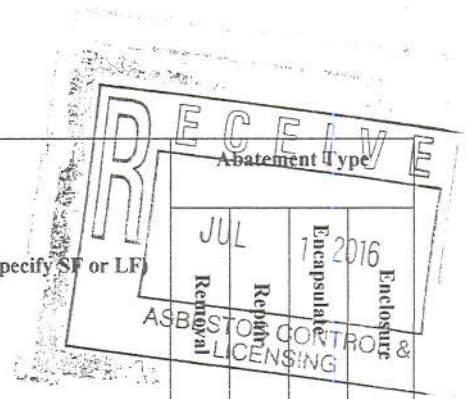
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH 5854

Date of Notification (1) 06/24/2016		Name of Building Owner/Operator (2) BHR Ringwood Real Estate, LLC							
Agencies Notified	Type Notification	Street Address 200 Powell Place							
<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 Brentwood, TN 37027							
		Name of Contact Jose Orozco							
		Telephone Number (615) 207-3938							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Manor House & St. Joseph's Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 474 Sloatsburg Road		Square Feet 10,000	# of Floors 3						
City (5) Ringwood		Bldg. Age 60							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant - Residence							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 1600 Manor Drive, Suite 220		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Chalfont, PA 18914		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Jeremy Hassett		Telephone No. (215) 712-2700	License No. 001036						
Start Date (10) 07/11/2016	Scheduled Completion Date (11) 08/15/2016	Name of OSHA Monitor Incinia Contracting, 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: Monday to Saturday, 7AM to 5PM.		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
As per Attachment									
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Milena Zoric		Title Executive Director	Signature 			Date 06/24/2016			

Manor House and St. Joseph's Building

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 & Licensing
St. Joseph's Building Basement Boiler Room			X	Tank Insulation	130 SF	X			
St. Joseph's Building Basement Boiler Room			X	Boiler Gasket	100 SF	X			
St. Joseph Bathrooms			X	Cream Linoleum Flooring	480 SF				
1 st Floor Connecting Corridor			X	12"x12" Green Vinyl Floor Tile & Associated Mastic	320 SF	X			
St. Joseph's Building Stairwells & Communication Room			X	Mastic to 12"x12" Tan Speckled Vinyl Floor Tile	750 SF	X			
St. Joseph's Building/Manor House 3 rd Floor Corridor and Rooms, 1 st Floor Elevator/Storage Closet			X	White, Black and Tan mastic to 12"x12" vinyl floor tile	2,200 SF	X			
Manor House Front Entrance Area			X	9"x9" Brown Vinyl Floor Tile beneath Carpet	400 SF	X			
Manor House Front Entrance Area			X	Mastic to 9"x9" Brown Vinyl Floor Tile beneath Carpet	520 SF	X			

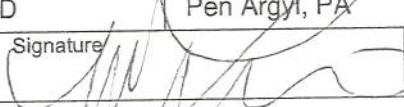


St. Joseph Living Level Kitchen and Basement Stairwell			X	Mastic to 9"x9" Beige Vinyl Floor Tile	529 SF				
Manor House			X	Dark Brown Vinyl Floor Tile scattered beneath Carpet	1,100 SF				
Manor House			X	Beige Trim (patterned with dark brown) vinyl floor tile scattered beneath carpet	100 SF	X			
Manor House Kitchen			X	Black Undercoating to Metal Sink, Counter	96 SF	X			
St. Joseph Kitchen and Communication Room			X	Black Sink Undercoating (3 Sinks)	18 SF	X			
St. Joseph Building Scattered & Stairwells			X	Interior Wall Caulking at Metal Baseboards	850 LF	X			



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

CK5853

Date of Notification (1) 06/24/2016		Name of Building Owner/Operator (2) BHR Ringwood Real Estate, LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 1 2016 ASBESTOS CONTROL & </div>		
Agencies Notified	Type Notification	Street Address 200 Powell Place				City, State, Zip Code Brentwood, TN 37027
<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	Name of Contact Jose Orozco				Telephone Number (615) 207-3938
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Retreat 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 474 Sloatsburg Road			Square Feet 4,000	# of Floors 2	Bldg. Age 60	
City (5) Ringwood			Current Use (Prior if being demolished) Vacant - Residence			
County (6) Passaic		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) Incinia Contracting, Inc.		
Street Address 1600 Manor Drive, Suite 220		Street Address 1360 Clifton Avenue, Unit 365				
City, State, Zip Code Chalfont, PA 18914		City, State, Zip Code Clifton, NJ 07012				
Project Manager for Monitoring Firm Jeremy Hassett		Telephone No. (215) 712-2700		Telephone No. (973) 450-9500	License No. 001036	
Start Date (10) 07/11/2016		Scheduled Completion Date (11) 08/15/2016		Name of OSHA Monitor Incinia Contracting, Inc.		
Occupancy Status During Abatement (Check Only One)				Street Address 1360 Clifton Avenue, Unit 365		
<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: Monday to Saturday, 7AM to 5PM.				City, State, Zip Code Clifton, NJ 07012		
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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)	
	Yes	No	N/A			
As per Attachment						
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill Corp.	
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA		
Completed by Milena Zoric		Title Executive Director		Signature 	Date 06/24/2016	

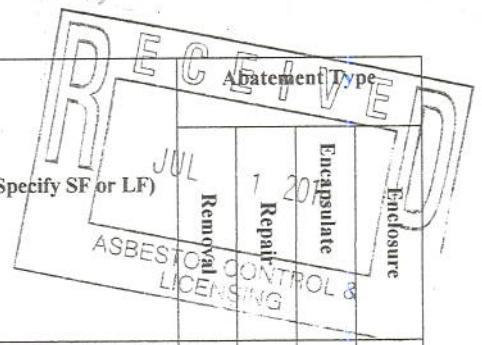
Retreat House

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
Ground Floor Boiler Room			X	Pipe Insulation	220 LF	X			
Ground Floor Boiler Room			X	Tank Insulation	370 SF	X			
Ground Floor Boiler Room			X	Boiler Breeching	90 SF	X			
Ground Floor Boiler Room			X	Boiler Rib Packing	140 SF	X			
Ground Floor Boiler Room			X	Boiler Internal Section Pack	140 SF	X			
Ground Floor Boiler Room Crawl Space			X	Pipe Joint Insulation	150 SF	X			
1 st Floor Spaces			X	Corrugated Pipe Insulation	900 LF	X			
Exterior Façade			X	Transite Siding Shingle	3,400 SF	X			
Roof Levels			X	Edge Tar	180 SF	X			



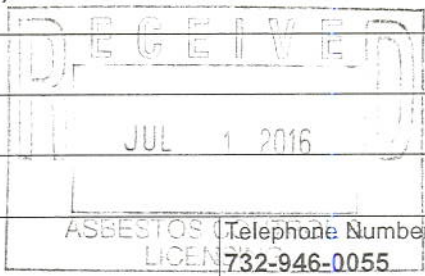
Retreat House

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			Remove	Repair	Encapsulate	Enclosure
Ground Floor Boiler Room			X	Pipe Insulation	220 LF	X			
Ground Floor Boiler Room			X	Tank Insulation	370 SF	X			
Ground Floor Boiler Room			X	Boiler Breeching	90 SF	X			
Ground Floor Boiler Room			X	Boiler Rib Packing	140 SF	X			
Ground Floor Boiler Room			X	Boiler Internal Section Pack	140 SF	X			
Ground Floor Boiler Room Crawl Space			X	Pipe Joint Insulation	150 SF	X			
1 st Floor Spaces			X	Corrugated Pipe Insulation	900 LF	X			
Exterior Façade			X	Transite Siding Shingle	3,400 SF	X			
Roof Levels			X	Edge Tar	180 SF	X			



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

CL 3053

Date of Notification (1) 6/28/16		Name of Building Owner / Operator (2) Colts Neck Township Schools		
Agencies Notified	Type Notification	Street Address 70 Conover Road		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Colts Neck, NJ 07722		
		Name of Contact Thomas Giglio		

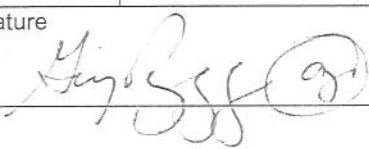
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Conover Road ES			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 76 Conover Road			Square Feet # of Floors Bldg. Age		
City (5) Colts Neck	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 56 East Bridge Street			Street Address 1123 Beaver Street		
City, State & Zip Code Morrisville, PA 19067			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rick Beach		Telephone Number 267-991-9212	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 6/29/16		Scheduled Completion Date (11) 6/30/16		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 7 AM to 3 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

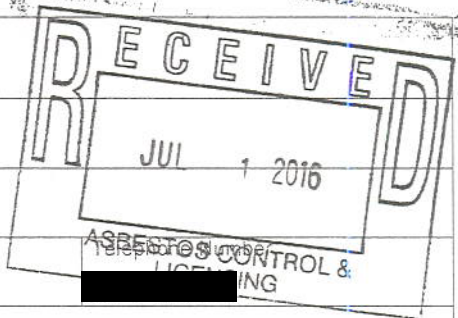
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Restroom Pipe Chase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting (Wrap & Cut)	20 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 2 Cu YD	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 6/30/16	City, State Waynesburg, Ohio		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature 		Date 6/28/16

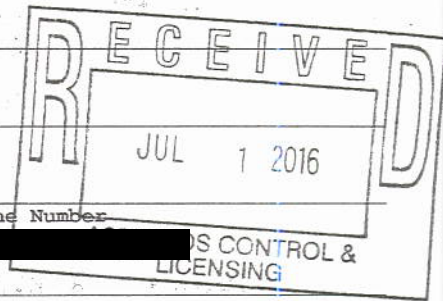
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

MO#23456168526

Date of Notification (1) 06 / 28 / 16		Name of Building Owner/Operator (2) Nancy Foster							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
City, State, Zip Code Montclair, NJ 07043									
Name of Contact Nancy Foster									
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) Montclair, NJ 07043				# 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.		Name of Abatement Contractor (9)					
Street Address				Gr Tech LLC					
City, State, Zip Code				Street Address					
				576 Valley Rd #283					
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code					
		973-638-1777		Wayne, NJ 07470					
Start Date (10) 07 / 08 / 16		Scheduled Completion Date (11) 07 / 09 / 16		License No. 01127					
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.							
		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 If <input checked="" type="checkbox"/> > 160 sf or >260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling plaster	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 06/28/2016			

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

Date of Notification (1) 6/28/2016		Name of Building Owner/Operator (2) Douglas Loucks	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Caldwell, NJ, 07006	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Douglas Loucks	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1400	# of Floors 2	Bldg. Age 79
City (5)	County (6) Essex	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) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 7/7/16 Month Day Year	Sched. Completion Date (11) 7/9/16 Month Day Year	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 - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		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-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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe insulation	20 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 7/11/16	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 6/28/2016		

CK 1867

Print Form

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

Date of Notification (1) 6-13-2016		Name of Building Owner/Operator (2) 4007 Park Ave., LLC / Miguel A. Hector		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 1 2016 ASBESTOS CONTROL & REMEDIATION 973-951-0366 </div>					
Agencies Notified	Type Notification	Street Address 1807 Kennedy Blvd. Apt. # 1F							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Bergen, NJ 07047							
		Name of Contact Marco Oliveira							
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 4007 Park Avenue				Square Feet 18750	# of Floors 1				
City (5) Union City, NJ 07087				Bldg. Age 88+					
County (6) Hudson		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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 6-14-2016		Scheduled Completion Date (11) 6-14-2016		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				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
Roof		X		Roof Flashing	800 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 8	Name of Registered Landfill G.r.o.w.s. North Landfill				
City, State Jersey City, NJ				Disposal Date 6-14-2016	City, State Morrisville, PA				
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>			Date 6-13-2016		

CK 29811

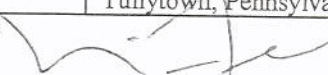
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 28, 2016		Name of Building Owner/Operator (2) Disantis Contracting, LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED 29811 JUL 1 2016 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type of Notification	Street Address 313 Halyard Road		
<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 Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ortley Beach, NJ 08751		
		Name of Contact Frank Disantis	Telephone Number 732-749-6009	

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]					
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 700 sf	# of Floors 1	Bldg. Age 60
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 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 7/13/16		Scheduled Completion Date (11) 7/14/16		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 <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			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) <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	E N C L O S U R E
Exterior front porch		X		Asbestos siding	120 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 7/15/16	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 6/28/16	

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

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

Date of Notification (1) 6/28/16		Name of Building Owner/Operator (2) Ivette Rodriguez		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> R E C E I V E D JUL 1 2016 ASBESTOS CONTROL LANS </div>	
Agencies Notified		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			
City, State, Zip Code Matawan, New Jersey		Name of Contact Ivette		Telephone Number [REDACTED]	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Rodriguez Residence			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.)		
			Square Feet # of Floors Bldg. Age 1700 1 60+		
City (5) Matawan			County Code (7) (STATE USE ONLY)		
County (6) Monmouth			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Ace Insulation Co Inc	
City, State, Zip Code				Street Address 95 Montrose Rd	
				City, State, Zip Code Colts Neck, New Jersey 07722	
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	
				732 294 1757	
Start Date (10) 7/7/16		Scheduled Completion Date (11) 7/14/16		License No. 00029	
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: Jan - Feb				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 floor			X	floor tile	1300 LF	X			

Name of Registered Waste Hauler Ace Insulation Co Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 4		Name of Registered Landfill GROWS	
City, State Colts Neck, New Jersey		Disposal Date 7/14/16		City, State Tullytown, PA			
Completed by Bree McGuire		Title Secretary Treasurer		Signature <i>[Signature]</i>		Date 6/28/16	

CK 412

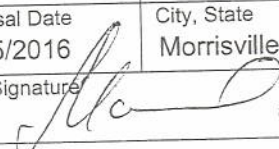
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/27/2016		Name of Building Owner/Operator (2) Tower DBW REO 2 LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 1 2016 ASBESTOS CONTROL & LICENSING Telephone Number 973-512-2358 </div>	
Agencies Notified	Type Notification	Street Address 10 N Park Place #300			
<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 Morristown NJ 07960			
		Name of Contact Neil Hareveld			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Dwelling			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet n/a	# of Floors n/a	Bldg. Age n/a
City (5) Nutley NJ 07110			Current Use (Prior if being demolished) Private Dwelling		
County (6) Essex		County Code (7) (STATE USE ONLY) _____			
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 24 Morley Dr			
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park			
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-692-6298	License No. 01266
Start Date (10) 07/06/2016		Scheduled Completion Date (11) 07/09/2016		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 24 Morley Dr	
				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 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	120 LF	X			
BASEMENT			X	BOILER INSULATION	20 SF				

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill GROWS	
City, State Woodland Park New Jersey 07424			Disposal Date 07/15/2016	City, State Morrisville PA	
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 06/27/2016	

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

Check #0274

Date of Notification (1) 6/28/16		Name of Building Owner/Operator (2) Lou Baldanza		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUL 1 2016 </div>					
Agencies Notified		Type Notification				Street Address			
<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 Montvale, NJ 07645 Name of Contact _____			
						Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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) Montvale				Square Feet 6000 SF	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Age 50 +				
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc					
Street Address n/a			Street Address 360 Palisade Ave						
City, State, Zip Code n/a			City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm n/a			Telephone No. n/a	Telephone No. 973.460.6026	License No. 01255				
Start Date (10) 7-7-16		Scheduled Completion Date (11) 7-12-16		Name of OSHA Monitor Harmony Contracting Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave					
<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 Garfield, NJ 07026					
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			x	Transite Shingles	6,000 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc			NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ			Disposal Date TBD		City, State Morrisville, PA				
Completed by Tina Caporino			Title Secretary		Signature <i>Tina Caporino</i>			Date 6/28/16	

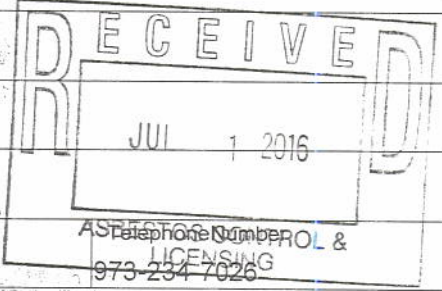
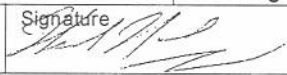
CH 4673

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

Date of Notification (1) June 27, 2016		Name of Building Owner/Operator (2) New Jersey Conference of Jewish War Veterans							
Agencies Notified	Type Notification	Street Address 890 S. Orange Avenue							
<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 Newark, NJ 07106							
		Name of Contact Ali Suleiman	ASBESTOS CONTROL & REMEDIATION # 703-222-0901						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Story Commercial		Type of Facility (4)							
Street Address 876 South Orange Avenue		<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) Newark	Square Feet 2000	# of Floors 1	Bldg. Age pre 1950						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Joseph Environmental LLC		Name of Abatement Contractor (9) Joseph Environmental LLC							
Street Address 80 Varsity Road		Street Address 80 Varsity Road							
City, State, Zip Code Newark, NJ 07106		City, State, Zip Code Newark, NJ 07106							
Project Manager for Monitoring Firm Rhett Fozzling		Telephone No. 973-373-2221	License No. 761						
Start Date (10) 7/11/16	Scheduled Completion Date (11) 7/20/16	Name of OSHA Monitor Greg Seibert, Supervisor							
Occupancy Status During Abatement (Check Only One)		Street Address 80 Varsity Road							
<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 Newark, NJ 07106							
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
Roof		X		Miscellaneous	2000 SF	X			
Roof Flashings		X		Miscellaneous	240 LF	X			
Name of Registered Waste Hauler Carl's Carting, Inc.		NJDEP Waste Hauler ID No. 09330	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Kearney, NJ		Disposal Date 7/18/16	City, State Penn Argyl, PA						
Completed by Rhett Fozzling		Title owner	Signature 		Date 6/27/16				

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

1363

Date of Notification (1) June 28, 2016		Name of Building Owner/Operator (2) HPVIII 33 ROUTE 17, LLC							
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	22 Maple Avenue City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) buildings				Type of Facility (4)					
Street Address 33 Route 17				<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) East Rutherford, NJ				Square Feet	# of Floors				
County (6) Bergen				Bldg. Age					
County Code (7) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) building					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCN No. 0021		Name of Abatement Contractor (9) The MACK Group, LLC					
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209		City, State, Zip Code Cherry Hill, NJ 08034					
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034		Telephone No. (973) 759 - 5000					
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108		License No. 00781					
Start Date (10) 6/28/16		Scheduled Completion Date (11) 12/31/2016		Name of OSHA Monitor The MACK Group, LLC.					
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209					
<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 Cherry Hill, NJ 08034					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front Building	<input checked="" type="checkbox"/>			roofing	14,200 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			flashing	1,900 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		VAT	2,810 s/f	<input checked="" type="checkbox"/>			
Rear Building	<input checked="" type="checkbox"/>			roofing	32,200 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Spartan Environmental		NJ DEP Waste Hauler ID No. 4509		Cubic Yards of Waste 511.1	Name of Registered Landfill Cumberland County / IESI Bethlehem				
City, State Newark, NJ / Donora, PA		Disposal Date 12/31/2016		City, State Newburg / Bethlehem, PA					
Completed by Mike Cooper		Title President		Signature 		Date 6/28/16			

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

check # 6230

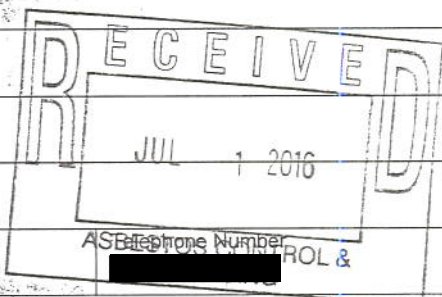

<div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> <p>Date of Notification (1) <u>6-24-16</u></p> <p>Agency Notified <u>JUL 1 2016</u></p> <p> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA </p> <p> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation </p>		<p>Name of Building Owner/Operator (2) <u>DUMONT TERRACE APTS INC.</u></p> <p>Street Address <u>18 DULLES DRIVE</u></p> <p>City, State, Zip Code <u>DUMONT, NJ 07622</u></p> <p>Name of Contact <u>MR BAUER</u></p>		<div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> <p>Telephone Number <u>917 494 5123</u></p>																						
		FACILITY INFORMATION																								
<p>Name of Facility Where Abatement is Taking Place (3) <u>DUMONT TERRACE APTS INC</u></p> <p>Street Address <u>18 DULLES DRIVE</u></p> <p>City (5) <u>DUMONT</u></p> <p>County (6) <u>BERGEN</u></p>			<p>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.)</p> <p>Square Feet <u>7000</u></p> <p># of Floors <u>2</u></p> <p>Bldg. Age <u>68 yrs</u></p> <p>Current Use (Prior if being demolished) <u>RESIDENCE APTS</u></p>																							
<p>Name of Monitoring Firm Hired by Building Owner (8) <u>Best Removal Inc</u></p> <p>Street Address <u>450 South River St</u></p> <p>City, State, Zip Code <u>Hackensack, N.J. 07601</u></p>		<p>ASCM No. <u>201-329-7444</u></p> <p>Name of Abatement Contractor (9) <u>Best Removal Inc</u></p> <p>Street Address <u>450 South River St</u></p> <p>City, State, Zip Code <u>Hackensack, N.J. 07601</u></p> <p>Telephone No. <u>201-329-7444</u></p> <p>License No. <u>00388</u></p>		<p>Project Manager for Monitoring Firm <u>Omega Environmental</u></p> <p>Telephone No. <u>280 Huyler St</u></p> <p>City, State, Zip Code <u>S. Hackensack, N.J. 07606</u></p>																						
<p>Start Date (10) <u>7-7-16</u></p> <p>Scheduled Completion Date (11) <u>7-8-16</u></p> <p>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>8 AM 5 PM</u></p>		<p>Scope of Work (Check all that apply)</p> <p> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft </p> <p> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </p> <p> <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 </p>																								
<p>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>Boiler Room #3 UNIT</u> <u>Boiler Room #3 UNIT</u></p>		<p>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td align="center">X</td> </tr> <tr> <td></td> <td></td> <td align="center">X</td> </tr> </table>		Yes	No	N/A			X			X	<p>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</p> <p><u>THERMAL INSULATION</u> <u>THERMAL INSULATION</u></p>		<p>Amount (Specify SF or LF)</p> <p><u>135 SF</u> <u>70 LF</u></p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Enclosure</th> </tr> <tr> <td align="center">X</td> <td></td> </tr> <tr> <td align="center">X</td> <td></td> </tr> </table>		Abatement Type		Removal	Enclosure	X		X	
Yes	No	N/A																								
		X																								
		X																								
Abatement Type																										
Removal	Enclosure																									
X																										
X																										
<p>Name of Registered Waste Hauler <u>Best Removal Inc</u></p> <p>City, State <u>Hackensack, N.J. 07601</u></p>		<p>NJDEP Waste Hauler ID No. <u>17109</u></p> <p>Cubic Yards of Waste <u>2 1/2 YDS</u></p> <p>Disposal Date <u>7-8-16</u></p>		<p>Name of Registered Landfill <u>Minerva Enterprises, LLC</u></p> <p>City, State <u>Waynesburg, Oh, 44688</u></p>																						
<p>Completed by <u>R. Veldran</u></p>		<p>Title <u>Estimator</u></p>		<p>Signature <u>R. Veldran</u></p>		<p>Date <u>6-24-16</u></p>																				

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

CH 9853607086

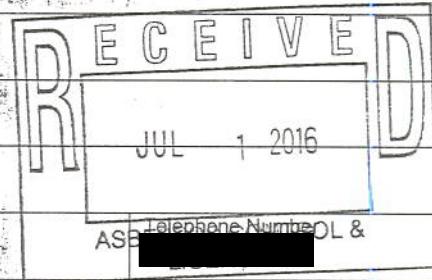
Print Form

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

Date of Notification (1) 05/10/2016		Name of Building Owner/Operator (2) Jonathan Wilf							
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						City, State, Zip Code Short Hills, NJ 07078	
								Name of Contact Jonathan Wilf	
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) Short Hills				Square Feet N/A		# of Floors N/A			
County (6) Essex				County Code (7) (STATE USE ONLY)		Bldg. Age N/A			
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			
Start Date (10) 07/08/2016				Scheduled Completion Date (11) 07/13/2016		License No. 00675			
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor D&S Abatement, Inc.					
<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 11 Rosengren Avenue					
				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 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)			
		Yes No N/A							
3rd floor bathroom		X		wall & ceiling plaster		500 SF			
3rd floor furnace room		X		wall & ceiling plaster		750 SF			
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 07512		Disposal Date TBD		City, State Tullytown, PA					
Completed by Nedeljko Joksimovic		Title Project Manager		Signature 		Date 05/10/2016			

NO 6956805786

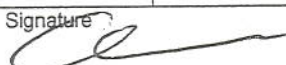
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/27/2016		Name of Building Owner/Operator (2) Kim Smith							
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 Verona, NJ 07044							
		Name of Contact Kim Smith							
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) Verona		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
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 Ave							
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. 00675						
Start Date (10) 07/07/2016		Scheduled Completion Date (11) 07/08/2016							
Name of OSHA Monitor D&S Abatement, Inc		Street Address 11 Rosengren Ave							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Totowa, NJ 07512							
<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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
basement		x		pipe insulation	80 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 Tullytown, PA					
Completed by Ned Joksimovic		Title PM		Signature 		Date 06/27/2016			

CK 5531

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

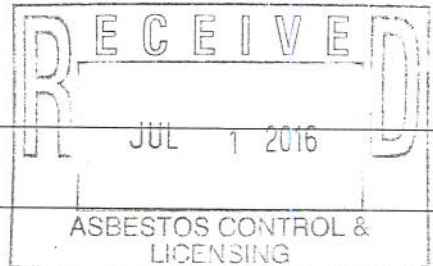
Date of Notification (1) 6/28/16		Name of Building Owner/Operator (2) Mirek Bondonovich Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 1 2016 ASBESTOS CONTROL & LICENSING </div>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Stacy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mirek Bondonovich Private Home		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 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
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) 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) 7/7/16	Scheduled Completion Date (11) 7/13/16	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
Exterior Siding			X	Exterior Siding	1100 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/13/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/28/16		

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

CK 5530

Date of Notification (1) 6/28/16		Name of Building Owner/Operator (2) Jeff Vansant Private Home							
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 checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Brian							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Telephone Number 16							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jeff Vansant Private Home		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.)		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address		Square Feet	# of Floors						
<input checked="" 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.)		1000+	1						
City (5) Manahawkin NJ 08050		Bldg. Age	35+						
County (6) Ocean	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) 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.	License No.						
		856-753-9800	00727						
Start Date (10) 6/29/16	Scheduled Completion Date (11) 6/30/16	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) 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 Siding			X	Exterior Siding	500 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/30/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 6/28/16			

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



Date of Notification (1) 06 / 28 / 16		Name of Building Owner/Operator (2) Jason Forster	
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 Jason Forster	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Restaurant		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 83 Butler Parkway			
City (5) Summit, NJ 07901		Square Feet	# of Floors
County (6) Union		County Code (7)(STATE USE ONLY)	
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) 07 / 09 / 16	Scheduled Completion Date (11) 08 / 25 / 16		
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 ALL PRO MANAGEMENT LLC	
		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) 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
Kitchen Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	93 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Flashing	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler All Pro Management, LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 		Date 6/28/16	

CHECK# 9108

A58-41 (R-06-02)

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

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

CHECK# 9108

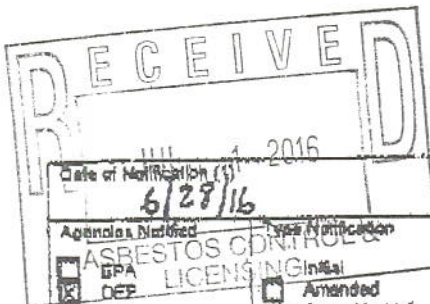
Date of Notification (1) 6/27/16		Name of Building Owner/Operator (2) RICHARD DEMARCO							
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 1 2016 </div>						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LEONIA, N.J. 07605							
		Name of Contact RICHARD DEMARCO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address		<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.)							
City (5) LEONIA		Square Feet 1,325	# of Floors 2						
County (6) BERGEN		Bldg. Age + 50							
County Code (7) BERGEN		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		A. MAC Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ							
Telephone No.		Telephone No. (201)262-5841	License No. 00156						
Start Date (10) 7/1/16	Scheduled Completion Date (11) 7/30/16	Name of OSHA Monitor Omega Environmental Services							
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:		280 Huyler St.							
		City, State, Zip Code Hackensack, NJ 07605							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2150 sf or 2250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
BASOMNT			✓	PIPE INSULATION	120 LF	✓			
BASOMNT			✓	BOILER INSULATION	53.56	✓			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI PA Bethlehem Landfill Corp					
City, State Newark, NJ		Disposal Date 7/1/16		City, State Bethlehem, PA					
Completed by Joseph Vocatur		Title Vice President		Signature J. Vocatur		Date 6/27/16			

06/28/2016 13:33

2012520321

AMAC

PAGE 01/03



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

DOL - 10 DAY
CHECK # 9111

Date of Notification (1) **6/28/16**

Name of Building Owner/Operator (2) **NORTH STAR CONSTRUCTION MANAGEMENT**

Address Notified **ASBESTOS CONTROL LICENSING**

Street Address **645 HAMILTON ST #208**

City, State, Zip Code **ALLENSTOWN, PA 17101**

Name of Contact **JOSEPH LEWIS**

Telephone Number **570-288-6385**

Agency Notified ☒ EPA ☒ DEP ☒ DCL ☒ DCH ☒ DCA

Type of Notification ☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (Including Justification) ☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **RESIDENTIAL**

Street Address **[REDACTED]**

City (6) **VELDON**

County (8) **SUSSEX**

County Code (7) (STATE USE ONLY) **RESIDENTIAL**

Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet **1,175** # of Floors **2** Bldg. Age **+50**

Current Use (Prior if being demolished) **RESIDENTIAL**

Name of Monitoring Firm Hired by Building Owner (5) **ASCM No.**

Name of Abatement Contractor (9) **A.MAC Contracting Inc.**

Street Address **185 Vreeland Ave.**

City, State, Zip Code **Midland Park, NJ**

Project Manager for Monitoring Firm **Telephone No. (201)262-5541 License No. 00156**

Start Date (10) **6/29/16** Scheduled Completion Date (11) **7/30/16**

Name of OSHA Monitor **Omega Environmental Services**

Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: **250 Huyler St**

City, State, Zip Code **Hackensack, NJ 07605**

Scope of Work (Check All That Apply)

☒ 23 ft or 23 ft ☒ 2100 ft or 2260 ft

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Frangible 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	Encapsulation	Enclosure
EXTERIOR			✓	SIDING	1,975 SF	✓			
BASEMENT			✓	PIPE INSULATION	45 LF	✓			
KITCHEN			✓	VAT	150 SF	✓			

Name of Registered Waste Hauler **Newark Carting, Inc.**

NJSEP Waste Hauler ID No. **04509**

Cubic Yards of Waste **5**

Name of Registered Landfill **IESI PA Bethlehem Landfill Corp.**

City, State **Newark, NJ**

Disposal Date **6/29/16**

City, State **Bethlehem, PA**

Completed by **Joseph Vaccaro**

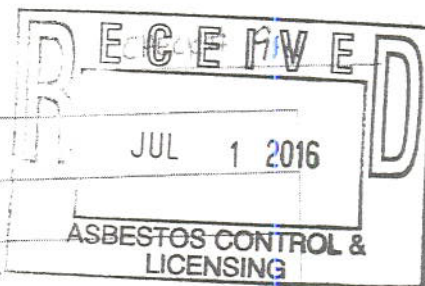
Title **Vice President**

Signature **J. Vaccaro**

Date **6/28/16**

CK911

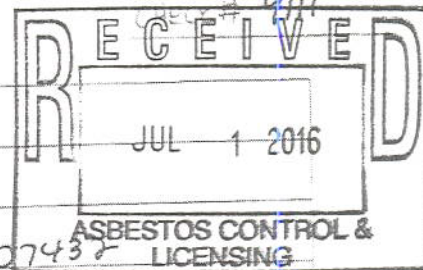
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/29/16		Name of Building Owner/Operator (2) [REDACTED]	
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"/> BCA		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 WANAUKE, N.J. 07465	
Name of Contact CHAS POWDE		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 1700	
City (5) WANAUKE		# of Floors 2	
County (6) PASSAIC		County Code (7) (STATE USE ONLY) RESIDUWAC	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
City, State, Zip Code [REDACTED]		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Midland Park, NJ	
Telephone No. [REDACTED]		Telephone No. (201)262-5841	
Start Date (10) 7/13/16		License No. 00156	
Scheduled Completion Date (11) 7/30/16		Name of OSHA Monitor Omega Environmental Services	
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 250 Huyler St.	
Scope of Work (Check All That Apply) <input type="checkbox"/> < 25 sf or < 3 lf <input checked="" type="checkbox"/> > 25 sf or > 3 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-Enforce Procedure		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) EXTERNAL KITCHEN		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) SIDING VAT		Amount (Specify SF or LF) 975SF 1305F	
Abatement Type Removal Repair Encapsulate Enclosure ✓			
Name of Registered Waste Hauler Newark Carting, Inc.		NUDEP Waste Hauler ID No. 04509	
City, State Newark, NJ		Cubic Yards of Waste 5	
Disposal Date 7/13/16		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA			
Completed by Joseph Vocaturo		Title Vice President	
Signature J. Vocaturo		Date 6/29/16	

ck9111

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8.60 and 12:120)



Date of Notification (1) 6/29/16		Name of Building Owner/Operator (2) WILLIAM FIVE HOUSE	
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 MIDLAND PARK, N.J. 07432	
		Name of Contact Bill FIVE HOUSE	
		Telephone Number [REDACTED]	

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)	
Street Address [REDACTED]		<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.)	
City (5) MIDLAND PARK	Square Feet 1,500	# of Floors 2	Bldg. Age +50
County (6) BERGEN	Current Use (Prior if being demolished) RESIDENTIAL		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.		
City, State, Zip Code		City, State, Zip Code Midland Park, NJ		
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00156	

Start Date (10) 7/12/16	Scheduled Completion Date (11) 7/30/16	Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler 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 Hackensack, NJ 07606	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥150 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			<input checked="" type="checkbox"/>	PIPE INSULATION	75 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp	
City, State Newark, NJ		Disposal Date 7/12/16		City, State Bethlehem, PA	
Completed by Joseph Vocaturo		Title Vice President	Signature <i>J. Vocaturo</i>		Date 6/29/16