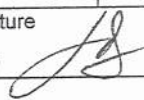


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>7/16/15</b>		Name of Building Owner/Operator (2) <b>Frank Mazzeo</b>		2015 JUL -9 AM 8:39				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>551 Park Avenue Box 460</b> City, State, Zip Code <b>Scotch Plains, NJ 07076</b> Name of Contact <b>Eric Plackis</b> Telephone Number <b>(732) 999-1111</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)					
Street Address <b>1516 Boulevard</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>Westfield</b>			Square Feet <b>1729</b>	# of Floors <b>1</b>	Bldg. Age <b>73</b>			
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>Home</b>				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) <b>Brick Industries Inc.</b>				
Street Address		Street Address <b>P.O. Box 915</b>						
City, State, Zip Code		City, State, Zip Code <b>Brick, New Jersey 08723</b>						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>(732)899-7499</b>	License No. <b>01196</b>			
Start Date (10) <b>7/17/15</b>		Scheduled Completion Date (11) <b>7/10/15</b>		Name of OSHA Monitor				
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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
			<b>Asbestos Siding</b>	<b>2200SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>GROWS Inc.</b>				
City, State <b>Brick, New Jersey</b>			Disposal Date <b>7/11/15</b>	City, State <b>PA</b>				
Completed by <b>Eric Plackis</b>		Title <b>President</b>	Signature <b>Eric</b>		Date <b>7/16/15</b>			

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

RECEIVED

Date of Notification (1) 07-03-15		Name of Building Owner/Operator (2) Caravella Demolition		2015 JUL -9 AM 8:40	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 40 Deforest Ave. City, State, Zip Code East Hanover NJ 07936 Name of Contact Tom Bandelt Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private 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 159-161 Central Place				Square Feet      # of Floors      Bldg. Age	
City (5) Orange				Current Use (Prior if being demolished)	
County (6) Essex		County Code (7) (STATE USE ONLY) _____			
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) 07-15-15		Scheduled Completion Date (11) 07-17-15		Name of OSHA Monitor Delfa 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 522 7th St. City, State, Zip Code Union City NJ 07087	
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 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		
Entire Property		X		Demolition Asbestos Debris	X
Name of Registered Waste Hauler Caravella Demolition Inc		NJDEP Waste Hauler ID No. 35685		Cubic Yards of Waste 60	Name of Registered Landfill IESI
City, State E.Hanover, NJ 07936		Disposal Date 07-16-15		City, State Bethlehem, PA	
Completed by Jaime Delgado		Title Proj. Manager.		Signature 	Date 07-03-15



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

Date of Notification (1) <div style="text-align: center;">July 6, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Nick Racioppi</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="text-align: center;">51 Canfield Road</div> City, State, Zip Code <div style="text-align: center;">Morristown, NJ 07960</div> <div style="display: flex; justify-content: space-between;"> <div>Name of Contact <div style="text-align: center;">Nick Racioppi</div></div> <div>Telephone Number <div style="text-align: center;">65</div></div> </div>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">132 Island View Drive</div>					
City <div style="text-align: center;">Toms River Twp.</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">1000 sf</div>	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">7/7/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">7/9/15</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
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)  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	R	E			E				
	E	P	N	N						
	M	A	C	C						
	O	I	A	L						
	V	R	P	S						
	A		S	U						
	L		E	R						
Exterior		X			Asbestos siding	900 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">7/10/15</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">7/6/15</div>

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

Check#2234

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

RECEIVED

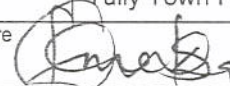
Date of Notification (1) 07 / 06 / 15		Name of Building Owner/Operator (2) Valerie Bigott		2015 JUL -9 AM 8:47 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 540 Oldwoods Road City, State, Zip Code Wyckoff, NJ 07481			
		Name of Contact Valerie Bigott				Telephone Number 201-741-0000			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 540 Oldwoods Road City (5) Wyckoff, NJ 07481 County (6) Bergen			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.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. _____		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. _____ License No. _____ 973-638-1777 01127					
Start Date (10) 07 / 15 / 15		Scheduled Completion Date (11) 07 / 16 / 15		Name of OSHA Monitor Envirovision Consultants, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<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 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"/>	Transite pipe	5 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite pipe	15 LF	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA				
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 07/06/2015			



CK 1388

Print Form

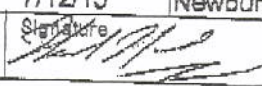
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/01/2015		Name of Building Owner/Operator (2) Erin Young							
Agencies Notified	Type Notification	Street Address 399 Monmouth Street							
<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 East Windsor 08520							
		Name of Contact Erin Young	Telephone Number 551-200-1111						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		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 898 US 1		Square Feet 5000	# of Floors 1						
City (5) Avenel		Bldg. Age 65							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) Divine Environmental		ASCM No.	Name of Abatement Contractor (9) Turningpoint Contracting Corp.						
Street Address 358 Broadway		Street Address 51 Berkeley Terrace							
City, State, Zip Code Newark NJ 07104		City, State, Zip Code Irvington NJ 07111							
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telephone No. 201-483-9788	License No. 01238						
Start Date (10) 07/17/2015	Scheduled Completion Date (11) 08/17/15	Name of OSHA Monitor JLC 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 <input type="checkbox"/> Other - Describe: _____		Street Address 30 West 25th Street							
		City, State, Zip Code New York NY 10007							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Building		X		Built-up & Bable Roofing	6000 SF	X			
Main Building				Vinyl Asbestos Tile	1000 SF	X			
Boiler Room Building				Roofing Flashing	300 SF	X			
Back Building				Floor Covering	1000 SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Refacility					
City, State Newark NJ 07102			Disposal Date	City, State Tully Town PA					
Completed by Emeka		Title President	Signature 	Date 7/1/15					

CK 1393

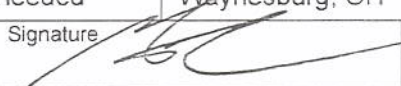
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

2015 JUL -9 AM 8:51  
RECEIVED  
1393  
ASBESTOS CONTAINING MATERIALS  
& LICENSING

Date of Notification (1) <b>July 08, 2015</b>		Name of Building Owner/Operator (2) <b>Northstar Environmental Services</b>							
Agencies Notified	Type Notification	Street Address <b>38 Clermont Drive</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Clermont, NJ 08210</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>Henry Katkow</b>							
		Telephone Number <b>908-296-1132</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Building</b>									
Street Address <b>108 N. Vendome Avenue</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Margate, NJ</b>		Square Feet	# of Floors						
County (6) <b>Atlantic</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>empty</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>						
Street Address <b>222 Church Road</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>908-296-1132</b>	Telephone No. <b>(877) 759 - MACK</b>						
Start Date (10) <b>7/7/15</b>	Scheduled Completion Date (11) <b>7/12/15</b>	License No. <b>00781</b>							
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:		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 280$ 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>slab</b>	<input checked="" type="checkbox"/>			<b>Vat &amp; associated mastic</b>	<b>210 sf</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No.	Cubic Yards of Waste <b>2.1</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>7/12/15</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>7/8/15</b>					

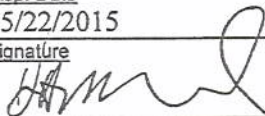


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/2/2015		Name of Building Owner/Operator (2) Dentree Associates							
Agencies Notified	Type Notification	Street Address 145 Central Park West							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10025							
		Name of Contact Operator	Telephone Number 212-						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Federal Pacific Electric Company (Royce Associates, Site)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 207-215 Avenue L		Square Feet 57000	# of Floors 1.5						
City (5) Newark, NJ 07105		Bldg. Age 95 years							
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Depot Warehouse (Vacant Warehouse)							
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS US		Name of Abatement Contractor (9) Abscope Environmental, Inc							
Street Address 6723 Tow Path Road, Box 66		Street Address 6625 Selnick Drive, Suite B							
City, State, Zip Code Syracuse, NY 13214		City, State, Zip Code Elkridge, MD 21075							
Project Manager for Monitoring Firm Richard Price		Telephone No. 315-247-3244	License No. 01194						
Start Date (10) 7/20/15	Scheduled Completion Date (11) 7/31/15	Name of OSHA Monitor EMSL Analytical, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	Built up Roofing	350	x			
Stack Siding			x	Galbestos Metal Sheetting	9360	x			
Name of Registered Waste Hauler Services Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE 19720		Disposal Date As needed		City, State Waynesburg, OH					
Completed by Eddie Waskiewicz		Title Project Manager		Signature 		Date 7/2/15			

11445

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

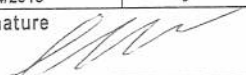
Date of Notification (1) 05/18/2015			Name of Building Owner/Operator (2) Nick Maki		
Agencies Notified ( ) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA		Type of Notification (X) Initial Notification ( ) Amended Amendment # _____ (X) Emergency (including justification) ( ) Cancellation		Street Address 57A 46th Street City, State, Zip Code Weehawken, NJ Name of Contact Nick Maki Tel. Number 201-232-2323	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address 57A 46th Street City (5) Weehawken County (6) Hudson County Code (7) (State Use Only)			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: 5,000 # of Floors 3 Bldg. Age 60 Current Use (if being demolished):		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A Street Address N/A City, State, Zip Code N/A			Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc. Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087 Telephone Number (201)325-0055 License Number 01124		
Project Manager for Monitoring Firm N/A		Telephone Number N/A		Name of OSHA Monitor ISES, Inc.	
Scheduled Start Date (10) 05/18/2015		Scheduled Completion Date (11) 05/22/2015		Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area in unoccupied basement and unoccupied 1 <sup>st</sup> floor during abatement	
Source of Work (Check all that apply) ( ) Minor Project (< 25 SF or < 10 LF ACM) ( ) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM)			( ) Demolition (X) Renovation (X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove-bag Procedure ( ) Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	
Basement		X		TSI Pipe and Duct Insulation ~ 275 L. FT.	
Basement		X		Ceiling Surfacing ~750 SQ. FT.	
1 <sup>st</sup> Floor bedroom		X		9'X9" floor tile ~130 SQ. FT.	
Name of Reg. Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID # 04509		Cubic Yards of Waste 15	
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 05/22/2015		Name of Reg. Landfill IESI BETHLEHEM LANDFILL	
Completed by (Print or Type) David Camacho		Title Project Supervisor		City, State BETHLEHEM, PA 18015	
		Signature 		Date 05/18/2015	



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

Check No.


2636

Date of Notification (1) <b>July 01, 2015</b>		Name of Building Owner/Operator (2) <b>NJ Dept. of Law &amp; Public Safety, Juvenile Justice Commission</b>						
Agency Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> <del>DOL</del> <small>Not required per State Reg. 10:27-10.4</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1001 Spruce Street, Suite 202</b> City, State, Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>Mike Preisig</b>						
		Telephone Number -----						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>NJ Training Home For Boys - Chaple</b>		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 <b>Gravel Hill &amp; Spotswood Roads</b>		Square Feet <b>4,596</b>	# of Floors <b>2</b>					
City (5) <b>Jamesburg</b>		Bldg. Age <b>1898</b>						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Chapel</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>	ASCM No. <b>0030</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Rolly Jones</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>					
Start Date (10) <b>July 13, 2015</b>	Scheduled Completion Date (11) <b>July 31, 2015</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>						
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 <b>464 Valley Brook Avenue</b>						
		City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Roof	<input checked="" type="checkbox"/>			elastomeric coating	100 sf	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., Tri-State Transfer Associates, Inc.</b>		NJDEP Waste Hauler ID No. <b>12695 / 2A456</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Tri-State Transfer Associates, Inc.</b>				
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>			Disposal Date <b>07/15/2015 - 07/24/2015</b>	City, State <b>Waynesburg, OH</b>				
Completed by <b>G. Roger Woodman</b>	Title <b>Waynesburg, OH</b>		Signature 			Date <b>7/1/2015</b>		

NO CK

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


Check No. No Fee - PA Project

Date of Notification (1) <b>June 18, 2015</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Newark Liberty International Airport</b>					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>01</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Building 125</b> City, State, Zip Code <b>Newark, NJ 07114</b> Name of Contact <b>Ralph Campione</b> Telephone Number -----					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>Newark Liberty International Airport - WO No. 07</b>		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 & commercial buildings, homes, etc.)					
Street Address <b>CHIRP Storage Yard Adjacent to Parking Lot P07</b>		Square Feet <b>N/A</b>					
City (5) <b>Newark</b>		# of Floors <b>N/A</b>					
County (6) <b>Essex</b>		Bldg. Age <b>N/A</b>					
County Code (7) (STATE USE ONLY) <b>Essex</b>		Current Use (Prior if being demolished) <b>Storage Yard</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>		ASCM No. <b>N/A</b>					
Street Address <b>241 Erie Street, Room 236</b>		Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>					
City, State, Zip Code <b>Jersey City, NJ 07310</b>		Street Address <b>223 Randolph Avenue</b>					
Project Manager for Monitoring Firm <b>Ralph Campione</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>					
Telephone No. <b>973-624-6898</b>		Telephone No. <b>973-478-4681</b>					
Start Date (10) <b>July 27, 2015</b>		License No. <b>00120</b>					
Scheduled Completion Date (11) <b>August 31, 2015</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>56 in ft</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
CHIRP Storage Yard Adjacent to Parking Lot P07	<input checked="" type="checkbox"/>	Transite pipe		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Two Brothers Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>18743</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Grows North Landfill / Grand Central Landfill</b> (Friable) (Non-Friable)			
City, State <b>250 Rutherford Boulevard, Clifton, NJ 07014-1312</b>		Disposal Date <b>07/27/2015 - 08/31/2015</b>		City, State <b>Morrisville, PA / Penn Argyl, PA</b>			
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>	Signature 		Date <b>7/1/2015</b>			



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

Check No. N/A - PA NY&NJ Project

Date of Notification (1) <b>July 01, 2015</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Port Newark Marine terminal</b>					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Goethals Bridge, 2777 Goethal Road., North</b> City, State, Zip Code <b>Staten Island, NY 10303-8413</b> Name of Contact <b>James Massett</b> Telephone Number <b>1-16-000</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Goethals Bridge - New Jersey side of bridge</b>		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 & commercial buildings, homes, etc.)					
Street Address <b>777 Goethal Road., North (Office Location)</b>							
City (5) <b>Staten Island, NY 10303-8413 / Perth Amboy NJ 08861</b>		Square Feet <b>440,758</b>	# of Floors <b>1</b> Bldg. Age <b>87 +/-</b>				
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bridge</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>					
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>					
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>					
Project Manager for Monitoring Firm <b>Uday Mehta</b>	Telephone No. <b>201-595-4881</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>				
Start Date (10) <b>July 20, 2015</b>	Scheduled Completion Date (11) <b>October 31, 2015</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Non friable exterior work</b>		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input 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) <b>1400 In ft</b>	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>NJ Bridge Deck Side</b>	<input checked="" type="checkbox"/>		<b>transite pipe</b>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Two Brothers Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>12695</b>	Cubic Yards of Waste <b>07/21/2015 - 11/15/2015</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>			
City, State <b>Clifton, NJ 07014</b>			Disposal Date	City, State <b>Penn Argyl, PA</b>			
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 		Date <b>7/1/2015</b>		