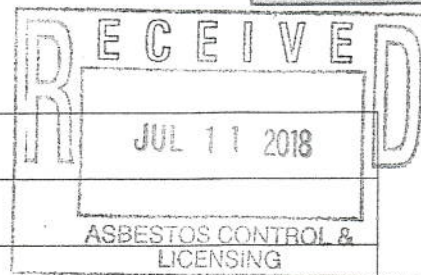


PAID

CK4411

Print Form

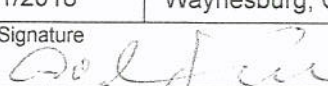
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 07/09/18		Name of Building Owner/Operator (2) Weehawken Township School District							
Agencies Notified	Type Notification	Street Address 53 Liberty Place							
<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 Weehawken, NJ 07086							
		Name of Contact David Curtis	Telephone Number 551 200 1357						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Daniel Webster 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 2700 Palisade Avenue		Square Feet 50,000	# of Floors 3						
City (5) Weehawken		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASC No. 012	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 300 Grand Avenue		Street Address 265 Route 46 Ste. 3D							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Nadine Bello		Telephone No. 973 981 4850	License No. 00666						
Start Date (10) 07/20/18	Scheduled Completion Date (11) 07/22/18	Name of OSHA Monitor Bako Construction & Restoration, 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: FRI 3PM - 11 PM SAT 8AM - 5PM SUN 8AM - 5PM		Street Address 265 Route 46 Ste. 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Custodian Office	x			Pipe Insulation	34 LF	x			
Custodian Office Crawlspace	x			Pipe Insulation	8 LF	x			
Hallway Crawlspace	x			Pipe Insulation	8 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 07/23/18	City, State Tullytown, PA					
Completed by Goran Kojic		Title Project Manager		Signature 		Date 07/09/18			

PAID

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

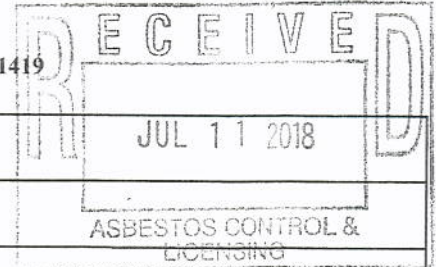
Date of Notification (1) 07/09/2018		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Ln	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 11 2018 ASBESTOS CONTROL & LICENSING </div>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ 08857							
		Name of Contact Eric Prieto							
		Telephone Number 7327271414							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment		Type of Facility (4)							
Street Address 30 & 32 Cherry Hill Ln		<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) Old Bridge, NJ		Square Feet 2000	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-389-0089	00693						
Start Date (10) 07/20/2018	Scheduled Completion Date (11) 07/21/218	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue, PMB Suite 218							
<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 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
30 A-D Cherry hill Ln	X			Pipe/Elbow Insulation	160 LF	X			
32 A-D Cherry hill Ln	x			Pipe/Elbow Insulation	180 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720			Disposal Date 07/21/2018	City, State Waynesburg, OH 44688					
Completed by Milan NJezic		Title Vice President	Signature 	Date 07/09/2018					

PAID

OK 1419

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

Check # 1419



Date of Notification (1) 7/9/2018		Name of Building Owner/Operator (2) Bassett Associates						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS 382 Springfield Avenue City, State, Zip Code Summit, NJ 07901						
	Name of Contact DAVID D'ANDREA		Telephone Number 609-890-7110					
	FACILITY INFORMATION							
	Name of Facility Where Abatement is Taking Place (3) Office Street Address 57 Union Place City (5) Summit, NJ 07901 County Union		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)					
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) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address 		Street Address 15 BLACK FOREST ROAD						
City, State, Zip Code 		City, State, Zip Code Hamilton, NJ 08691						
Project Manager for Monitoring Firm 	Telephone No. 	Telephone No. 609-890-7110	License No. 00676					
Start Date (10) 7/9/2018	Scheduled Completion Date (11) 7/13/2018	Name of OSHA Monitor MECS						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 5 pm-12 am		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & 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
Office		<input checked="" type="checkbox"/>	nfvat	750 s.f.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler J. Vinch		NJDEP Waste Hauler ID No. NJ-09590	Cubic Yards of Waste 2 yds	Name of Registered Landfill GROWS				
City, State TRENTON, NJ		Disposal Date 7/16/2018		City, State MORRISVILLE, PA.				
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>			Date 7/9/2018			

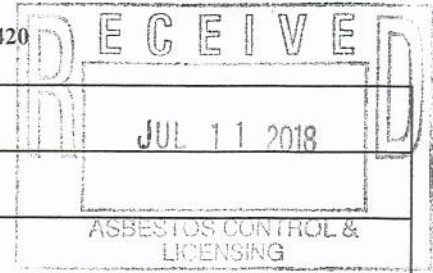
ASB-41

* Do not use this form for asbestos licensure exempted activities

OK 4/20
PAID

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

Check # 1420



Date of Notification (1) 7/9/2018			Name of Building Owner/Operator (2) Bassett Associates		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		STREET ADDRESS 382 Springfield Avenue City, State, Zip Code Summit, NJ 07901 Name of Contact DAVID D'ANDREA Telephone Number 609-890-7110	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Office Street Address 18 Beechwood Road City (5) Summit, NJ 07901 County Union				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) Square Feet # of Floors Bldg. Age	
County Code (7) (STATE USE ONLY) Union		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) CREAM RIDGE ENVIRONMENTAL INC. Street Address 15 BLACK FOREST ROAD City, State, Zip Code Hamilton, NJ 08691			
Project Manager for Monitoring Firm Telephone No.		Telephone No. 609-890-7110		License No. 00676	
Start Date (10) 7/9/2018		Scheduled Completion Date (11) 7/13/2018		Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 5 pm-12 am		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & 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)	
Office		<input checked="" type="checkbox"/>		nfvat	
Name of Registered Waste Hauler J. Vinch City, State TRENTON, NJ		NJDEP Waste Hauler ID No. NJ-09590		Cubic Yards of Waste 2 yds Disposal Date 7/16/2018	
Name of Registered Landfill GROWS City, State MORRISVILLE, PA.					
Completed By DAVID D'ANDREA		Title PRESIDENT		Signature <i>David D'Andrea</i> Date 7/9/2018	

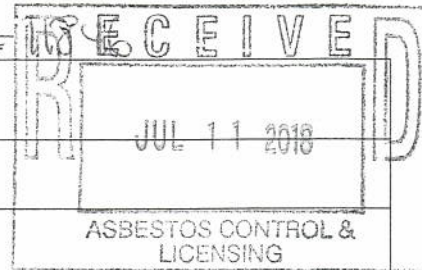
ASB-41

* Do not use this form for asbestos licensure exempted activities

011846

PAID

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

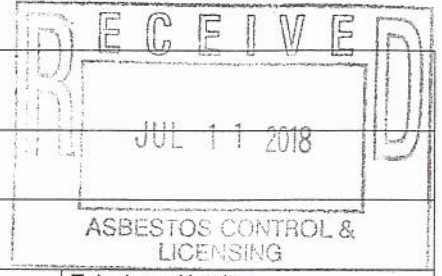


Date of Notification (1) <u>7</u> / <u>10</u> / <u>18</u>		Name of Building Owner/Operator (2) NJSDA						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 991 City, State, Zip Code Trenton, NJ 08652-0991 Name of Contact Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Denbo ES-- Pemberton School District		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1412 Junction Road		Square Feet 1						
City (5) Browns Mills		# of Floors 50+						
County (6) Burlington		County Code (7) (STATE USE ONLY) School						
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 7 Pleasant Hill Rd		Street Address 1121 N. Bethlehem Pike - Suite 60						
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Spring House, PA 19477						
Project Manager for Monitoring Firm (732) 390-5858		Telephone No. 215 542 7000						
Start Date (10) <u>7</u> / <u>23</u> / <u>18</u>		License No. 00847						
Scheduled Completion Date (11) <u>8</u> / <u>17</u> / <u>18</u>		Name of OSHA Monitor CES						
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: 7:00AM-7:00PM / ____ PM - ____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 506 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior Transite Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Transite Pipe	<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 Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Western Berks Community Landfill		
City, State Hatfield, PA		Disposal Date		City, State Birdsboro, PA 19508				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 7/10/18		

initial notification was 6/7/18
Rev I was Respondent on
nook
original check # 11805

Time frame now 2019-2020

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



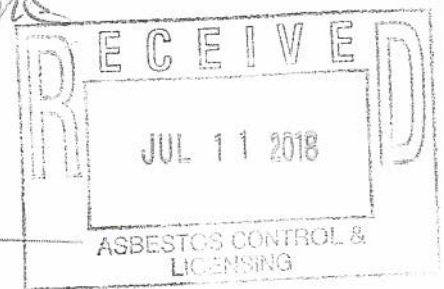
Date of Notification (1) <u>7</u> / <u>10</u> / <u>18</u>		Name of Building Owner/Operator (2) NJSDA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address PO Box 991 City, State, Zip Code Trenton, NJ 08652-0991 Name of Contact Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Denbo ES-- Pemberton School District		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1412 Junction Road		Square Feet 1	
City (5) Browns Mills		# of Floors 50+	
County (6) Burlington		Bldg. Age	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		ASCM No.	
Street Address 7 Pleasant Hill Rd		Name of Abatement Contractor (9) Controlled Environmental Systems	
City, State, Zip Code Cranbury, NJ 08512		Street Address 1121 N. Bethlehem Pike - Suite 60	
Project Manager for Monitoring Firm		City, State, Zip Code Spring House, PA 19477	
Telephone No. (732) 390-5858		Telephone No. 215 542 7000	
Start Date (10) ____ / ____ / ____		License No. 00847	
Scheduled Completion Date (11) ____ / ____ / ____		Name of OSHA Monitor CES	
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: 7:00AM-7:00PM / ____ PM - ____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60	
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		City, State, Zip Code Spring House, PA 19477	
		<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) <i>Cancellation</i>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior/exterior Through out	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior/exterior window Glazing	1200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty Lounge Toilet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceramic Wall Tile Bcking	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sink Under Coating	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet Caulking	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Western Berks Communtiy Landfill				
City, State Hatfield, PA		Disposal Date		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco	Title Office Manager			Signature <i>Patricia Visco</i>	Date <i>7/10/18</i>				

CANCEL due to time frame



All Abatement type is REMOVAL

Location	Description	Amount
Interior through-out	Duct Vibration Cloth	80 SF
Exterior through-out	Exterior Window Frame Caulking	800 LF
Exterior Facade	Exterior expansion Joint Caulking	60 LF
Exterior Facade	Exterior Louver Caulking	45 LF
Interior through-out	Unit Ventilators	1050 SF
Pipe Chases	Pipe Insulation & Mud Elbows	200 LF
Interior rooms through-out	Mastic to Chalkboards	4,500 SF
Electrical Service Room	4" Cove Base	10 SF
Exterior Facade	Exterior Window Lintel Caulk	500 LF

Page 2 of 2

NOCK 7/11/18 New Canceled Dec to TIME FRAME

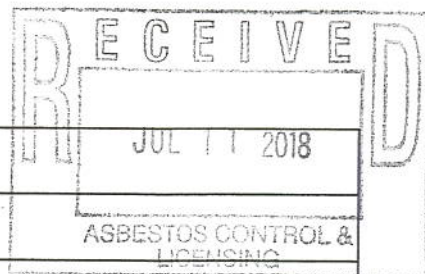
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

Date of Notification (1) 6 / 20 / 18		Name of Building Owner/Operator (2) NJSDA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 11 2018 ASBESTOS CONTROL & LICENSING </div>			
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 # <u>11</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address PO Box 991	
						City, State, Zip Code Trenton, NJ 08652-0991	
						Name of Contact	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Denbo ES-- Pemberton School District				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 1412 Junction Road				Square Feet			
City (5) Browns Mills				# of Floors 1			
County (6) Burlington				Bldg. Age 60+			
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		ASCM No.		Name of Abatement Contractor (9) Controlled Environmental Systems			
Street Address 7 Pleasant Hill Rd				Street Address 1121 N. Bethlehem Pike - Suite 60			
City, State, Zip Code Cranbury, NJ 08512				City, State, Zip Code Spring House, PA 19477			
Project Manager for Monitoring Firm		Telephone No. (732) 390-5858		Telephone No. 215 542 7000			
Start Date (10) 6 / 18 / 18		Scheduled Completion Date (11) 10 / 31 / 18		License No. 00947			
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: 7:00AM-7:00PM PM AM				Name of OSHA Monitor CES			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 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) TO BE ABATED IN Facility (12)		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)			
Interior/exterior Through out		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Interior/exterior window glazing			
Faculty Lounge Toilet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Ceramic Wall Tile Backing			
Nurses Office		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Sink Under Coating			
Nurses Office		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Toilet Caulking			
				Amount (Specify SF or LF) 1200 LF			
				250 SF			
				2 SF			
				3 LF			
Name of Registered Waste Hauler STG		NJDEP Waste Hauler ID No. 20900		Cubic Yards of Waste			
City, State New Castle, DE				Name of Registered Landfill Minerva Landfill			
				City, State Waynesburg, OH 44688			
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature [Signature]			
				Date 6/20/18			

OK 1421

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) Check # 1421

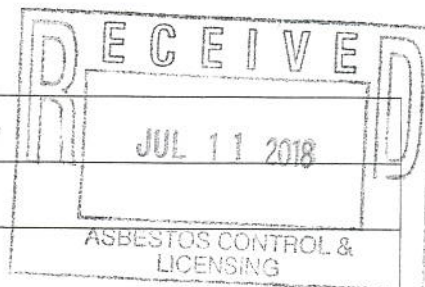


Date of Notification (1) 7/9/2018		Name of Building Owner/Operator (2) BELFOR PROPERTY RESTORATION	
Agencies Notified	Type Notification	STREET ADDRESS	
<input checked="" type="checkbox"/> EPA	Initial	50 ETHEL ROAD, WEST	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Amendment #	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	PISCATAWAY, NJ	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DCA		DAVID D'ANDREA	609-890-7110
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12)	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) PRINCETON JUNCTION, NJ		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
County MERCER	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address	Street Address 15 BLACK FOREST ROAD		
City, State, Zip Code	City, State, Zip Code HAMILTON, NJ 08691		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 7/10/2018	Scheduled Completion Date (11) 7/10/2018	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		P.O. BOX 341	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code	
5 pm-12 am		CROSSWICKS, NJ 08515	
Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
HALLWAY, 2ND FLOOR			NFVAT
Name of Registered Waste Hauler J. Vinch		NJDEP Waste Hauler ID No. NJ-09590	Cubic Yards of Waste 2 yds
City, State TRENTON, NJ		Disposal Date 7/16/2018	Name of Registered Landfill GROWS
Completed By DAVID D'ANDREA		Title PRESIDENT	Date 7/9/2018

ASB-41

* 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)

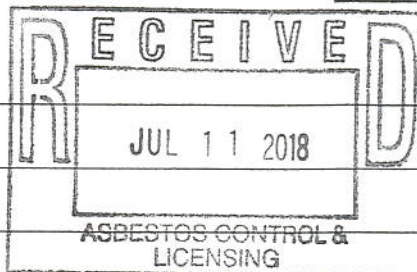


Date of Notification (1) 07/09/2018		Name of Building Owner/Operator (2) Glenwood Apartments & County Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Ln							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Old Bridge, NJ 08857							
		Name of Contact Eric Prieto	Telephone Number 7327271414						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartment		Type of Facility (4)							
Street Address 33 Cherry Hill Ln		<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) Old Bridge, NJ		Square Feet 2000	# of Floors 2 Bldg. Age 60+						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 07/20/2018	Scheduled Completion Date (11) 07/21/218	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue, PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
33 A-D Cherry hill Ln	X			Pipe/Elbow Insulation	140 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720			Disposal Date 07/21/2018	City, State Waynesburg, OH 44688					
Completed by Milan NJezic		Title Vice President	Signature 			Date 07/09/2018			

OK 6855

PAID

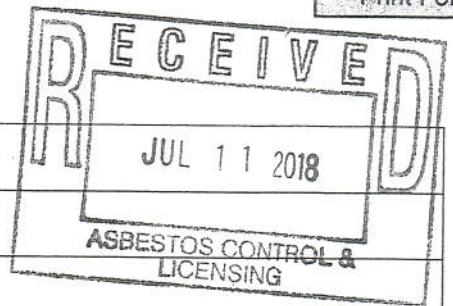
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/6/18		Name of Building Owner/Operator (2) G-Force Excavation LLC							
Agencies Notified	Type Notification	Street Address 160 Crown Point Rd.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Thorofare NJ 08086							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Larry Lutz	Telephone Number 856-384-0333						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Metro Diner		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 130 & Browning Ln.		Square Feet 1000 +	# of Floors 2						
City (5) Brooklawn NJ 08030		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Diner							
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) 7/23/18	Scheduled Completion Date (11) 8/3/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Roof				Miscellaneous Tar	120 SF	<input checked="" type="checkbox"/>			
Basement			x	end cap mastic	100 lf	<input checked="" type="checkbox"/>			
2nd floor office area			x	floor tile Mastic	1135 SF	<input checked="" type="checkbox"/>			
2nd floor office area			x	window glazing	70 LF	<input checked="" type="checkbox"/>			
Exterior Wall Joint			x	caulk	300 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 8/3/18	City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President	Signature 			Date 7/6/18			

PAID

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



Date of Notification (1) 7/5/18		Name of Building Owner/Operator (2) Vinny Bellissimo Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp NJ 08008							
		Name of Contact Vinny	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vinny Bellissimo 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 2						
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House & Garage							
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) 7/16/18	Scheduled Completion Date (11) 7/27/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/27/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7/5/18		