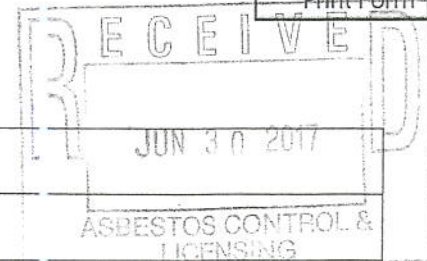


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

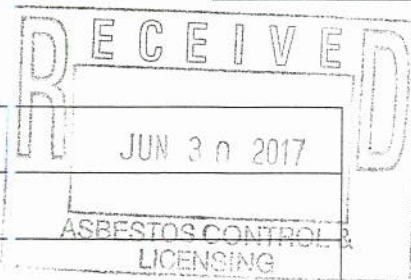


Date of Notification (1) 6/28/17		Name of Building Owner/Operator (2) South Plainfield BOE							
Agencies Notified	Type Notification	Street Address 125 Jackson ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 South Plainfield NJ 07080							
		Name of Contact TOM WIGGINS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ADMINISTRATION BUILDING		Type of Facility (4)							
Street Address 125 JACKSON AVE		<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.)							
City (5) SOUTH PLAINFIELD		Square Feet N/A	# of Floors N/A Bldg. Age N/A						
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) OMEGA ENVIROMENT SERVICES, INC		ASCM No. 00120	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address 208 HUYLER STREET		Street Address 89 FRANKLIN ST							
City, State, Zip Code SOUTH HACKENSACK, NJ 07606		City, State, Zip Code PATERSON NJ 07524							
Project Manager for Monitoring Firm GEISER FAJARDO		Telephone No. 201-724-8135	Telephone No. 973-333-5144 License No. 01274						
Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/14/17	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN ST							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code PATERSON NJ, 07524							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
COMPRESSOR ROOM		X		PIPE INSULATION	10LF	X			
MEN ROOM IN BASMENT		X		PIPE INSULATION	10FL	X			
Name of Registered Waste Hauler TRI STATE TRANSFER / YIMI BROTHER		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES					
City, State 1199 RANDALL AVE BRONX NY			Disposal Date TBD	City, State 900 MINEVA RD WAYNESBRUG RD					
Completed by VICTOR ESPIRITU		Title PROJECT MANGER		Signature		Date 06/28/17			

MO#24403137300

Print Form

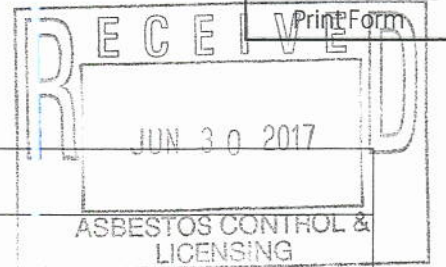
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/26/17		Name of Building Owner/Operator (2) Union School BOE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 239 Morris Avenue		City, State, Zip Code Union NJ, 07083							
Name of Contact Barry Loessel		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FRANKLIN 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 1550 LINDY TERRACE		Square Feet N/A							
City (5) Union		# of Floors N/A							
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Omega Enviroment Services, inc		ASCM No. 00120							
Street Address 208 HUYLER STREET		Name of Abatement Contractor (9) EHW ABATEMENT LLC							
City, State, Zip Code South Hackensack, NJ, 07606		Street Address 89 franklin St							
Project Manager for Monitoring Firm Geiser Fajardo		City, State, Zip Code Paterson NJ 07524							
Telephone No. 201-724-8135		Telephone No. 973-333-5144							
License No. 01274									
Start Date (10) 7/6/17		Scheduled Completion Date (11) 7/21/17							
Name of OSHA Monitor EHW ABATEMENT 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 89 Franklin St							
		City, State, Zip Code Paterson NJ, 07524							
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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MEDIA CENTER		X		MASTIC	1500SF	X			
ROOM 18		X		VAT	750 SF	X			
ROOM 21		X		VAT	750 SF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER / YIMI BROTHER		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste N/A	Name of Registered Landfill Minerva ENTERPRISES				
City, State 1199 Randall Ave Bronx NY		Disposal Date TBD		City, State 900 Minerva RD Waynesbrug OH					
Completed by Victor Espiritu		Title Project Manger		Signature 		Date 06/26/17			

MO 24403137322

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

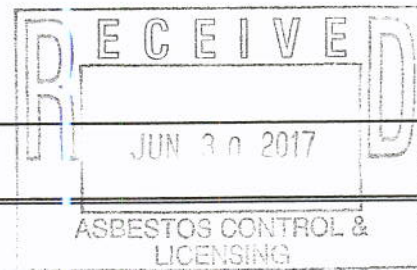


Date of Notification (1) 06/26/17		Name of Building Owner/Operator (2) Union School BOE							
Agencies Notified	Type Notification	Street Address 239 Morris Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union NJ, 07083							
		Name of Contact Barry Loessel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CONNECTICUT FARM		Type of Facility (4)							
Street Address 875 STUYVESANT AVE		<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.)							
City (5) Union		Square Feet N/A	# of Floors N/A						
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Omega Enviroment Services, inc		ASCM No. 00120	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address 208 HUYLER STREET		Street Address 89 franklin St							
City, State, Zip Code South Hackensack, NJ, 07606		City, State, Zip Code Paterson NJ 07524							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-724-8135	License No. 01274						
Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/21/17	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 89 Franklin St							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Paterson NJ, 07524							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
COMPUTER ROOM		X		VAT & MASTIC	500SF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER / YIMI BROTHER		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste N/A	Name of Registered Landfill Minerva ENTERPRISES					
City, State 1199 Randall Ave Bronx NY		Disposal Date TBD		City, State 900 Minerva RD Waynesbrug OH					
Completed by Victor Espiritu		Title Project Manger		Signature 		Date 06/26/17			

CK 1048

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Paragon Job# _____



Date of Notification (1) 10/16/12/18/11/17/		Name of Building Owner/Operator (2) Gateway EH 4/5, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	Street Address 250 Memorial Dr.	
		City, State, Zip Code Camden, NJ 08103	
		Name of Contact Chris Condon	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Former Garage			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1210 Federal Ave.			Square Feet 6,350 SF	# of Floors 01	Bldg. Age 100
City (5) Camden	County (6) Camden	County Code (7) (State use only)	Current Use (Prior if being demolished) Vacant Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) Langan Engineering		ASCM No.	Name of Abatement Contractor (9) Paragon Contracting, Inc.		
Street Address 300 Kimball Dr. 4th Floor			Street Address 590 River Rd.		
City, State, Zip Code Parsippany, NJ 07054			City, State, Zip Code Clifton, NJ 07014		
Project Manager for Monitoring Firm Langan		Phone Number 973-560-4900	Telephone Number (973) 614-1600		License Number 00748
Scheduled Start Date (10) 07/10/2017		Sched. Completion Date (11) 07/12/2017	Name of OSHA Monitor Paragon 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- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 590 River Rd.		
			City, State, Zip Code Clifton, NJ 07014		

Scope of Work (check all that apply)

- ☒ Demolition ☐ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-Exempted (") Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Exterior East Side			<input checked="" type="checkbox"/>	Window Caulking	10 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

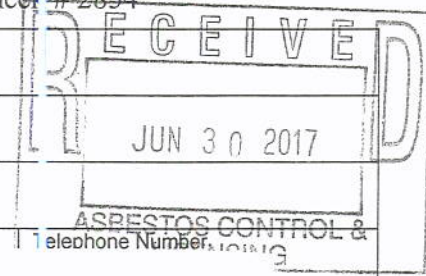
Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 1 cyds	Name of Registered Landfill GROWS/Tullytown
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 06/28/2017

EDS17-093

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

Page 1 of 1

Check # 2854

Date of Notification (1) 6-21-2017		Name of Building Owner/Operator (2) Englewood Cliffs School District							
Agencies Notified	Type Notification	Street Address 143 Charlotte Place							
<input checked="" type="checkbox"/> EPA <input 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 Englewood Cliffs, NJ 07632							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Frank Bolognini							
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Cliff 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 700 Floyd Street		Square Feet 20,000 +	# of Floors 1						
City (5) Englewood Cliffs		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
License No. 01084									
Start Date (10) 7-7-2017	Scheduled Completion Date (11) 7-14-2017	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
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 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
Room 11		X		Carpet, VAT, Mastic	1360 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 6-21-2017			