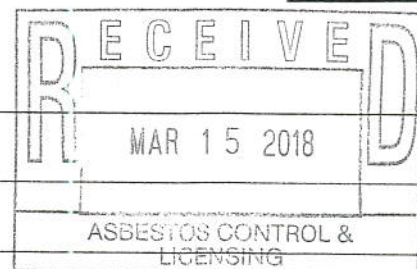


CK 2529

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



|  |  |  |   |   |                           |                   |        |             |           |
|--|--|--|---|---|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>3-10-2018  |  | Name of Building Owner/Operator (2)<br>[REDACTED] LLC  |   |   |                           |                   |        |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]   |   |   |                           |                   |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>West New York, NJ 07093   |   |   |                           |                   |        |             |           |
|  |  | Name of Contact<br>Aurelio E. Perez  | Telephone Number<br>_____   |   |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                   |        |             |           |
| Street Address<br>[REDACTED]   |  | Square Feet<br>10000   | # of Floors<br>2  |   |                           |                   |        |             |           |
| City (5)<br>West New York, NJ 07093  |  | Bldg. Age<br>75+   |   |   |                           |                   |        |             |           |
| County (6)<br>Hudson   | County Code (7)<br>(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)<br>Green Environmental Services, LLC |   |                           |                   |        |             |           |
| Street Address   |  | Street Address<br>235 Virginia Avenue  |   |   |                           |                   |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Jersey City, NJ 07304   |   |   |                           |                   |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.  | Telephone No.<br>201-333-8855   |   |                           |                   |        |             |           |
|  |  |  | License No.<br>01174  |   |                           |                   |        |             |           |
| Start Date (10)<br>3-12-2018   | Scheduled Completion Date (11)<br>3-12-2018  | Name of OSHA Monitor<br>Same as above  |   |   |                           |                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address   |   |   |                           |                   |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | City, State, Zip Code  |   |   |                           |                   |        |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |                           |                   |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                   |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Rear office  |  | x  |   | Roofing material  | 400 SF                    | x                 |        |             |           |
|  |  |  |   |   |                           |                   |        |             |           |
|  |  |  |   |   |                           |                   |        |             |           |
|  |  |  |   |   |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>Green Environmental Services,   |  | NJDEP Waste Hauler ID No.<br>0034889   | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>Grows North Landfill   |                           |                   |        |             |           |
| City, State<br>Jersey City, NJ   |  |  | Disposal Date<br>3-12-2018  | City, State<br>Morrisville, PA  |                           |                   |        |             |           |
| Completed by<br>Liliana Serrano  |  | Title<br>Office manager  | Signature<br>   |   |                           | Date<br>3-10-2018 |        |             |           |

CK# 5058

# PAID

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

|   |
|---|
| Print Form  |
| <div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em; margin-top: 5px;">MAR 15 2018</div> |
| ASBESTOS CONTROL & LICENSING  |

| Date of Notification (1)<br><b>3/13/18</b>   |  | Name of Building Owner/Operator (2)<br><b>Roger Mumford Homes</b>   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
|--|--|---|--|---|---------------------------|----------------|-----------|--|--|-----|----|---------|--------|-------------|-----------|--|---|---|------|---|--|--|--|--|---|---|------|---|--|--|--|--|---|---|------|---|--|--|--|--|---|---|------|---|--|--|--|---|--|--|---------------------------|----------------------|-----------------------------|----------------|-------|----|----------|----------------|--|--|--|----------------|--|--|--|----------------|--|--|--|
| Agencies Notified  | Type Notification  | Street Address<br><b>247 Bridge Ave Suite 5</b>   | City, State, Zip Code<br><b>Red Bank, NJ 07701</b> |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br><b>Spencer</b>   | Telephone Number<br><b>732 8421580</b>             |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| <b>FACILITY INFORMATION</b>  |  |   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>R. Mumford Homes property</b>   |  | Type of Facility (4)  |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Street Address<br>[REDACTED]   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| City (5)<br><b>Red Bank</b>  |  | Square Feet<br><b>2000</b>  | # of Floors<br><b>1</b>                            |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| County (6)<br><b>Morristown</b>  |  | Bldg. Age<br><b>55+</b>   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br><b>house + garage</b>  |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | Name of Abatement Contractor (9)  |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Street Address   |  | Street Address<br><b>ACE Insulation Co., Inc.</b>   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| City, State, Zip Code  |  | City, State, Zip Code<br><b>95 Montrose Rd</b>  |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Project Manager for Monitoring Firm  |  | Telephone No.<br><b>732-294-757</b>   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Start Date (10)<br><b>3/22/18</b>  |  | Scheduled Completion Date (11)<br><b>3/30/18</b>  |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Occupancy Status During Abatement (Check Only One)   |  | Telephone No.<br><b>00029</b>   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <b>7am-7pm</b>  |  | License No.   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Scope of Work (Check All That Apply)   |  | Name of OSHA Monitor  |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th> <th rowspan="2" style="text-align: center;">Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th rowspan="2" style="text-align: center;">Amount (Specify SF or LF)</th> <th colspan="4" style="text-align: center;">Abatement Type</th> </tr> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Removal</th> <th style="text-align: center;">Repair</th> <th style="text-align: center;">Encapsulate</th> <th style="text-align: center;">Enclosure</th> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">2000</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">3500</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">1500</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">1500</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> </table> |  | 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 | Removal | Repair | Encapsulate | Enclosure |  | X | X | 2000 | X |  |  |  |  | X | X | 3500 | X |  |  |  |  | X | X | 1500 | X |  |  |  |  | X | X | 1500 | X |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th> <th style="text-align: center;">NJDEP Waste Hauler ID No.</th> <th style="text-align: center;">Cubic Yards of Waste</th> <th style="text-align: center;">Name of Registered Landfill</th> </tr> <tr> <td style="text-align: center;">Garage + house</td> <td style="text-align: center;">04509</td> <td style="text-align: center;">40</td> <td style="text-align: center;">Fairless</td> </tr> <tr> <td style="text-align: center;">interior house</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">interior house</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">interior house</td> <td></td> <td></td> <td></td> </tr> </table> |  | Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | Garage + house | 04509 | 40 | Fairless | interior house |  |  |  | interior house |  |  |  | interior house |  |  |  |
| 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   |   |  | Removal   | Repair                    | Encapsulate    | Enclosure |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
|  | X  | X   | 2000   | X   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
|  | X  | X   | 3500   | X   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
|  | X  | X   | 1500   | X   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
|  | X  | X   | 1500   | X   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | NJDEP Waste Hauler ID No.  | Cubic Yards of Waste  | Name of Registered Landfill                        |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Garage + house   | 04509  | 40  | Fairless   |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| interior house   |  |   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| interior house   |  |   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| interior house   |  |   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Name of Registered Waste Hauler<br><b>Network Carting</b>  |  | Disposal Date<br><b>3/30/18</b>   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| City, State<br><b>Newark, NJ</b>   |  | City, State<br><b>Montville, PA</b>   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Completed by<br><b>Breanne Guice</b>   |  | Signature<br><b>[Signature]</b>   |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |
| Title<br><b>Secretary/Treasurer</b>  |  | Date<br><b>3/13/18</b>  |  |   |                           |                |           |  |  |     |    |         |        |             |           |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |  |   |   |      |   |  |  |  |   |  |  |                           |                      |                             |                |       |    |          |                |  |  |  |                |  |  |  |                |  |  |  |



PAID

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

|                              |             |
|------------------------------|-------------|
| RECEIVED                     | Print Form  |
|                              | MAR 15 2018 |
| ASBESTOS CONTROL & LICENSING |             |

PK#5057

|  |  |   |                                  |
|--|--|---|----------------------------------|
| Date of Notification (1)<br>3/2/18   |  | Name of Building Owner/Operator (2)<br>The Martin Group |                                  |
| Agencies Notified  | Type Notification  | Street Address  |                                  |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | 96 Freneau Ave<br>Metawan, NJ 07740                     |                                  |
|  |  | Name of Contact<br>Patrick                              | Telephone Number<br>732 233 0549 |

## FACILITY INFORMATION

|  |   |   |                      |
|--|---|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>The Martin Group   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                      |
| Street Address<br>3 Bellevue Lane  |   | Square Feet<br>1500   | # of Floors<br>2     |
| City (5)<br>Metawan  |   | Bldg. Age<br>50+  |                      |
| County (6)<br>Monmouth   | County Code (7)<br>(STATE USE ONLY)       | Current Use (Prior if being demolished)<br>Residence  |                      |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | Name of Abatement Contractor (9)<br>Ace Insulation Co, Inc  |                      |
| Street Address   |   | Street Address<br>95 Montrose Rd  |                      |
| City, State, Zip Code  |   | City, State, Zip Code<br>Colts Neck, NJ 07722   |                      |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>732 294 1757   | License No.<br>00029 |
| Start Date (10)<br>3/2/18  | Scheduled Completion Date (11)<br>3/26/18 | Name of OSHA Monitor  |                      |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Jan - Jan |   | 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"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |  |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure  |  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |  |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |

| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| basement  |   |    | X   | floor to ceiling   | 200 LF                    | X              |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |

|   |                              |                                    |                               |                                      |  |
|---|------------------------------|------------------------------------|-------------------------------|--------------------------------------|--|
| Name of Registered Waste Hauler<br>Ace Insulation Co, Inc |                              | NJDEP Waste Hauler ID No.<br>12086 | Cubic Yards of Waste<br>3     | Name of Registered Landfill<br>Chris |  |
| City, State<br>95 Montrose Rd Colts Neck, NJ              |                              | Disposal Date<br>3/26/18           | City, State<br>Colts Neck, NJ |                                      |  |
| Completed by<br>Bree McGone                               | Title<br>Secretary/Treasurer | Signature<br>Bree                  | Date<br>3/2/18                |                                      |  |



# PAID

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

14518473

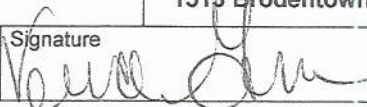
|   |  |  |                          |  |   |                                     |                          |                          |                          |
|---|--|--|--------------------------|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>03 / 01 / 18</b>   |  | Name of Building Owner/Operator (2)<br><b>Metro Industrial Wrecking &amp; Environmental Contractors, Inc.</b>  |                          |  |   |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>273 Walt Whitman Rd. Suite 125</b><br>City, State, Zip Code<br><b>Huntington Station, NY 11746</b><br>Name of Contact<br><b>Rebecca Rubnitz</b><br>Telephone Number<br><b>631-873-4357</b>              |                          |  |   |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |                          |  |   |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Office Bldg</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                          |  |   |                                     |                          |                          |                          |
| Street Address<br><b>211 Cuthbert Blvd</b>  |  | Square Feet<br><b>12,000</b>   |                          |  |   |                                     |                          |                          |                          |
| City (5)<br><b>Cherry Hill, NJ</b>  |  | # of Floors<br><b>1</b>  |                          |  |   |                                     |                          |                          |                          |
| County (6)<br><b>US; Camden CO.</b>   |  | Bldg. Age<br><b>1965</b>   |                          |  |   |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br><b>Former School</b>  |                          |  |   |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Sinog Environmental Inc.</b>  |  | Name of Abatement Contractor (9)<br><b>Graham-Tech Environmental Service, LLC.</b>   |                          |  |   |                                     |                          |                          |                          |
| Street Address<br><b>617 Stokes Rd.</b>   |  | Street Address<br><b>958 Jackson Rd</b>  |                          |  |   |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Medford, NJ 08055</b>   |  | City, State, Zip Code<br><b>Mays Landing, NJ 08330</b>   |                          |  |   |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rebecca Rubnitz</b>   |  | Telephone No.<br><b>609-561-1901</b>   |                          |  |   |                                     |                          |                          |                          |
| Telephone No.<br><b>609-868-1676</b>  |  | License No.<br><b>01158</b>  |                          |  |   |                                     |                          |                          |                          |
| Start Date (10)<br><b>03 / 10 / 18</b>  |  | Scheduled Completion Date (11)<br><b>04 / 20 / 18</b>  |                          |  |   |                                     |                          |                          |                          |
| Name of OSHA Monitor<br><b>Graham-Tech Environmental Services, LLC.</b>   |  |  |                          |  |   |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7AM-11:30PM</u> / <u>      </u> PM - <u>      </u> AM  |  | Street Address<br><b>958 Jackson Rd</b><br>City, State, Zip Code<br><b>Mays Landing, NJ 08330</b>  |                          |  |   |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |  |  |                          |  |   |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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                |
| First Floor   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | Asbestos Associated Mastic   | 5,500SF   | <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<br><b>Graham-Tech Environmental Service, LLC</b>  |  | NJDEP Waste Hauler ID No.<br><b>0034500</b>  |                          | Cubic Yards of Waste   | Name of Registered Landfill<br><b>G.R.O.W. North Landfill &amp; Tullytown</b> |                                     |                          |                          |                          |
| City, State<br><b>14 Read Drive Sicklerville, NJ 08081</b>  |  | Disposal Date  |                          | City, State<br><b>1513 Brodowntown Rd. Morrisville, PA</b>   |   |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Vernice Graham</b>   |  | Title<br><b>President</b>  |                          | Signature<br><i>Vernice Graham</i>   |   | Date<br><b>3-1-18</b>               |                          |                          |                          |



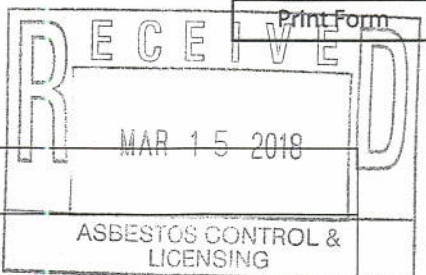
# PAID

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

# 14518471  
CMT

|   |  |  |  |   |                           |                                     |                          |                          |                          |
|---|--|--|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><b>03 / 01 / 18</b>   |  | Name of Building Owner/Operator (2)<br><b>Metro Industrial Wrecking &amp; Environmental Contractors, Inc.</b>  |  |   |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>273 Walt Whitman Rd. Suite 125</b><br>City, State, Zip Code<br><b>Huntington Station, NY 11746</b><br>Name of Contact<br><b>Rebecca Rubnitz</b>   |  |   |                           |                                     |                          |                          |                          |
|   |  | Telephone Number<br><b>631-873-4357</b>  |  |   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |  |   |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Warehouse</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>215 Cuthbert Blvd</b>  |  |  |  |   |                           |                                     |                          |                          |                          |
| City (5)<br><b>Cherry Hill, NJ</b>  |  | Square Feet<br><b>60,000</b>   | # of Floors<br><b>2</b>  |   |                           |                                     |                          |                          |                          |
| County (6)<br><b>US; Camden CO.</b>   |  | County Code (7) (STATE USE ONLY)   | Bldg. Age<br><b>1965</b>   |   |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Sinog Environmental Inc.</b>  |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Graham-Tech Environmental Service, LLC.</b> |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>617 Stokes Rd.</b>   |  | Street Address<br><b>958 Jackson Rd</b>  |  |   |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Medford, NJ 08055</b>   |  | City, State, Zip Code<br><b>Mays Landing, NJ 08330</b>   |  |   |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rebecca Rubnitz</b>   |  | Telephone No.<br><b>609-868-1676</b>   | License No.<br><b>01158</b>  |   |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>03 / 10 / 18</b>  | Scheduled Completion Date (11)<br><b>04 / 20 / 18</b>  | Name of OSHA Monitor<br><b>Graham-Tech Environmental Services, LLC.</b>  |  |   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7AM-11:30PM</b> / _____ PM-_____ AM  |  | Street Address<br><b>958 Jackson Rd</b><br>City, State, Zip Code<br><b>Mays Landing, NJ 08330</b>  |  |   |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |  |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED IN Facility (13)</b>  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM)<br>(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  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | Asbestos Roofing  | 7,000SF                   | <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<br><b>Graham-Tech Environmental Service, LLC</b>  |  | NJDEP Waste Hauler ID No.<br><b>0034500</b>  | Cubic Yards of Waste   | Name of Registered Landfill<br><b>G.R.O.W. North Landfill &amp; Tullytown</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>14 Read Drive Sicklerville, NJ 08081</b>  |  | Disposal Date  |  | City, State<br><b>1513 Brodowntown Rd. Morrisville, PA</b>  |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Vernice Graham</b>   | Title<br><b>President</b>  | Signature<br>  |  |   |                           | Date<br><b>3-1-18</b>               |                          |                          |                          |





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

|  |  |   |  |  |  |  |  |                 |        |             |         |
|--|--|---|--|--|--|--|--|-----------------|--------|-------------|---------|
| Date of Notification (1)<br>3/8/2018   |  | Name of Building Owner/Operator (2)<br>[REDACTED] LLC   |  | MAR 15 2018  |  |  |  |                 |        |             |         |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>7002 Boulevard East<br>City, State, Zip Code<br>Guttenburg, NJ 07093<br>Name of Contact<br>Ron Carvalho                                |  |  |  |                 |        |             |         |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |  |  |  |                 |        |             |         |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential<br>Street Address<br>[REDACTED]<br>City (5)<br>Newark, NJ<br>County (6)<br>Essex   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Square Feet<br>3500<br># of Floors<br>3<br>Bldg. Age<br>90 +/-<br>County Code (7)<br>(STATE USE ONLY)<br>Current Use (Prior if being demolished)<br>Residential |  |  |  |  |                 |        |             |         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Street Address<br>City, State, Zip Code   |  | ASCM No.<br>Telephone No.   |  | Name of Abatement Contractor (9)<br>Stevens Environmental Services, Inc.<br>Street Address<br>PO Box 322<br>City, State, Zip Code<br>Allentown, NJ 08501 |  |  |  |                 |        |             |         |
| Project Manager for Monitoring Firm<br>Telephone No.   |  | Telephone No.<br>609 259-9688   |  | License No.<br>00493   |  |  |  |                 |        |             |         |
| Start Date (10)<br>3/20/2018   |  | Scheduled Completion Date (11)<br>3/30/2018   |  | Name of OSHA Monitor<br>MECS   |  |  |  |                 |        |             |         |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:   |  |   |  | Street Address<br>PO Box 341<br>City, State, Zip Code<br>Chesterfield, NJ 08515  |  |  |  |                 |        |             |         |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><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)<br>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  |        |             |         |
|  |  |   |  |  |  |  |  | Removal         | Repair | Encapsulate | Enclose |
| Basement   |  | X   |  | Thermal Pipe Insulation  |  | 220 lf   |  | X               |        |             |         |
| Basement   |  | X   |  | Transite Sinks   |  | 2  |  | X               |        |             |         |
| 3rd Floor  |  | X   |  | VAT  |  | 100 sf   |  | X               |        |             |         |
| 2nd Floor  |  | X   |  | Sheet Flooring   |  | 80 sf  |  | X               |        |             |         |
| Name of Registered Waste Hauler<br>Stevens Environmental Services  |  | NJDEP Waste Hauler ID No.<br>18292  |  | Cubic Yards of Waste<br>3  |  | Name of Registered Landfill<br>Fairless Landfill |  |                 |        |             |         |
| City, State<br>Allentown, NJ   |  |   |  | Disposal Date<br>3/30/2018   |  | City, State<br>Morrisville, PA                   |  |                 |        |             |         |
| Completed by<br>Mahlon E. Stevens  |  |   |  | Title<br>Project Manager   |  | Signature<br>                                    |  | Date<br>3/11/18 |        |             |         |



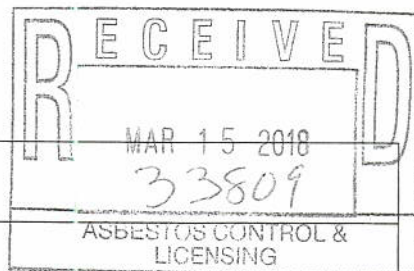
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check # 25556

|   |  |   |   |   |                     |                |        |             |           |
|---|--|---|---|---|---------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>3/8/2018  |  | Name of Building Owner/Operator (2)<br>145 Lyons, LLC                                 |   | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED<br/> MAR 15 2018<br/> ASBESTOS CONTROL &amp; LICENSING<br/> Telephone Number<br/> 908-208-3060 </div>   |                     |                |        |             |           |
| Agencies Notified   | Type Notification  | Street Address<br>7002 Boulevard East   |   |   |                     |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Guttenburg, NJ 07093   |   |   |                     |                |        |             |           |
|   |  | Name of Contact<br>Ron Carvalho   |   |   |                     |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |   |                     |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential   |  |   | Type of Facility (4)  |   |                     |                |        |             |           |
| Street Address<br>[REDACTED]  |  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |                     |                |        |             |           |
| City (5)<br>Metuchen, NJ 08840  |  |   | Square Feet<br>3500   | # of floors<br>3  | Bldg. Age<br>90 +/- |                |        |             |           |
| County (6)<br>Essex   |  | County Code (7)<br>(STATE USE ONLY)   | Current Use (Prior if being demolished)<br>Residential  |   |                     |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |  | ASCM No.  | Name of Abatement Contractor (3)<br>Stevens Environmental Services, Inc.  |   |                     |                |        |             |           |
| Street Address  |  | Street Address<br>PO Box 322  |   |   |                     |                |        |             |           |
| City, State, Zip Code   |  | City, State, Zip Code<br>Allentown, NJ 08501  |   |   |                     |                |        |             |           |
| Project Manager for Monitoring Firm   |  | Telephone No.   | Telephone No.<br>609 259-9688   | License No.<br>00493  |                     |                |        |             |           |
| Start Date (10)<br>3/20/2018  |  | Scheduled Completion Date (11)<br>3/30/2018   |   | Name of OSHA Monitor<br>MECS  |                     |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |  |   | Street Address<br>PO Box 341  |   |                     |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: |  |   | City, State, Zip Code<br>Chesterfield, NJ 08515   |   |                     |                |        |             |           |
| Scope of Work (Check All That Apply)  |  |   |   |   |                     |                |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                     |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)   | Abatement Type      |                |        |             |           |
|   | Yes  | No  |   |   | N/A                 | Removal        | Repair | Encapsulate | Enclosure |
| Basement  |  | X   |   | Thermal Pipe Insulation   | 220 lf              | X              |        |             |           |
| Basement  |  | X   |   | Transite Sinks  | 2                   | X              |        |             |           |
| 3rd Floor   |  | X   |   | VAT   | 100 sf              | X              |        |             |           |
| 2nd Floor   |  | x   |   | Sheet Flooring  | 80 sf               | X              |        |             |           |
| Name of Registered Waste Hauler<br>Stevens Environmental Services   |  | NJDEP Waste Hauler ID No.<br>18292  | Cubic Yards of Waste<br>3   | Name of Registered Landfill<br>Fairless Landfill  |                     |                |        |             |           |
| City, State<br>Allentown, NJ  |  |   | Disposal Date<br>3/30/2018  | City, State<br>Morrisville, PA  |                     |                |        |             |           |
| Completed by<br>Mahlon E. Stevens   |  | Title<br>Project Manager  | Signature<br>   |   |                     | Date<br>3/8/18 |        |             |           |



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)



CK 33809

|   |  |  |  |
|---|--|--|--|
| Date of Notification (1)<br><b>03 / 12 / 18</b>   |  | Name of Building Owner/Operator (2)<br><b>Dan Mercury</b>                                  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><div style="background-color: black; width: 100px; height: 15px;"></div> |  |
|   |  | City, State, Zip Code<br><b>Lavallette, NJ 08735</b>                                       |  |
|   |  | Name of Contact<br><b>Dan Mercury</b>  | Telephone Number<br><div style="background-color: black; width: 100px; height: 15px;"></div> |

**FACILITY INFORMATION**

|  |   |  |                             |
|--|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Office Building</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                             |
| Street Address<br><b>3252 Route 35</b>   |   | Square Feet<br><b>2000 sf</b>  | # of Floors<br><b>1</b>     |
| City (5)<br><b>Toms River Twp (Lavallette)</b>   |   | Bldg. Age<br><b>60</b>   |                             |
| County (6)<br><b>Ocean</b>   | County Code (7) (STATE USE ONLY)                      | Current Use (Prior if being demolished)<br><b>Office Building</b>  |                             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>N/A</b>  |   | Name of Abatement Contractor (9)<br><b>Guardian Contracting, Inc.</b>  |                             |
| Street Address   |   | Street Address<br><b>1889 Route 9, Unit 61</b>   |                             |
| City, State, Zip Code  |   | City, State, Zip Code<br><b>Toms River, New Jersey 08755</b>   |                             |
| Project Manager for Monitoring Firm  | Telephone No.   | Telephone No.<br><b>732-349-9932</b>   | License No.<br><b>00624</b> |
| Start Date (10)<br><b>03 / 13 / 18</b>   | Scheduled Completion Date (11)<br><b>03 / 15 / 18</b> | Name of OSHA Monitor<br><b>E.M.S.L. Analytical</b>   |                             |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |   | Street Address<br><b>1056 Stelton</b>  |                             |
|  |   | City, State, Zip Code<br><b>Piscataway, New Jersey 08854</b>   |                             |

Scope of Work (Check all that apply)

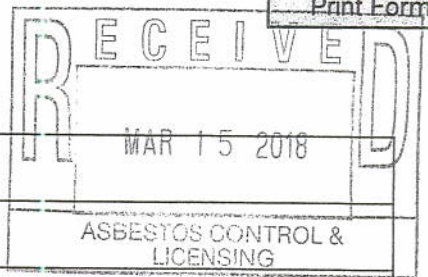
|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf        | <input checked=""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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                                  | N/A                      |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| <b>1<sup>st</sup> floor</b>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>asbestos floor tile</b>   | <b>120 sf</b>             | <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<br><b>Guardian Contracting, Inc.</b> |                                 | NJDEP Waste Hauler ID No.<br><b>20223</b> | Cubic Yards of Waste<br><b>3</b>              | Name of Registered Landfill<br><b>T.R.R.F.</b> |  |
| City, State<br><b>Toms River, New Jersey</b>                         |                                 | Disposal Date<br><b>03/15/18</b>          | City, State<br><b>Tullytown, Pennsylvania</b> |  |  |
| Completed By (Print or Type)<br><b>Nicholas Fernicola</b>            | Title<br><b>Project Manager</b> | Signature<br>                             | Date<br><b>3/12/18</b>                        |  |  |



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



|  |  |  |  |   |                           |                |                 |             |           |
|--|--|--|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>3/12/18  |  | Name of Building Owner/Operator (2)<br>Robert Wise Private Home  |  |   |                           |                |                 |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>[REDACTED]   |  |   |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Somerdale NJ 08083  |  |   |                           |                |                 |             |           |
|  |  | Name of Contact<br>Robert  | Telephone Number<br>7                            |   |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Robert Wise Private Home   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                           |                |                 |             |           |
| Street Address<br>[REDACTED]   |  |  |  |   |                           |                |                 |             |           |
| City (5)<br>Somerdale NJ 08083   |  | Square Feet<br>1000 +  | # of Floors<br>1                                 |   |                           |                |                 |             |           |
| County (6)<br>camden   |  | County Code (7)<br>(STATE USE ONLY)  | Bldg. Age<br>35+                                 |   |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.   | Name of Abatement Contractor (9)<br>Pernaco Inc. |   |                           |                |                 |             |           |
| Street Address   |  | Street Address<br>PO Box 329   |  |   |                           |                |                 |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>West Berlin NJ 08091  |  |   |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>856-753-9800  | License No.<br>00727                             |   |                           |                |                 |             |           |
| Start Date (10)<br>3/21/18   | Scheduled Completion Date (11)<br>3/27/18  | Name of OSHA Monitor<br>Same   |  |   |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Home Owner Will Be Home |  | Street Address   |  |   |                           |                |                 |             |           |
|  |  | City, State, Zip Code  |  |   |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |  |  |  |   |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                           |                |                 |             |           |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes  | No   | N/A  |   |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Basement   |  |  | x  | Duct Insulation   | 90 SF                     | x              |                 |             |           |
|  |  |  |  |   |                           |                |                 |             |           |
|  |  |  |  |   |                           |                |                 |             |           |
|  |  |  |  |   |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>United Roll Off   |  | NJDEP Waste Hauler ID No.<br>22459   | Cubic Yards of Waste<br>3                        | Name of Registered Landfill<br>G.R.O.W.S.   |                           |                |                 |             |           |
| City, State<br>Elm NJ  |  | Disposal Date<br>3/27/18   |  | City, State<br>Morrisville PA 19067   |                           |                |                 |             |           |
| Completed by<br>Anthony T Perna  |  | Title<br>President   |  | Signature<br>   |                           |                | Date<br>3/12/18 |             |           |



CK# 4489

PAID

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



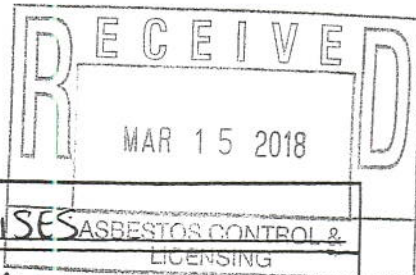
|  |  |  |  |   |                       |          |        |             |           |
|--|--|--|--|---|-----------------------|----------|--------|-------------|-----------|
| Date of Notification (1)<br><u>3-9-18</u>  |  | Name of Building Owner/Operator (2)<br><u>EARTHTECH CONTRACTING</u>  |  |   |                       |          |        |             |           |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>155 RT 50</u>   |  |   |                       |          |        |             |           |
|  |  | City, State, Zip Code<br><u>GREENFIELD N.J. 08230</u>  |  |   |                       |          |        |             |           |
|  |  | Name of Contact<br><u>BRUCE</u>  | Telephone Number<br>_____  |   |                       |          |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                       |          |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                   |  |   |                       |          |        |             |           |
| Street Address<br>_____  |  |  |  |   |                       |          |        |             |           |
| City (5)<br><u>OCEAN CITY</u>  | Square Feet<br><u>2000</u>   | # of Floors<br><u>2</u>  | Bldg. Age<br><u>50+</u>  |   |                       |          |        |             |           |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)<br>_____  | Current Use (Prior if being demolished)<br><u>VACANT</u>   |  |   |                       |          |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  | ASCM No.<br>_____  | Name of Abatement Contractor (9)<br><u>KLEMCO INC</u>  |  |   |                       |          |        |             |           |
| Street Address<br>_____  |  | Street Address<br><u>369 S SPRUCE AVE</u>  |  |   |                       |          |        |             |           |
| City, State, Zip Code<br>_____   |  | City, State, Zip Code<br><u>MAPLE SHADE N.J. 08052</u>   |  |   |                       |          |        |             |           |
| Project Manager for Monitoring Firm<br>_____   | Telephone No.<br>_____   | Telephone No.<br><u>856-779-0472</u>   | License No.<br><u>00444</u>  |   |                       |          |        |             |           |
| Start Date (10)<br><u>3-19-18</u>  | Scheduled Completion Date (11)<br><u>3-26-18</u>   | Name of OSHA Monitor<br><u>N/A</u>   |  |   |                       |          |        |             |           |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>_____  |  |   |                       |          |        |             |           |
|  |  | City, State, Zip Code<br>_____   |  |   |                       |          |        |             |           |
| Scope of Work (Check all that apply)   |  |  |  |   |                       |          |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |                       |          |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                       |          |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>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)<br><u>2000 SF</u>       | Abatement Type        |          |        |             |           |
|  | Yes  | No   |  |   | N/A                   | Removal  | Repair | Encapsulate | Enclosure |
| <u>SIDING</u>  |  |  | <u>X</u>   | <u>TRANSITE</u>                                   | <u>2000 SF</u>        | <u>X</u> |        |             |           |
|  |  |  |  |   |                       |          |        |             |           |
|  |  |  |  |   |                       |          |        |             |           |
|  |  |  |  |   |                       |          |        |             |           |
| Name of Registered Waste Hauler<br><u>KLEMCO INC</u>   |  | NJDEP Waste Hauler ID No.<br><u>17904</u>  | Cubic Yards of Waste<br>_____  | Name of Registered Landfill<br><u>C.M.C.M.U.A</u> |                       |          |        |             |           |
| City, State<br><u>MAPLE SHADE N.J.</u>   |  | Disposal Date<br>_____   |  | City, State<br><u>WOODBINE</u>                    |                       |          |        |             |           |
| Completed By<br><u>MICHAEL KLEMM</u>   |  | Title<br><u>SUP.</u>   | Signature<br><u>[Signature]</u>  |   | Date<br><u>3-9-18</u> |          |        |             |           |



CK# 4489

PAID

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



|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><u>3-9-18</u>  |  | Name of Building Owner/Operator (2)<br><u>MASE ENTERPRISES</u>  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation  |  |
| Street Address<br><u>1401 ARKANSAS AVE</u>   |  | City, State, Zip Code<br><u>ATLANTIC CITY N.J.</u>  |  |
| Name of Contact<br><u>ANDY</u>   |  | Telephone Number<br>_____   |  |
| FACILITY INFORMATION   |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)  |  |
| Street Address<br>[REDACTED]   |  | Square Feet # of Floors Bldg. Age<br><u>1500SF</u> <u>2</u> <u>50+</u>  |  |
| City (5)<br><u>BRIGANTINE</u>  |  | Current Use (Prior if being demolished)<br><u>VACANT</u>  |  |
| County (6)<br><u>ATLANTIC</u>  |  | County Code (7) (STATE USE ONLY)<br>_____   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |  | ASCM No. _____  |  |
| Street Address<br>_____  |  | Name of Abatement Contractor (9)<br><u>KLEMMCO INC.</u>   |  |
| City, State, Zip Code<br>_____   |  | Street Address<br><u>369 S SPRUCE AVE</u>   |  |
| Project Manager for Monitoring Firm<br>_____   |  | City, State, Zip Code<br><u>MAPLE SHADE N.J. 08052</u>  |  |
| Telephone No.<br>_____   |  | Telephone No.<br><u>856-779-0472</u>  |  |
| Start Date (10)<br><u>3-29-18</u>  |  | License No.<br><u>00444</u>   |  |
| Scheduled Completion Date (11)<br><u>3-29-18</u>   |  | Name of OSHA Monitor<br><u>N/A</u>  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>_____   |  |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |
| City, State, Zip Code<br>_____   |  | _____   |  |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)  |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A<br>_____ X _____  |  |
| Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  | Amount (Specify SF or LF)   |  |
| <u>SIDING</u>  |  | <u>2750SF</u>   |  |
| <u>TRANSITE</u>  |  | <u>X</u>  |  |
| Abatement Type   |  | Enclosure   |  |
| Removal Repair Encapsulate   |  | Removal Repair Encapsulate  |  |
| _____  |  | _____   |  |
| Name of Registered Waste Hauler<br><u>KLEMMCO INC</u>  |  | NJDEP Waste Hauler ID No.<br><u>15904</u>   |  |
| Cubic Yards of Waste<br><u>3</u>   |  | Name of Registered Landfill<br><u>ACUFA</u>   |  |
| City, State<br><u>MAPLE SHADE N.J.</u>   |  | Disposal Date<br>_____  |  |
| City, State<br><u>PLEASANTVILLE</u>  |  | Signature<br><u>[Signature]</u>   |  |
| Completed By<br><u>MICHAEL KLEMM</u>   |  | Title<br><u>PRET.</u>   |  |
| Date<br><u>3-9-18</u>  |  | Date<br><u>3-9-18</u>   |  |



CK # 4489

PAID

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

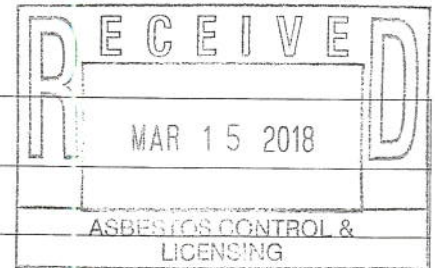
RECEIVED  
MAR 15 2018

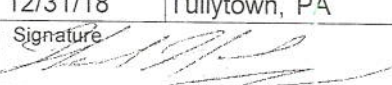
|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br><u>3-9-18</u>  |  | Name of Building Owner/Operator (2)<br><u>EARTHTECH CONTRACTING</u>   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><u>155 RT 50</u><br>City, State, Zip Code<br><u>GREENFIELD N.J. 08230</u>   |  |
|  |  | Name of Contact<br><u>BRUCE</u>   | Telephone Number<br>_____  |
| FACILITY INFORMATION   |  |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><u>RESIDENCE</u>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)  |  |
| Street Address<br>[REDACTED]   |  | Square Feet<br><u>2000</u>  |  |
| City (5)<br><u>OCEAN CITY</u>  |  | # of Floors<br><u>2</u>   | Bldg. Age<br><u>50+</u>  |
| County (6)<br><u>CAPE MAY</u>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)<br><u>VACANT</u>  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><u>N/A</u>  |  | Name of Abatement Contractor (9)<br><u>KLEMCO INC</u>   |  |
| Street Address<br>_____  |  | Street Address<br><u>369 S SPRUCE AVE</u>   |  |
| City, State, Zip Code<br>_____   |  | City, State, Zip Code<br><u>MAPLE SHADE N.J. 08052</u>  |  |
| Project Manager for Monitoring Firm<br>_____   |  | Telephone No.<br><u>856-779-0472</u>  | License No.<br><u>00444</u>  |
| Start Date (10)<br><u>4-1-18</u>   | Scheduled Completion Date (11)<br><u>4-8-18</u>  | Name of OSHA Monitor<br><u>N/A</u>  |  |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>_____   |  |
|  |  | City, State, Zip Code<br>_____  |  |
| Scope of Work (Check all that apply)   |  |   |  |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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) |
|  | Yes  | No  |  |
| <u>SIDING</u>  |  | <u>X</u>  | <u>TRANSITE</u>  |
|  |  |   | <u>3500 SF</u>   |
|  |  |   |  |
|  |  |   |  |
| Name of Registered Waste Hauler<br><u>KLEMCO INC</u>   |  | NJDEP Waste Hauler ID No.<br><u>17904</u>   | Cubic Yards of Waste<br>_____  |
| City, State<br><u>MAPLE SHADE N.J.</u>   |  | Name of Registered Landfill<br><u>C.M.C. M.U.A</u>  |  |
| Disposal Date<br>_____   |  | City, State<br><u>WOODBINE</u>  |  |
| Completed By<br><u>Michael Klemm</u>   | Title<br><u>SUP.</u>   | Signature<br><u>Michael Klemm</u>   | Date<br><u>3-9-18</u>  |



**NO CK**

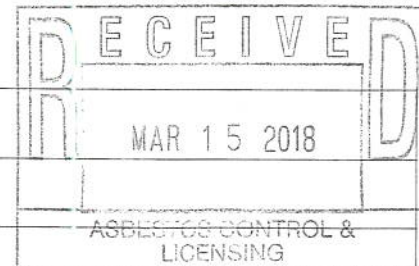
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



|  |   |  |  |   |                                     |   |        |             |
|--|---|--|--|---|-------------------------------------|---|--------|-------------|
| Date of Notification (1)<br><b>March 12, 2018</b>  |   | Name of Building Owner/Operator (2)<br><b>Sears / Seritage</b>   |  |   |                                     |   |        |             |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #3<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |   |                                     |   |        |             |
| Street Address<br><b>1640-1701 US-22</b>   |   | City, State, Zip Code<br><b>Watchung, NJ 07060</b>   |  |   |                                     |   |        |             |
| Name of Contact<br><b>Project Manager</b>  |   | Telephone Number<br><b>973-641-1736</b>  |  |   |                                     |   |        |             |
| <b>FACILITY INFORMATION</b>  |   |  |  |   |                                     |   |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Sears / Store Unit - 1284 / Auto Center</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                              |  |   |                                     |   |        |             |
| Street Address<br><b>1640-1701 US-22</b>   |   | Square Feet<br><b>48,000</b>   |  |   |                                     |   |        |             |
| City (5)<br><b>Watchung, NJ 07060</b>  |   | # of Floors<br><b>1</b>  |  |   |                                     |   |        |             |
| County (6)<br><b>Somerset</b>  |   | Bldg. Age<br><b>52</b>   |  |   |                                     |   |        |             |
| County Code (7)<br>(STATE USE ONLY)  |   | Current Use (Prior if being demolished)<br><b>Vacant</b>   |  |   |                                     |   |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Omega Environmental Services, Inc</b>  |   | ASCM No.   |  |   |                                     |   |        |             |
| Street Address<br><b>280 Huyler St.</b>  |   | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>  |  |   |                                     |   |        |             |
| City, State, Zip Code<br><b>S.Hackensack, NJ 07606</b>   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |  |   |                                     |   |        |             |
| Project Manager for Monitoring Firm<br><b>Project Manager</b>  |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |  |   |                                     |   |        |             |
| Telephone No.<br><b>201-489-8700</b>   |   | Telephone No.<br><b>(973) 759 - 5000</b>   |  |   |                                     |   |        |             |
| Start Date (10)<br><b>2/28/18</b>  |   | License No.<br><b>00781</b>  |  |   |                                     |   |        |             |
| Scheduled Completion Date (11)<br><b>12/31/18</b>  |   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>  |  |   |                                     |   |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____   |   | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |  |   |                                     |   |        |             |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |  |   |                                     |   |        |             |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)   | Abatement Type                      |   |        |             |
|  | Yes   | No   |  |   | N/A                                 | Removal   | Repair | Encapsulate |
| Foundation walls   |   | <input checked="" type="checkbox"/>  | mastic/waterproofing   | TBD   | <input checked="" type="checkbox"/> |   |        |             |
|  |   |  |  |   |                                     |   |        |             |
|  |   |  |  |   |                                     |   |        |             |
|  |   |  |  |   |                                     |   |        |             |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |   | NJ DEP Waste Hauler ID No.<br><b>4509</b>  |  | Cubic Yards of Waste<br><b>TBD</b>  |                                     | Name of Registered Landfill<br><b>GROWS / TRRF Landfill</b> |        |             |
| City, State<br><b>Newark, NJ</b>   |   | Disposal Date<br><b>12/31/18</b>   |  | City, State<br><b>Tullytown, PA</b>   |                                     |   |        |             |
| Completed by<br><b>Michael Cooper</b>  |   | Title<br><b>President</b>  |  | Signature<br> |                                     | Date<br><b>3/12/18</b>                                      |        |             |



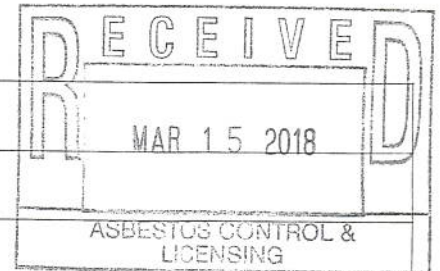
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



|  |  |   |  |  |                           |                                     |        |                       |           |
|--|--|---|--|--|---------------------------|-------------------------------------|--------|-----------------------|-----------|
| Date of Notification (1)<br><b>March 01, 2018</b>  |  | Name of Building Owner/Operator (2)<br><b>Sears / Seritage</b>  |  |  |                           |                                     |        |                       |           |
| Agencies Notified  | Type Notification  | Street Address<br><b>1640-1701 US-22</b>  |  |  |                           |                                     |        |                       |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>2</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Watchung, NJ 07060</b>  |  |  |                           |                                     |        |                       |           |
|  |  | Name of Contact<br><b>Project Manager</b>   | Telephone Number<br><b>973-641-1736</b>  |  |                           |                                     |        |                       |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |                           |                                     |        |                       |           |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Sears / Store Unit - 1284 / Auto Center</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                                     |        |                       |           |
| Street Address<br><b>1640-1701 US-22</b>   |  | Square Feet<br><b>48,000</b>  | # of Floors<br><b>1</b>  |  |                           |                                     |        |                       |           |
| City (5)<br><b>Watchung, NJ 07060</b>  |  | Bldg. Age<br><b>52</b>  |  |  |                           |                                     |        |                       |           |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Vacant</b>  |  |  |                           |                                     |        |                       |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Omega Environmental Services, Inc</b>  |  | ASCM No.  |  |  |                           |                                     |        |                       |           |
| Street Address<br><b>280 Huyler St.</b>  |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>   |  |  |                           |                                     |        |                       |           |
| City, State, Zip Code<br><b>S.Hackensack, NJ 07606</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>  |  |  |                           |                                     |        |                       |           |
| Project Manager for Monitoring Firm<br><b>Project Manager</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   | Telephone No.<br><b>(973) 759 - 5000</b>   |  |                           |                                     |        |                       |           |
| Start Date (10)<br><b>2/28/18</b>  | Scheduled Completion Date (11)<br><b>12/31/18</b>  | License No.<br><b>00781</b>   |  |  |                           |                                     |        |                       |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>   |  |  |                           |                                     |        |                       |           |
| Street Address<br><b>1500 Kings HWY N, STE 209</b>   |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>   |  |  |                           |                                     |        |                       |           |
| Scope of Work (Check All That Apply)   |  |   |  |  |                           |                                     |        |                       |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                           |                                     |        |                       |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM)<br>(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 |
| Foundation walls   |  | <input checked="" type="checkbox"/>   |  | mastic/waterproofing   | TBD                       | <input checked="" type="checkbox"/> |        |                       |           |
|  |  |   |  |  |                           |                                     |        |                       |           |
|  |  |   |  |  |                           |                                     |        |                       |           |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |  | NJ DEP Waste Hauler ID No.<br><b>4509</b>   | Cubic Yards of Waste<br><b>TBD</b>   | Name of Registered Landfill<br><b>GROWS / TFRF Landfill</b>  |                           |                                     |        |                       |           |
| City, State<br><b>Newark, NJ</b>   |  | Disposal Date<br><b>12/31/18</b>  |  | City, State<br><b>Tullytown, PA</b>  |                           |                                     |        |                       |           |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>   |  | Signature<br>  |                           |                                     |        | Date<br><b>3/1/18</b> |           |



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



|  |  |  |  |   |                                     |         |        |             |
|--|--|--|--|---|-------------------------------------|---------|--------|-------------|
| Date of Notification (1)<br><b>February 26, 2018</b>   |  | Name of Building Owner/Operator (2)<br><b>SEARS</b>  |  |   |                                     |         |        |             |
| Agencies Notified  | Type Notification  | Street Address<br><b>1701 US-22</b>  |  |   |                                     |         |        |             |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Watchung, NJ 07060</b>   |  |   |                                     |         |        |             |
|  |  | Name of Contact<br><b>Project Manager</b>  | Telephone Number<br><b>973-641-1736</b>  |   |                                     |         |        |             |
| <b>FACILITY INFORMATION</b>  |  |  |  |   |                                     |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>SEARS</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |  |   |                                     |         |        |             |
| Street Address<br><b>1701 US-22</b>  |  | Square Feet<br><b>TBD</b>  | # of Floors<br><b>TBD</b>  |   |                                     |         |        |             |
| City (5)<br><b>Watchung, NJ 07060</b>  |  | Bldg. Age<br><b>TBD</b>  |  |   |                                     |         |        |             |
| County (6)<br><b>Somerset</b>  | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Retail</b>   |  |   |                                     |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AET, Inc.</b>  |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>  |  |   |                                     |         |        |             |
| Street Address<br><b>907 Doolittle Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |  |   |                                     |         |        |             |
| City, State, Zip Code<br><b>Bridgewater, NJ 08807</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |  |   |                                     |         |        |             |
| Project Manager for Monitoring Firm<br><b>Eric Houseknecht</b>   |  | Telephone No.<br><b>(908) 218-1108</b>   | License No.<br><b>00781</b>  |   |                                     |         |        |             |
| Start Date (10)<br><b>2/28/18</b>  | Scheduled Completion Date (11)<br><b>12/31/18</b>  | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>  |  |   |                                     |         |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |  |   |                                     |         |        |             |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |  |   |                                     |         |        |             |
| Scope of Work (Check All That Apply)   |  |  |  |   |                                     |         |        |             |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf   |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |                                     |         |        |             |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |                                     |         |        |             |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                                   | Abatement Type                      |         |        |             |
|  | Yes  | No   |  |   | N/A                                 | Removal | Repair | Encapsulate |
| Foundation walls   |  | <input checked="" type="checkbox"/>  | mastic/waterproofing   | TBD   | <input checked="" type="checkbox"/> |         |        |             |
|  |  |  |  |   |                                     |         |        |             |
|  |  |  |  |   |                                     |         |        |             |
|  |  |  |  |   |                                     |         |        |             |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |  | NJ DEP Waste Hauler ID No.<br><b>4509</b>  | Cubic Yards of Waste<br><b>TBD</b>   | Name of Registered Landfill<br><b>GROWS / TRRF Landfill</b> |                                     |         |        |             |
| City, State<br><b>Newark, NJ</b>   |  | Disposal Date<br><b>12/31/18</b>   |  | City, State<br><b>Tullytown, PA</b>                         |                                     |         |        |             |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>  | Signature<br>  | Date<br><b>2/26/18</b>                                      |                                     |         |        |             |



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



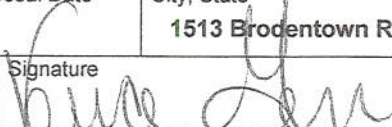
|  |  |  |   |   |                                     |                        |        |             |
|--|--|--|---|---|-------------------------------------|------------------------|--------|-------------|
| Date of Notification (1)<br><b>February 13, 2018</b>   |  | Name of Building Owner/Operator (2)<br><b>SEARS</b>  |   |   |                                     |                        |        |             |
| Agencies Notified  | Type Notification  | Street Address<br><b>1701 US-22</b>  |   |   |                                     |                        |        |             |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br><b>Watchung, NJ 07060</b>   |   |   |                                     |                        |        |             |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |  | Name of Contact<br><b>Project Manager</b>  | Telephone Number<br><b>973-641-1736</b>   |   |                                     |                        |        |             |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                                     |                        |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>SEARS</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                                     |                        |        |             |
| Street Address<br><b>1701 US-22</b>  |  | Square Feet<br><b>TBD</b>  | # of Floors<br><b>TBD</b>   |   |                                     |                        |        |             |
| City (5)<br><b>Watchung, NJ 07060</b>  |  | Bldg. Age<br><b>TBD</b>  |   |   |                                     |                        |        |             |
| County (6)<br><b>Somerset</b>  | County Code (7)<br><i>(STATE USE ONLY)</i>   | Current Use (Prior if being demolished)<br><b>Retail</b>   |   |   |                                     |                        |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>AET, Inc.</b>  |  | Name of Abatement Contractor (9)<br><b>The MACK Group, LLC.</b>  |   |   |                                     |                        |        |             |
| Street Address<br><b>907 Doolittle Drive</b>   |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |   |   |                                     |                        |        |             |
| City, State, Zip Code<br><b>Bridgewater, NJ 08807</b>  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |   |   |                                     |                        |        |             |
| Project Manager for Monitoring Firm<br><b>Eric Houseknecht</b>   |  | Telephone No.<br><b>(908) 218-1108</b>   | License No.<br><b>00781</b>   |   |                                     |                        |        |             |
| Start Date (10)<br><b>2/28/18</b>  | Scheduled Completion Date (11)<br><b>5/31/18</b>   | Name of OSHA Monitor<br><b>The MACK Group, LLC.</b>  |   |   |                                     |                        |        |             |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br><b>1500 Kings HWY N, STE 209</b>   |   |   |                                     |                        |        |             |
|  |  | City, State, Zip Code<br><b>Cherry Hill, NJ 08034</b>  |   |   |                                     |                        |        |             |
| Scope of Work (Check All That Apply)   |  |  |   |   |                                     |                        |        |             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |   |                                     |                        |        |             |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                                     |                        |        |             |
| Location of Asbestos-Containing Material (ACM) In Facility (13)<br><b>TO BE ABATED</b>   | 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)<br><b>max 25,000 s/f</b>          | Abatement Type                      |                        |        |             |
|  | Yes  | No   |   |   | N/A                                 | Removal                | Repair | Encapsulate |
| Foundation walls   |  | <input checked="" type="checkbox"/>  | mastic/waterproofing  |   | <input checked="" type="checkbox"/> |                        |        |             |
|  |  |  |   |   |                                     |                        |        |             |
|  |  |  |   |   |                                     |                        |        |             |
| Name of Registered Waste Hauler<br><b>Newark Carting</b>   |  | NJ DEP Waste Hauler ID No.<br><b>4509</b>  | Cubic Yards of Waste<br><b>250</b>  | Name of Registered Landfill<br><b>GROWS / TRRF Landfill</b> |                                     |                        |        |             |
| City, State<br><b>Newark, NJ</b>   |  | Disposal Date<br><b>5/31/18</b>  |   | City, State<br><b>Tullytown, PA</b>                         |                                     |                        |        |             |
| Completed by<br><b>Michael Cooper</b>  |  | Title<br><b>President</b>  | Signature<br>   |   |                                     | Date<br><b>2/13/18</b> |        |             |



# PAID

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

Ch#4518469

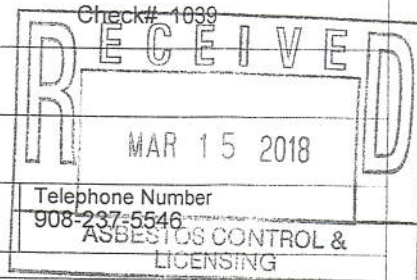
|  |  |  |   |  |                           |                                     |                          |                          |                          |
|--|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><div style="text-align: center;">03 / 02 / 18</div>  |  | Name of Building Owner/Operator (2)<br><b>Metro Industrial Wrecking &amp; Environmental Contractors, Inc.</b>  |   |  |                           |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>273 Walt Whitman Rd. Suite 125</b><br>City, State, Zip Code<br><b>Huntington Station, NY 11746</b><br>Name of Contact<br><b>Rebecca Rubnitz</b>   |   |  |                           |                                     |                          |                          |                          |
|  |  | Telephone Number<br><b>631-873-4357</b>  |   |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Warehouse</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)   |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>614 Hampton Road, NJ</b>  |  |  |   |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Cherry Hill, NJ</b>   |  | Square Feet<br><b>130,000</b>  | # of Floors<br><b>2</b>   |  |                           |                                     |                          |                          |                          |
|  |  | Bldg. Age<br><b>1955</b>   |   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>US; Camden CO.</b>  | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Former Warehouse</b>   |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Sinog Environmental Inc.</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Graham-Tech Environmental Service, LLC.</b>                |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>617 Stokes Rd.</b>  |  | Street Address<br><b>958 Jackson Rd</b>  |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Medford, NJ 08055</b>  |  | City, State, Zip Code<br><b>Mays Landing, NJ 08330</b>   |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rebecca Rubnitz</b>  | Telephone No.<br><b>609-868-1676</b>   | Telephone No.<br><b>609-561-1901</b>   | License No.<br><b>01158</b>   |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><div style="text-align: center;">03 / 11 / 18</div>   | Scheduled Completion Date (11)<br><div style="text-align: center;">05 / 30 / 18</div>  | Name of OSHA Monitor<br><b>Graham-Tech Environmental Services, LLC.</b>  |   |  |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>7AM-11:30PM</b> / ____ PM - ____ AM |  | Street Address<br><b>958 Jackson Rd</b><br>City, State, Zip Code<br><b>Mays Landing, NJ 08330</b>  |   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |  |   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> <3 sf or <3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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>Roof</b>  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | <b>Asbestos Roofing</b>  | <b>130,000SF</b>          | <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<br><b>Graham-Tech Environmental Service, LLC</b>   |  | NJDEP Waste Hauler ID No.<br><b>0034500</b>  | Cubic Yards of Waste  | Name of Registered Landfill<br><b>G.R.O.W. North Landfill &amp; Tullytown</b>  |                           |                                     |                          |                          |                          |
| City, State<br><b>14 Read Drive Sicklerville, NJ 08081</b>   |  |  | Disposal Date   | City, State<br><b>1513 Brodowntown Rd. Morrisville, PA</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Vernice Graham</b>  |  | Title<br><b>President</b>  | Signature<br> |  |                           | Date<br><b>3-2-18</b>               |                          |                          |                          |



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

**PAID**

Check# 1039



|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br>03/06/2018   |   | Name of Building Owner/Operator (2)<br>Hunterdon Healthcare |  |
| Agencies Notified  | Type Notification   | Street Address<br>2100 Westcott Drive                       |  |
| <input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>Flemington, New Jersey 08822       |  |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>Jim Traum                                |  |
|  |   | Telephone Number<br>908-237-5546                            |  |

**FACILITY INFORMATION**

|  |                                     |   |  |
|--|-------------------------------------|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Hunterdon Healthcare   |                                     | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>2100 Westcott Drive  |                                     | Square Feet<br>30,000   | # of Floors<br>2                                       |
| City (5)<br>Flemington, New Jersey 08822   |                                     | Bldg. Age<br>50+  |  |
| County (6)<br>Hunterdon  | County Code (7)<br>(STATE USE ONLY) | Current Use (Prior if being demolished)<br>Medical Facility   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Briggs/H&R Environmental Services Inc   |                                     | ASCM No.  | Name of Abatement Contractor (9)<br>Lilich Corporation |
| Street Address<br>3 Crosswicks Street  |                                     | Street Address<br>606 McBride Ave   |  |
| City, State, Zip Code<br>Bordentown, New Jersey 08505  |                                     | City, State, Zip Code<br>Woodland Park, New Jersey  |  |
| Project Manager for Monitoring Firm<br>Douglas Ferry   |                                     | Telephone No.<br>609-298-5520   | Telephone No.<br>973-225-8400                          |
| Start Date (10)<br>03/16/2018  |                                     | Scheduled Completion Date (11)<br>03/21/2018  | License No.<br>01104                                   |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: <u>Weekdays 4PM Start, Weekends 8am Start</u> |                                     | Name of OSHA Monitor<br>Iris Environmental Laboratories, LLC  |  |
|  |                                     | Street Address<br>2333 Route 22 West  |  |
|  |                                     | City, State, Zip Code<br>Union, NJ 07083  |  |

**Scope of Work (Check All That Apply)**

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

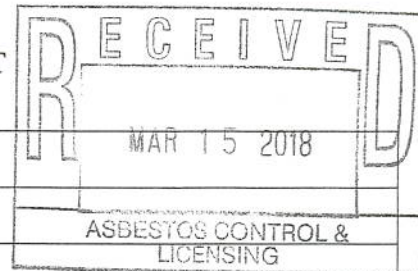
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| 4th Floor Construction Area  |   |    | X   | Asbestos Duct TSI-Wrap & Cure   | 300 SF                    |                | X      |             |           |
| 4th Floor Construction Area  |   |    | X   | Asbestos Pipe TSI -Wrap & Cure  | 200 LF                    |                | X      |             |           |
| 3rd Floor Offices  |   |    | X   | Asbestos Pipe Insul-Tent/Glove bag  | 20 LF                     | X              |        |             |           |

|   |                                    |                                |  |
|---|------------------------------------|--------------------------------|--|
| Name of Registered Waste Hauler<br>Lilich Corporation | NJDEP Waste Hauler ID No.<br>18724 | Cubic Yards of Waste<br>3      | Name of Registered Landfill<br>Fairless Landfill |
| City, State<br>Woodland Park, New Jersey              | Disposal Date<br>03/21/2018        | City, State<br>Morrisville, PA |  |
| Completed by<br>Adriana Olejarova                     | Title<br>President                 | Signature<br>                  | Date<br>03/06/2018                               |



CK 1528

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)



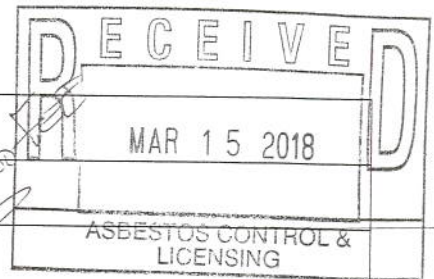
|  |  |   |                                   |
|--|--|---|-----------------------------------|
| Date of Notification (1):<br>3/09/2018   |  | Name of Building Owner/Operator (2)<br>Newark Public School |                                   |
| Agencies Notified<br><br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | Type Notification<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment#:<br><input type="checkbox"/> Emergency<br>(including justification)<br><input type="checkbox"/> Cancellation | Street Address:<br>190 Muhammad Ali Avenue Room 209         |                                   |
|  |  | City, State, Zip Code:<br>Newark, NJ 07108                  |                                   |
|  |  | Name of Contact:<br>Benjamin Olagadeyo                      | Telephone Number:<br>973-733-7200 |

**FACILITY INFORMATION**

|   |   |                                |  |                       |  |
|---|---|--------------------------------|--|-----------------------|--|
| Name of Facility:<br>Hawthorne Avenue School  |   |                                | Type of Facility (4):<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |                       |  |
| 428 Hawthorne Avenue  |   |                                | Square Feet: 15,000      # of Floors: 4  |                       |  |
| City/ (5)<br>Newark   | County (6):<br>Essex                        | County Code (7):<br>07112      | Bldg. Age 1018 years<br>Current Use : School   |                       |  |
| Name of Monitoring Firm Hired by Building Owner:<br>Omega Environmental Services Inc.   |   | ASCM No.:<br>00120             | Name of Abatement Contractor (9):<br>Turningpoint Contracting Corp.  |                       |  |
| Street Address:<br>280 Huyler Street  |   |                                | Street Address:<br>51 Berkeley Terrance  |                       |  |
| City, State, Zip Code:<br>S. Hackensack NJ 07606  |   |                                | City, State, Zip Code:<br>Irvington, NJ 07111  |                       |  |
| Project Manager for Monitoring Firm:<br>Rey Montes de Oca   |   | Telephone No.:<br>201-489-8700 | Telephone No.:<br>(973) 372-2177   | License No.:<br>01238 |  |
| Start Date (10):<br>03/26/18  | Scheduled Completion Date (11):<br>03/31/18 |                                | Name of OSHA Monitor:<br>Metro Analytical Laboratories   |                       |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Describe:<br><br><input type="checkbox"/> Other<br>Describe:   |   |                                | Street Address:<br>255 West 36 <sup>th</sup> Street, Suite 203   |                       |  |
|   |   |                                | City, State, Zip Code:<br>New York, New York, 10018  |                       |  |
| Scope of Work (Check all that apply):   |   |                                |  |                       |  |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition<br><div style="text-align: right;"> <input type="checkbox"/> Full Containment with Negative Pressure<br/> <input type="checkbox"/> Mini-Enclosure<br/> <input type="checkbox"/> Glovebag Procedure<br/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure       </div> |   |                                |  |                       |  |

| 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 | Encapsulat | Enclosure |
| Ground floor corridor by custodial office                                    |  | X                                    |     | Pipe insulation/fittings   | 30 LF   | X                  |        |            |           |
| 1 <sup>st</sup> floor main entrance  |  | X                                    |     | Pipe insulation  | 40 LF   | X                  |        |            |           |
|  |  |                                      |     |  |   |                    |        |            |           |
| Name of Registered Waste Hauler:<br>Tri-State Transfer Assoc.                |  | NJDEP Waste Hauler ID No.:<br>SW1896 |     | Cubic Yards of Waste: 10   | Name of Registered landfill:<br>MINERVA ENTERPRISES ASSOC, INC. |                    |        |            |           |
| City, State:<br>Bronx, NY 10474  |  | Disposal Date:                       |     | City, State:<br>Waynesburg, OH 44688   |   |                    |        |            |           |
| Completed By:<br>Emeka Okeke   |  | Title:<br>President                  |     | Signature:<br>   |   | Date:<br>3/09/2018 |        |            |           |

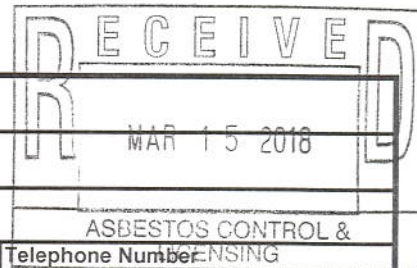
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



|  |  |  |   |   |                           |                |                   |             |           |
|--|--|--|---|---|---------------------------|----------------|-------------------|-------------|-----------|
| Date of Notification (1)<br>3/09/2018  |  | Name of Building Owner/Operator (2)<br>Mercer County Improvement Authority   |   |   |                           |                |                   |             |           |
| Agencies Notified  | Type Notification  | Street Address<br>80 Hamilton Avenue   |   |   |                           |                |                   |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Trenton, NJ 08611   |   |   |                           |                |                   |             |           |
|  |  | Name of Contact<br>Al Collins  | Telephone Number<br>609 278-8100  |   |                           |                |                   |             |           |
| <b>FACILITY INFORMATION</b>  |  |  |   |   |                           |                |                   |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Mercer County Courthouse (Old Courthouse)  |  | Type of Facility (4)   |   |   |                           |                |                   |             |           |
| Street Address<br>209 South Broad Street   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |   |   |                           |                |                   |             |           |
| City (5)<br>Trenton  | Square Feet<br>~ 40,000  | # of Floors<br>4   | Bldg. Age<br>80+  |   |                           |                |                   |             |           |
| County (6)<br>Mercer   | County Code (7)<br>(STATE USE ONLY)  | Current Use (Prior if being demolished)<br>Courthouse and Offices  |   |   |                           |                |                   |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Pennoni Associates Inc.   |  | ASCM No.<br>00102  | Name of Abatement Contractor (9)<br>Neuber Environmental Services, Inc. |   |                           |                |                   |             |           |
| Street Address<br>515 Grove Street Suite 1B  |  | Street Address<br>42 Ridge Road  |   |   |                           |                |                   |             |           |
| City, State, Zip Code<br>Haddon Heights, NJ 08035  |  | City, State, Zip Code<br>Phoenixville, PA 19460  |   |   |                           |                |                   |             |           |
| Project Manager for Monitoring Firm<br>Thomas Adams  |  | Telephone No.<br>856 656-2912  | Telephone No.<br>610 933-4332   |   |                           |                |                   |             |           |
| License No.<br>00836   |  |  |   |   |                           |                |                   |             |           |
| Start Date (10)<br>3/20/2018   | Scheduled Completion Date (11)<br>3/21/2018  | Name of OSHA Monitor<br>Neuber Environmental Services, Inc.  |   |   |                           |                |                   |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>42 Ridge Road  |   |   |                           |                |                   |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Construction Personnel Only |  | City, State, Zip Code<br>Phoenixville, PA 19460  |   |   |                           |                |                   |             |           |
| Scope of Work (Check All That Apply)   |  |  |   |   |                           |                |                   |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |                           |                |                   |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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 |
| Ground Floor Switch Gear Room  |  |  | X   | Floor Tile and Mastic   | 35 SF                     | X              |                   |             |           |
| Exterior Buried  |  |  | X   | Transite Pipe/Conduit   | ~ 140 LF                  | X              |                   |             |           |
|  |  |  |   |   |                           |                |                   |             |           |
|  |  |  |   |   |                           |                |                   |             |           |
| Name of Registered Waste Hauler<br>Horizon Disposal  |  | NJDEP Waste Hauler ID No.<br>10416   | Cubic Yards of Waste<br>~ 8   | Name of Registered Landfill<br>GROWS/Tullytown Landfill   |                           |                |                   |             |           |
| City, State<br>Trenton, NJ   |  | Disposal Date<br>3/2018  |   | City, State<br>Morrisville, PA  |                           |                |                   |             |           |
| Completed by<br>Patrick Larney   |  | Title<br>Project Manager   |   | Signature<br>   |                           |                | Date<br>3/09/2018 |             |           |



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)



|   |  |   |  |
|---|--|---|--|
| Date of Notification (1)<br>02 / 23 / 18  |  | Name of Building Owner / Operator (2)<br>SUMMIT WEST CELGENE, LLC   |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> |  | Type of Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment 2<br><input type="checkbox"/> Emergency w/ justification<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>556 MORRIS AVENUE   |  | City, State, Zip Code<br>SUMMIT, NJ 07901   |  |
| Name of Contact<br>JANOS ANGELI   |  | Telephone Number<br>908-897-4646  |  |

FACILITY INFORMATION

|  |  |   |   |                                  |  |
|--|--|---|---|----------------------------------|--|
| Name of Facility Where Abatement is Taking Place (3)<br>SUMMIT WEST CELGENE, LLC - BLDG. S5  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.) |                                  |  |
| Street Address<br>556 MORRIS AVENUE  |  |   | City (5)<br>SUMMIT  |                                  |  |
| County (6)<br>UNION  |  | County Code (7)                             |   | Square Feet<br>10,000            |  |
|  |  |   |   | # Of Floors<br>1                 |  |
|  |  |   |   | Building Age<br>40+              |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>MC CABE ENVIRONMENTAL  |  |   | ASCM NO<br>NORTHSTAR CONTRACTING GROUP, INC.  |                                  |  |
| Street Address<br>464 VALLEY BROOK AVE   |  |   | Street Address<br>32 Williams Parkway   |                                  |  |
| LYNDHURST, NJ 07071  |  |   | City, State, Zip Code<br>East Hanover, NJ 07036   |                                  |  |
| Project Mngr. For Monitoring Firm<br>JOHN CHAIVIELLO   |  | Telephone Number<br>201-438-4839            |   | License Number<br>00860          |  |
| Scheduled Start Date (10)<br>03 / 19 / 18  |  | Sched. Completion Date (11)<br>05 / 07 / 18 |   | Telephone Number<br>973-884-8682 |  |
| Occupancy Status During Abatement (Check Only 1)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility<br>Hours - Describe: 7:00 am to 3:30 pm<br><input checked="" type="checkbox"/> Other - Describe: MON-FRI |  |   | Name of OSHA Monitor<br>NORTHSTAR CONTRACTING GROUP, INC.   |                                  |  |
|  |  |   | Street Address<br>32 Williams Parkway   |                                  |  |
|  |  |   | City, State, Zip Code<br>East Hanover, NJ 07036   |                                  |  |

Scope of Work (Check All That Apply)

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

| Location of Asbestos Containing<br><u>TO BE ABATED</u><br>in Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12)                  | Description of Asbestos - Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)         | Abatement Type                                   |                            |                                      |                                      |
|---|---|---|-----------------------------------|--|----------------------------|--------------------------------------|--------------------------------------|
|   |   |   |                                   | R<br>E<br>M<br>O<br>V<br>A<br>L                  | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R |
|   | YES NO N/A  |   |                                   |  |                            |                                      |                                      |
| BOILER ROOM   | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | GASKET  | 120 LF                            | <input checked="" type="checkbox"/>              | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
| ROOF  | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | FLASHING/TAR  | 175 SF                            | <input checked="" type="checkbox"/>              | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
|   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |   |                                   | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
|   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            |   |                                   | <input type="checkbox"/>                         | <input type="checkbox"/>   | <input type="checkbox"/>             | <input type="checkbox"/>             |
| Name of Registered Waste Hauler<br>NORTHSTAR CONTRACTING GROUP, INC.          |   | NJDEP Waste Hauler ID No.<br>30534  | Cubic Yards of Waste              | Name of Registered Landfill<br>FAIRLESS LANDFILL |                            |                                      |                                      |
| City, State<br>EAST HANOVER, NJ   |   | Disposal Date   | City, State<br>MORRISVILLE, PA    |  |                            |                                      |                                      |
| Completed by (Print or Type)<br>Steven Stiles                                 |   | Title<br>Project Manager  | Signature<br><i>Steven Stiles</i> |  | Date<br>03/14/18           |                                      |                                      |



Print Form

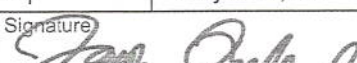
RECEIVED

MAR 15 2018

ASBESTOS CONTROL & LICENSING

CH 41957

PAID  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:20)

|  |   |   |  |   |   |                 |        |             |
|--|---|---|--|---|---|-----------------|--------|-------------|
| Date of Notification (1)<br>2/20/2018 (Amended 3/14/18)  |   | Name of Building Owner/Operator (2)<br>MCS Erie Street LLC  |  | MAR 15 2018   |   |                 |        |             |
| Agencies Notified  |   | Type Notification   |  | Street Address  |   |                 |        |             |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                       |   | <input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # 1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | 5700 Wayne ave<br><br>City, State, Zip Code<br>Philadelphia, PA 19144<br><br>Name of Contact<br>Joseph Ferguson 2672280111  |   |                 |        |             |
|  |   |   |  | Telephone Number<br>267.414.4968  |   |                 |        |             |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |   |                 |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Mastery Charter School- Pyne Poynt Campus  |   |   |  | Type of Facility (4)  |   |                 |        |             |
| Street Address<br>800 Erie Street Camden NJ  |   |   |  | <input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |                 |        |             |
| City (5)<br>Camden   |   | Square Feet<br>99,000   |  | # of Floors<br>2  | Bldg. Age<br>~1937  |                 |        |             |
| County (6)<br>Camden   |   | County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br>School   |   |                 |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>FINOG Environmental Inc   |   | ASCN No.  |  | Name of Abatement Contractor (9)<br>Associated Specialty Contracting Inc  |   |                 |        |             |
| Street Address<br>617 Stokes Road Suite 4-318  |   | Street Address<br>98 LaCruce Avenue   |  |   |   |                 |        |             |
| City, State, Zip Code<br>Medford NJ 08055  |   | City, State, Zip Code<br>Glen Mills, PA 19342   |  |   |   |                 |        |             |
| Project Manager for Monitoring Firm<br>Mark Rubnitz  |   | Telephone No.<br>888-715-2211   |  | Telephone No.<br>610-364-9622   | License No.<br>1103   |                 |        |             |
| Start Date (10)<br>3/5/18  |   | Scheduled Completion Date (11)<br>3/30/18   |  | Name of OSHA Monitor<br>Criterion Labs  |   |                 |        |             |
| Occupancy Status During Abatement (Check Only One)   |   |   |  | Street Address<br>3370 Progress Dr  |   |                 |        |             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: |   |   |  | City, State, Zip Code<br>Bensalem, PA 19020   |   |                 |        |             |
| Scope of Work (Check All That Apply)   |   |   |  |   |   |                 |        |             |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |                 |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)   | Abatement Type  |                 |        |             |
|  | Yes   | No  |  |   | N/A   | Removal         | Repair | Encapsulate |
| Nurse's Room   |   | X   | Pipe Insulation  | 6 LF  | X   |                 |        |             |
| Girls Bathroom   |   | X   | Pipe Insulation  | 5 LF  | X   |                 |        |             |
| 1st Floor Crawl Space  |   | X   | Pipe Insulation  | 1 LF  | X   |                 |        |             |
| Kitchen  |   | X   | Transite   | 240 SF  | X   |                 |        |             |
| Name of Registered Waste Hauler<br>Mercer Group International  |   | NJDEP Waste Hauler ID No.   |  | Cubic Yards of Waste<br>5   | Name of Registered Landfill<br>Tullytown Resource Recovery Facility |                 |        |             |
| City, State<br>1519 Rev S Howard Woodson Jr Way, Trenton NJ 08638  |   |   |  | Disposal Date<br>As req.  | City, State<br>Tullytown, PA  |                 |        |             |
| Completed by<br>Joseph Anello  |   | Title<br>Project Manager/Estimator  |  | Signature<br>   |   | Date<br>3/14/18 |        |             |