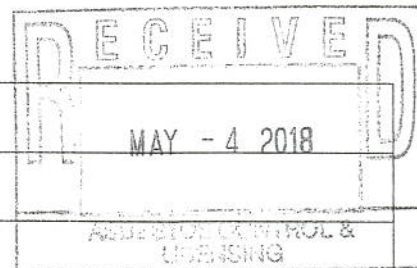
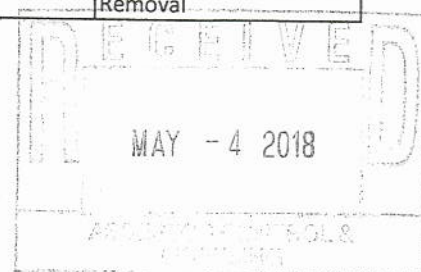


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 04/27/18		Name of Building Owner/Operator (2) County of Passaic							
Agencies Notified	Type Notification	Street Address 495 River St.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07524							
		Name of Contact Michael Marinello	Telephone Number 973-247-3300						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maurice J. Brick Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Paterson		Square Feet	# of Floors						
		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Academy Construction Inc						
Street Address 20-21 Wagaraw Rd., Bld. 35E		Street Address 205 Route 46 Suite 14							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	Telephone No. 973 832 4244						
		License No. 01155							
Start Date (10) 05/10/18	Scheduled Completion Date (11) 05/31/18	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached									
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 8	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by John Geleski		Title PM	Signature 			Date 04/27/18			

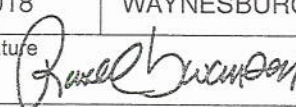
Location	Type of Material	Approx. QUANTITY	Abatement Type
Boiler Room	Boiler breeching (exhaust duct) insulation	96 SF	Removal
Boiler Room	Boiler #1 insulation (HB Smith)	385 SF	Removal
Boiler Room	Asbestos pipe insulation	100 LF	Removal
Boiler Room	Fiberglass pipe insulation	300 LF	Removal
Boiler Room	Flue pack insulation	3 SF	Removal



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

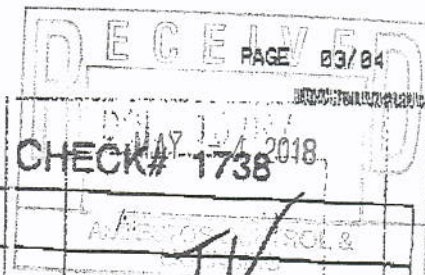
CHECK# 1738

Date of Notification (1) 04/30/2018		Name of Building Owner/Operator (2) ANGELA MACNEILL		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 4 2018 POL & LICENSING </div>					
Agencies Notified		Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code CHERRY HILL NJ 08003							
		Name of Contact ANGELA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) CHERRY HILL				Square Feet 50,000	# of Floors 1				
County (6) CAMDEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OFFICE SPACE					
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1012 INDUSTRIAL DRIVE		City, State, Zip Code WEST BERLIN NJ 08091		Street Address 570 CLEMS RUN					
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		Telephone No. 610-304-4676					
Start Date (10) 05/02/2018		Scheduled Completion Date (11) 05/03/2018		License No. 01145					
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor EMSL					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: AREA TO BE ABATED VACANT				Street Address 200 RT. 130 NORTH					
				City, State, Zip Code CINNAMINSON NJ 08077					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
LIVING ROOM & HALLWAY			X	NF1 FLOOR TILE	400 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 8	Name of Registered Landfill MINERVA LANDFILL				
City, State MULLICA HILL NJ				Disposal Date 05/03/2018	City, State WAYNESBURG, OH				
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 		Date 04/30/2018			

04/30/2018 03:39PM 18562248799

ASSURED SERVICE:

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



Date of Notification (1) 04/30/2018		Name of Building Owner/Operator (2) ANGELA MACNEILL	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CHERRY HILL NJ 08009	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact ANGELA	
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) CHERRY HILL		Square Feet 50,000	# of Floors 1
County (6) CAMDEN		Bldg. Age 50+	
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICE SPACE
Street Address 1012 INDUSTRIAL DRIVE		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
City, State, Zip Code WEST BERLIN NJ 08091		Street Address 570 CLEMIS RUN	
Project Manager for Monitoring Firm MATT DEPALMA		City, State, Zip Code MULLICA HILL NJ 08062	
Telephone No. 856-309-1202		Telephone No. 610-304-4618	License No. 01145
Start Date (10) 05/02/2018	Scheduled Completion Date (11) 05/03/2018		Name of OSHA Monitor EMSL
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: AREA TO BE ABATED VACANT			Street Address 200 RT. 130 NORTH
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sq ft or less <input checked="" type="checkbox"/> 2160 sq ft or 2260 sq ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code GINNAMINGTON NJ 08077
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)
LIVING ROOM & HALLWAY		Yes No N/A	NF1 FLOOR TILE
			400 SF
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		N.J. DEP Waste Hauler ID No. 0034595	Cubic Yards of Waste 8
City, State MULLICA HILL NJ		Name of Registered Landfill MINERVA LANDFILL	
Disposal Date 05/03/2018		City, State WILMINGTON, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature [Signature]
			Date 04/30/2018

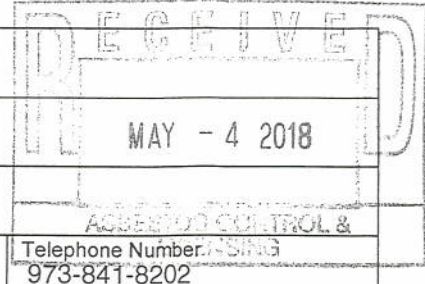
ASB-41 (R-08-08)

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

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

#10396



Date of Notification (1) 4/23/18		Name of Building Owner/Operator (2) WILKIN MANAGEMENT AVE.							
Agencies Notified	Type Notification	Street Address 1655-VALLEY ROAD SUITE 300							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WAYNE, NJ							
		Name of Contact JON PANDEL	Telephone Number 973-841-8202						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) UPPER MOUNTAIN GARDEN APARTEMENTS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 25-27-29 UPPER MOUNTAIN AVE. /361/363 CLAIRMONT									
City (5) MONTCLAIR, NJ		Square Feet 2400	# of Floors 2						
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDING						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DINAGO ENVIRONMENT LLC.						
Street Address		Street Address 339-LAFAYETTE STREET							
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-491-0877						
Start Date (10) 5/2/18		Scheduled Completion Date (11) 5/12/18	License No. 01240						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
STAIR STEPS		X		FLOOR TILE	340SF.	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES BETHLEHEM LANDFILL					
City, State P.O.Box 5670, Newark, NJ 07105			Disposal Date	City, State 2335-Applebutter Rd. Bethlehem, PA.					
Completed by Carlos Gomes		Title President	Signature 	Date 4/26/18					

State of New Jersey - Notification of Asbestos Abatement

Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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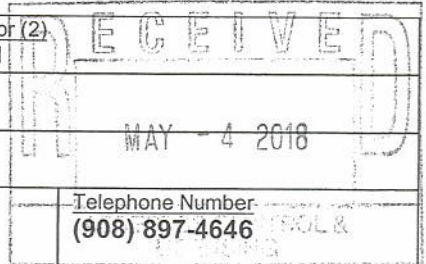
Check # 3115

GAC Project # 060-18

Date of Notification (1) May 1, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HILL HALL, BLDG# 7225		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
Street Address NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 05/18/18		Scheduled Completion Date (11) 05/21/18	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Room 107	<input checked="" type="checkbox"/>	VAT	970 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 05/21/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 1, 2018

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

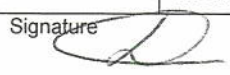
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Date of Notification (1) May 1, 2018		Name of Building Owner/Operator (2) CELGENE CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 86 MORRIS AVENUE City, State, Zip Code SUMMIT, NJ 07901 Name of Contact MR. Janos Angeli – Director - Engineering & Construction	Telephone Number (908) 897-4646
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CELGENE CORPORATION – “H” BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 35,000 # of Floors: 2 Bldg. Age: ~70+ years	
Street Address 86 MORRIS AVENUE		Current Use (prior if being demolished): ADMINISTRATIVE OFFICE & RESEARCH LABS	
City (5) SUMMIT	County (6) MORRIS	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC		ASCM No. 00118	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 464 VALLEY BROOK AVENUE #3A		Street Address 268 MAIN STREET	
City, State, Zip Code LYNDHURST, NJ 07071		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm JOHN CHIAVELLO	Telephone Number 201-438-4839	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/11/2018	Scheduled Completion Date (11) 05/21/2018	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input checked="" type="checkbox"/> Facility Occupied During Entire Period of Abatement, Area Vacated (NOT SUB 8 – ENCAPSULATION ONLY)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> > 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) ~1,000 SF
Basement (HVAC Area)	<input checked="" type="checkbox"/>	PLASTER CEILING	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509	NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Notes: None		Disposal Date 05/21/18	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 1, 2018

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

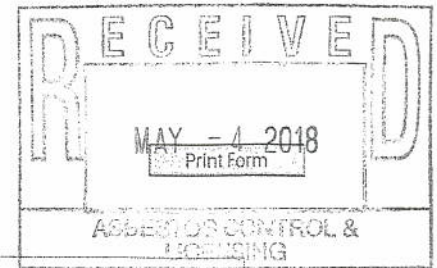
CHK # 1005

Date of Notification (1) 04/24/2018		Name of Building Owner/Operator (2) Rufus Gibson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ, 08618							
		Name of Contact Rufus Gibson	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,595	# of Floors 3						
City (5) Trenton		Bldg. Age 1920							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 S. 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 05/04/2018	Scheduled Completion Date (11) 05/11/2018	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Basement			X	Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill Fairless Hills Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 04/24/2018			

CK018

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



Date of Notification (1) 04-26-2018		Name of Building Owner/Operator (2) Township of Woodbridge					
Agencies Notified	Type Notification	Street Address 1 Main Street					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge NJ 07095					
		Name of Contact Christopher Kostly	Telephone Number 732-634-4500				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Oak Tree Road Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 45 Wilus Way		Square Feet N/A	# of Floors N/A				
City (5) Iselin NJ 08830		Bldg. Age N/A					
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services LLC		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC				
Street Address 464 Valley Brook Road		Street Address PO BOX 734					
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code Woodland Park NJ 07424					
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201-438-4839	License No. 01266				
Start Date (10) 04-27-2018	Scheduled Completion Date (11) 05-15-2018		Name of OSHA Monitor Amax Contracting LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO BOX 734					
		City, State, Zip Code Woodland Park NJ 07424					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) 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
Cafeteria			x	wrap and cut pipe insulation	14 LF	x	
G-39, Room 105			x	wrap & cut pipe insulation	72 LF	x	
Rooms 107/107A: 110			x	wrap & cut pipe insulation	56 LF	x	
Rooms 121, 129B			X	wrap & cut pipe insulation	9 LF	x	
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Hills			
City, State Woodland Park NJ 07424		Disposal Date 05-20-2018		City, State Morrisville PA			
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 04-26-2018	

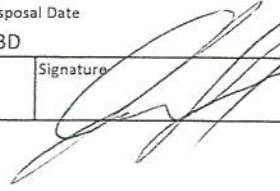
ASB-41 (R-06-08)

Do not use this form for asbestos licensure exempted activities.


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

Check # 1076


Date of Notification (1) 5/1/18		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 4 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 703 Main Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07503							
		Name of Contact Glenn Mohring							
		Telephone Number 973-956-3591							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Joseph's Regional Medical Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)						
Street Address 224 Hamburg Turnpike									
City (5) Wayne			Square Feet 30,000+	# of Floors 3+	Bldg. Age 50+				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 32 Willow Way							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager from Monitoring Firm		Telephone No.	Telephone No. 973-333-9176		License No. 01331				
Start Date (10) 5/12/18		Scheduled Completion Date (11) 5/14/18	Name of OSHA Monitor Envirovision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 4:30			Street Address 20-21 Wagaraw Rd., Bldg. 35-E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
9th Fl Boiler Room	X			Thermal System Insulation	60 SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 5/1/18			

Check 17595

Date of Notification (1) 5/1/18		Name of Building Owner/Operator (2) Joan Jorgensen		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY - 4 2018 </div>					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-top: 5px;"></div>		City, State, Zip Code Branchburg, NJ 08853 Name of Contact Kathy Kosinski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home				Type of Facility (4)					
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-top: 5px;"></div>				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Branchburg				Square Feet 2200	# of Floors 2				
County (6) Somerset		County Code (7) (STATE USE ONLY) _____		Bldg. Age 68					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 5/11/18		Scheduled Completion Date (11) 5/23/18		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
basement			x	floor tile	850 SF	x			
Name of Registered Waste Hauler Tonys Clean-Up & Hauling, LLC		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill				
City, State Bridgewater, NJ				Disposal Date TBD	City, State Exton, PA				
Completed by A. Scott Higgins		Title President		Signature 			Date 5/1/18		

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

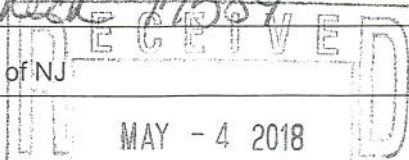

Check 17586

Date of Notification (1) 5/1/18		Name of Building Owner/Operator (2) Deirdre Shea							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07016							
		Name of Contact Deirdre	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cranford		Square Feet 2100	# of Floors 2						
County (6) Union		Bldg. Age 63							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 5/10/18		Scheduled Completion Date (11) 5/23/18	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
basement			x	pipe insulation	120 LF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/1/18			

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

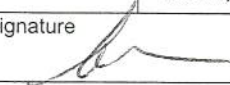
Check 17584

Date of Notification (1) 4/30/18		Name of Building Owner/Operator (2) Plymouth Rock Management Company of NJ							
Agencies Notified	Type Notification	Street Address PO Box 902							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincroft, NJ 07738		Telephone Number 908-907-7936					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Lawrenceville		Square Feet 2200	# of Floors 2	Bldg. Age 65					
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 5/9/18	Scheduled Completion Date (11) 5/23/18		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	9"x9" floor tile	560 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater NJ		Disposal Date TBD	City, State Exton, PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 4/30/18				

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

Check 17583

Date of Notification (1) 4/30/18		Name of Building Owner/Operator (2) Homesite Home Insurance		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 4 2018 CONTROL & 732-788-4803 </div>					
Agencies Notified		Type Notification				Street Address PO Box 5300			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Binghamton, NY 13902			
				Name of Contact Danny		Telephone Number 732-788-4803			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Home				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Aberdeen				Square Feet 2300	# of Floors 2	Bldg. Age 72			
County (6) Monmouth			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC				
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-764-2276		License No. 703		
Start Date (10) 5/3/18		Scheduled Completion Date (11) 5/14/18		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor living room			x	9"x9" floor tile	640 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling			NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD		Name of Registered Landfill Chrin Brothers Sanitary Landfill		
City, State Bridgewater NJ			Disposal Date TBD		City, State Exton, PA				
Completed by A. Scott Higgins			Title President		Signature 			Date 4/30/18	

04/30/2018 07:08 2012620321

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

RECEIVED	PAGE 82/83
MAY 07 2018	
POL-10 DAY	
ASBESTOS CONTROL & LICENSING	

CK 1071

Date of Installation (10) 4/30/18		Name of Building Owner/Operator (8) EUGENIA DEVINE		Address [REDACTED]	
Agency Modified <input type="checkbox"/> EPA <input type="checkbox"/> DOL <input type="checkbox"/> DCM <input type="checkbox"/> DCA		Type of Installation <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Emergency (including immediately circumstances)		City, State, Zip Code MADISON, N.J. 07440	
Name of Facility Where Abatement is Taking Place (9) RESIDENCE		Type of Facility (11) <input type="checkbox"/> School (12) <input type="checkbox"/> Industrial (13) <input type="checkbox"/> Other (14) Other (14) (Other than K-12 schools or commercial buildings, hospitals, etc.)		Current Use (15) Residential	
Current Address [REDACTED]		Square Feet 2850		# of Floors 2	
City (6) MADISON		County Code (7) MORRIS		EPA Age 1.50	
Name of Monitoring Firm Used by Building Owner (8) [REDACTED]		ARCH NO.		Name of Abatement Contractor (16) AMAC Contracting Inc.	
Street Address [REDACTED]		Street Address 185 Midland Ave		City, State, Zip Code Midland Park, NJ 07432	
City, State, Zip Code		Telephone No. 201-202-6841		License No. 08153	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-202-6841		Name of OSHA Monitor Chicago Environmental Services Inc.	
Start Date (10) 4/30/18		Scheduled Completion Date (11) 5/30/18		Street Address 260 Hurley Street	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code Hackensack, NJ 07601		Name of OSHA Monitor Chicago Environmental Services Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> Asbestos only <input type="checkbox"/> Lead only <input type="checkbox"/> PCB only <input type="checkbox"/> Other: _____		Removal Decision <input type="checkbox"/> Removal <input type="checkbox"/> Enclosure		Full Containment <input type="checkbox"/> Full Containment <input type="checkbox"/> Partial Containment <input type="checkbox"/> Other: _____	
Location of Asbestos-Containing Material (ACM) TO HEAVY METAL in Facility (14)		Is Location Normally Used Only by Maintenance Contract Staff? (15)		Description of Asbestos-Containing Material (ACM) (e.g. Thermal System Insulation, surfacing, GFI, or other miscellaneous)	
KITCHEN		Yes		Dry wall	
KITCHEN		No		VAT	
EXTerior		N/A		Siding	
Amount (Square Feet) (16)		Amount (Square Feet) (16)		Amount (Square Feet) (16)	
150 SF		124 SF		1250 SF	
Removal		Removal		Removal	
Enclosure		Enclosure		Enclosure	
Name of Registered Waste Handler Hammock Contracting Inc.		EPA ID No. 043000		City, State, Zip Code Newark, NJ 07105	
City, State, Zip Code Newark, NJ 07105		Disposal Date 4/30/18 ON		City, State, Zip Code PA 06702	
Completed by Joseph Vaccaro		Title Vice President		Date 4/30/18	

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

Date of Notification (1) 05/01/2018		Name of Building Owner/Operator (2) Lisa Carey		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY - 4 2018 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ, 07040		
		Name of Contact Lisa	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lisa Carey			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]			<table border="1"> <tr> <td>Square Feet 6,500</td> <td># of Floors 2</td> <td>Bldg. Age 88</td> </tr> </table>			Square Feet 6,500	# of Floors 2	Bldg. Age 88
Square Feet 6,500	# of Floors 2	Bldg. Age 88						
City (5) Maplewood	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 05- 10- 18 Month Day Year	Sched. Completion Date (11) 05- 11- 18 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

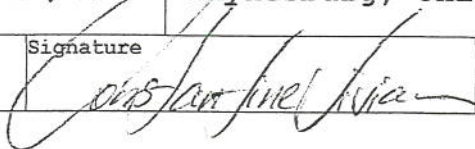
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

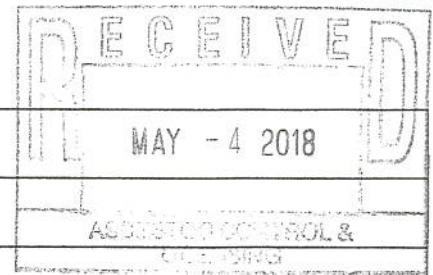
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glove-bag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L .	E N C L O S U R E
Basement			X	Pipe Insulation	10 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.25	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 05/14/18	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 05/01/18		


CH003

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



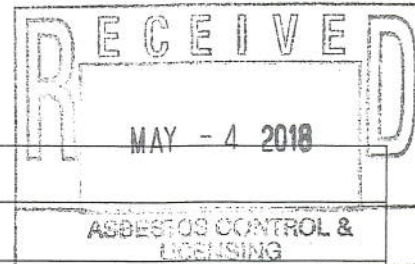
Date of Notification (1) 04/30/2018		Name of Building Owner/Operator (2) David Gannon							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elmwood Park NJ 07407							
		Name of Contact David Gannon	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elmwood Park NJ 07407		Square Feet N/A	# of Floors N/A						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Street Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	License No. 01266						
Start Date (10) 05/09/2018	Scheduled Completion Date (11) 05/19/2018	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 734							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room			x	Transite Panels	80 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 3 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 05/25/2018		City, State Morrisville PA					
Completed by Sasa Durovic		Title Project Manager		Signature 		Date 04/30/2018			

RECEIVED
MAY 4 2010
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 5-1-2018		Name of Building Owner / Operator (2) State of NJ Department of Transportation		MAY - 4 2018 ASBESTOS CONTROL & TESTING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Avenue City, State & Zip Code Trenton, NJ 08625 Name of Contact Sheryl M. Quartermas Telephone Number 609-530-5472 609-240-1147					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Maintenance Yard - Building # 1342			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1 Gregg Street			Square Feet 9,118	# of Floors 2	Bldg. Age 54				
City (5) Lodi	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Maintenance Yard Commercial Building						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 120 North Warren Street			Street Address 2115 Hamilton Ave, Suite 202						
City, State & Zip Code Trenton, NJ 08608			City, State & Zip Code Trenton, NJ 08619						
Project Manager for Monitoring Firm Dominick Dercole		Telephone Number 609-392-4200	Telephone Number 609-914-4279	License Number 01185					
Scheduled Start Date (10) 5-22-2018	Scheduled Completion Date (11) 5-30-2018		Name of OSHA Monitor J&S Environmental Laboratories, Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am – 5:00pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West City, State & Zip Code 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 ≥260 lf		<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure						
			<input type="checkbox"/> Glove Bag Procedures						
			<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclose
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 05-01-2018				

Ch 2851

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

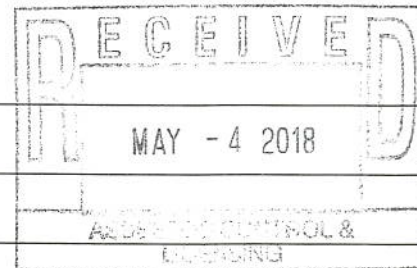


Date of Notification (1) 5-1-2018		Name of Building Owner / Operator (2) State of NJ Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Avenue City, State & Zip Code Trenton, NJ 08625 Name of Contact Sheryl M. Quartermas Telephone Number 609-530-5472 609-240-1147							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Maintenance Yard - Building # 1342		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Gregg Street		Square Feet 9,118	# of Floors 2						
City (5) Lodi	County (6) Bergen	Bldg. Age 54							
Current Use (Prior if being demolished) Maintenance Yard Commercial Building									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 120 North Warren Street		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Dominick Dercole		Telephone Number 609-392-4200	License Number 01185						
Scheduled Start Date (10) 5-22-2018	Scheduled Completion Date (11) 5-30-2018	Name of OSHA Monitor J&S Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am - 5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code 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 ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 				Date 05-01-2018		

CK141

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

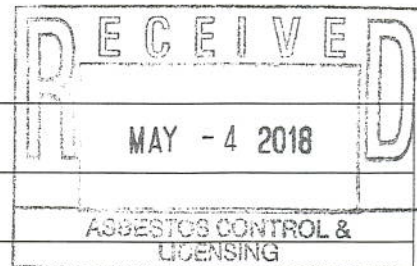
PAID



Date of Notification (1) 4/30/2018		Name of Building Owner/Operator (2) Shivani Patel		Street Address [REDACTED]		City, State, Zip Code Dumont NJ 06728		Name of Contact Marko Stankovic, Project Manager	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) N/A Street Address [REDACTED] City (5) Dumont County (6) Bergen County Code (7) (STATE USE ONLY) _____ Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____ Project Manager for Monitoring Firm _____ Telephone No. _____ Start Date (10) 5/1/2018 Scheduled Completion Date (11) 5/8/2018 Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____					
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1224 # of Floors 2 Bldg. Age 118		Current Use (Prior if being demolished) Residence		Name of Abatement Contractor (9) Checkmark Industrial Street Address 54 Morgan Dr City, State, Zip Code Sparta NJ 07871 Telephone No. 973-570-2645 License No. 01334			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) basemenet		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe insulation		Amount (Specify SF or LF) 35 LF		Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 2		Name of Registered Landfill Waste Management			
City, State Wayne NJ		Disposal Date _____		City, State Tulleytown PA					
Completed by Corey Stankovic		Title CEO		Signature 		Date 4/30/2018			

CK 144

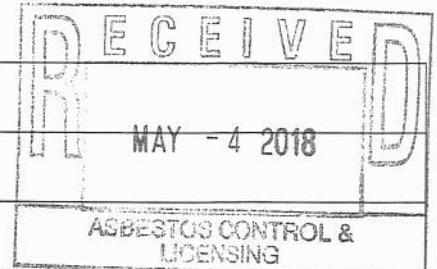
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/2/2018		Name of Building Owner/Operator (2) City of Newark							
Agencies Notified	Type Notification	Street Address 920 Broad St							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ							
		Name of Contact Marko Stankovic, Project Manager	Telephone Number 973-570-2645						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 3500	# of Floors 2						
		Bldg. Age 100							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address 87 Main Street, Suite A		Street Address 54 Morgan Dr							
City, State, Zip Code Lincoln Park NJ 07035		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	License No. 01334						
Start Date (10) 5/3/2018	Scheduled Completion Date (11) 6/3/2018	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
DEMOLISHED BUILDING		X				X			
UNSAFE STRUCTURE		X							
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 500	Name of Registered Landfill Minerva Landfill					
City, State Linden PA			Disposal Date	City, State Minerva, OH					
Completed by Corey Stankovic		Title CEO	Signature <i>(Signature)</i>			Date 5/2/2018			

CK144

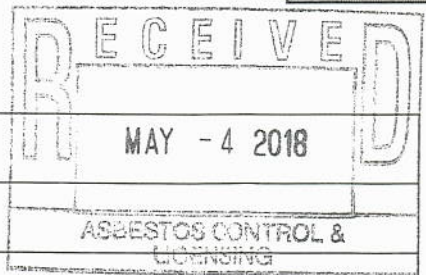
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/2/2018		Name of Building Owner/Operator (2) Anthonia Ajayi							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ							
		Name of Contact Marko Stankovic, Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Newark	Square Feet 3500	# of Floors 2	Bldg. Age 100						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address 87 Main Street, Suite A		Street Address 54 Morgan Dr							
City, State, Zip Code Lincoln Park NJ 07035		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	Telephone No. 973-570-2645						
		License No. 01334							
Start Date (10) 5/3/2018	Scheduled Completion Date (11) 6/3/2018	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
DEMOLISHED BUILDING		X				X			
UNSAFE STRUCTURE		X							
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 500	Name of Registered Landfill Minerva Landfill				
City, State Linden PA				Disposal Date	City, State Minerva, OH				
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i>		Date 5/2/2018			

CK 144

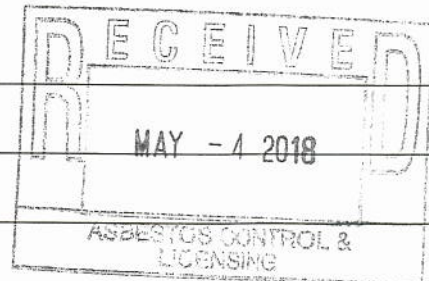
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/2/2018		Name of Building Owner/Operator (2) [REDACTED]		MAY - 4 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Newark NJ Name of Contact Marko Stankovic, Project Manager Telephone Number 973-570-2645					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) Newark			Square Feet 3500	# of Floors 2	Bldg. Age 100				
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential						
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address 87 Main Street, Suite A		Street Address 54 Morgan Dr							
City, State, Zip Code Lincoln Park NJ 07035		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	Telephone No. 973-570-2645	License No. 01334					
Start Date (10) 5/3/2018		Scheduled Completion Date (11) 6/3/2018		Name of OSHA Monitor Checkmark Industrial					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 54 Morgan Dr City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
DEMOLISHED BUILDING		X				X			
UNSAFE STRUCTURE		X							
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 500	Name of Registered Landfill Minerva Landfill				
City, State Linden PA				Disposal Date	City, State Minerva, OH				
Completed by Corey Stankovic		Title CEO		Signature <i>Corey Stankovic</i>		Date 5/2/2018			

CK144

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)



Date of Notification (1) 5/2/2018		Name of Building Owner/Operator (2) [REDACTED]							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ							
		Name of Contact Marko Stankovic, Project Manager	Telephone Number 973-570-2645						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 3500	# of Floors 2						
City (5) Newark		Bldg. Age 100							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address 87 Main Street, Suite A		Street Address 54 Morgan Dr							
City, State, Zip Code Lincoln Park NJ 07035		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	License No. 01334						
Start Date (10) 5/3/2018	Scheduled Completion Date (11) 6/3/2018	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
DEMOLISHED BUILDING		X				X			
UNSAFE STRUCTURE		X							
Name of Registered Waste Hauler Weigle Trucking		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 500	Name of Registered Landfill Minerva Landfill					
City, State Linden PA		Disposal Date		City, State Minerva, OH					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 5/2/2018			

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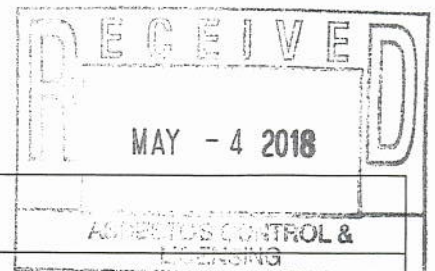
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25682

Date of Notification (1) 5/3/2018		Name of Building Owner/Operator (2) Hart							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lumberton, NJ 08048							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Debra Hart	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lumberton, NJ 08048		Square Feet 3000	# of Floors 2						
County (6) Burlington		Bldg. Age 140+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 5/14/2018	Scheduled Completion Date (11) 5/21/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am to 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Basement		X		Thermal Pipe Insulation	210 lf	X			
Crawl space		X		Thermal Pipe Insulation	30 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 5/21/2018	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature			Date 5/3/18		

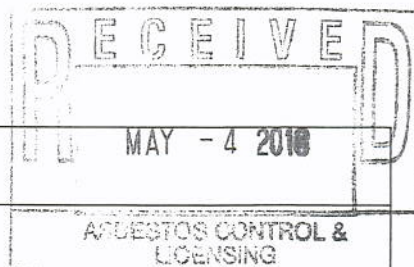
CK 1138

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



Date of Notification (1) 05 / 01 / 18		Name of Building Owner/Operator (2) Greenwood Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 Prospect Terrace							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Jessica DeGraff	Telephone Number 201-317-0298						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 92 Greenwood Avenue									
City (5) Montclair		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
Start Date (10) 05 / 03 / 18		License No. 1188							
Scheduled Completion Date (11) 05 / 18 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Tank Insulation	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Flue Insulation	1 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW-24310		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 5/1/18			

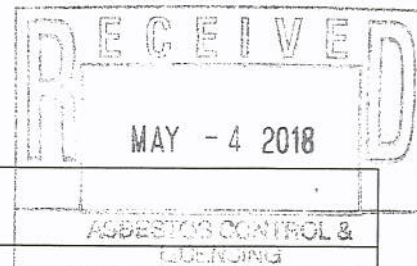
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 04 / 02 / 18		Name of Building Owner/Operator (2) Greenwood Properties		RECEIVED MAY - 4 2018 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 23 Prospect Terrace		City, State, Zip Code Montclair, NJ 07042		Name of Contact Jessica DeGraff					
				Telephone Number 201-317-0298					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 92 Greenwood Avenue									
City (5) Montclair				Square Feet	# of Floors				
				Bldg. Age					
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224				Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 04 / 11 / 18		Scheduled Completion Date (11) 05 / 02 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 27 Outwater Lane					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Tank Insulation	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Flue Insulation	1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW-24310		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 4/2/18			

CK 1138

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

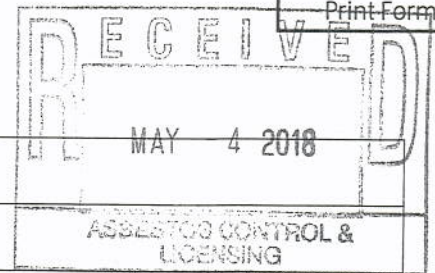


Date of Notification (1) 05 / 01 / 18		Name of Building Owner/Operator (2) Greenwood Properties		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 23 Prospect Terrace		City, State, Zip Code Montclair, NJ 07042		Telephone Number 201-317-0298					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 96 Greenwood Avenue				Square Feet					
City (5) Montclair				# of Floors					
County (6) Essex				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		License No. 1188					
Start Date (10) 05 / 03 / 18		Scheduled Completion Date (11) 05 / 18 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 27 Outwater Lane					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC / Century Waste, LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/GROWS North Landfill				
City, State Shirley, NY / Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 5/1/18			

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



Date of Notification (1) 04 / 02 / 18		Name of Building Owner/Operator (2) Greenwood Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 23 Prospect Terrace							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Jessica DeGraff	Telephone Number 201-317-0298						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 96 Greenwood Avenue									
City (5) Montclair		Square Feet	# of Floors Bldg. Age						
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
License No. 1188									
Start Date (10) 04 / 11 / 18	Scheduled Completion Date (11) 05 / 02 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC / Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/32797	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/GROWS North Landfill					
City, State Shirley, NY / Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 4/2/18		



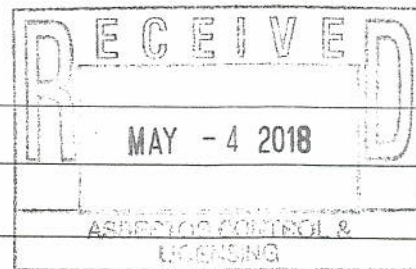
CK 5240

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

Date of Notification (1) 5-3-18		Name of Building Owner/Operator (2) Virtua							
Agencies Notified	Type Notification	Street Address 20 West Stow Road, Suite 3							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Marlton, NJ 08053							
		Name of Contact Pat Giordano	Telephone Number 888-VIRTUA-3						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VIRTUA CAMDEN SENIOR CARE CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1000 ATLANTIC AVENUE, 1ST FLOOR		Square Feet 50000	# of Floors 4						
City (5) CAMDEN		Bldg. Age +/-50							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) NURSING HOME							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES LLC		ASCM No. _____	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 700 TURNER INDUSTRIAL WAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402	Telephone No. 215-533-5155						
License No. 01166									
Start Date (10) 5-14-18	Scheduled Completion Date (11) 5-21-18	Name of OSHA Monitor VERTEX COMPANIES LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 700 TURNER INDUSTRIAL WAY							
		City, State, Zip Code ASTON, PA 19014							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 SECTION			X	black tar coated pipe wrap	70lf	x			
Various areas			x	black mastic a/w na 12" tan FT	800sf	x			
restrooms			x	mastic a/w na 12"gray FT	225sf	x			
front entrance area			x	residual black mastic	2000	x			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste	Name of Registered Landfill MINERVA					
City, State NEWARK, DE			Disposal Date	City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 	Date 5-3-18					

CK 21424

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

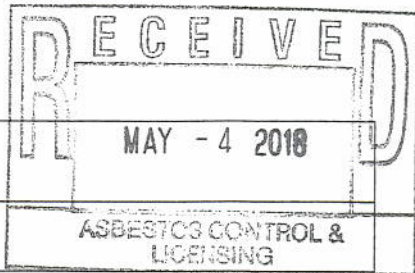


Date of Notification (1) 4/30-18		Name of Building Owner/Operator (2) PRAXAIR Inc. Caryey's Point Facility					
Agencies Notified	Notification Type	Street Address	<div style="border: 1px solid black; padding: 5px;"> RECEIVED MAY - 4 2018 ASBESTOS CONTROL & LICENSING </div>				
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Initial <input checked="" type="checkbox"/> <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	554 Shell Rd					
		City, State, Zip Co Carney's Point, NJ 08069					
		Name of Contact Jeffrey Shute	Telephone Number 856-299-3500				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PRAXAIR		Type of Facility (4)					
Street Address 554 Shell Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Caryney's Point		Square Feet	# of Floors				
County (6) Salem		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished)					
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Contractor (9) County Environmental				
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.					
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720					
Project Manager for Monitoring Firm Wesley Morrison		Telephone No. (302) 326-2333	License Number 00578				
Scheduled Start Date (10) 05/15/18	Scheduled Completion Date (05/17/18)	Name of OSHA Monitor County Environmental					
Occupancy Status During Abatement (Check only one)		Street Address 461 New Churchmans Road					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code New Castle, DE 19720					
Scope of Work (Check all that apply)							
X ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (x*) 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
Removal of gaskets on tanks		x		Gaskets on tanks	9 sf	x	
Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990	Cubic Yards of Waste	Name of Reg. Landfill Minerva			
City, State New castle DE		Disposal Date TBA		City, State Waynesburg OH			
Completed by Charles Flowers	Title PM		Signature 		Date 4/30/18		

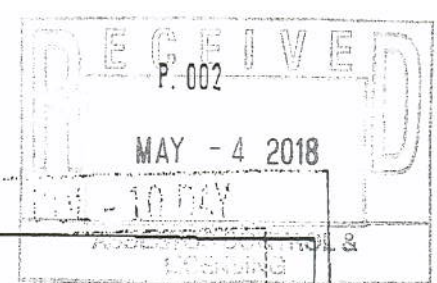
CK63385
1107-03

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

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Date of Notification (1) 5 / 3 / 18		Name of Building Owner/Operator (2) CEDAR MEADOWS CONSTRUCTION INC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 N. 31st Street City, State, Zip Code Philadelphia PA 19121 Name of Contact Noah Freiberg Telephone Number 267 386-8600							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CEDAR MEADOWS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1426-1486 RAHWAY AVE		Square Feet >100,000							
City (5) WOODBIDGE		# of Floors 0							
County (6) MIDDLESEX		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EHS		Name of Abatement Contractor (9) DELTA/BJDS, INC							
Street Address 411 SOUTHGATE COURT		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MICKLETON NJ 08056		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 856 224-0080	License No. 00783						
Start Date (10) 5 / 4 / 18	Scheduled Completion Date (11) 6 / 30 / 18	Name of OSHA Monitor CRITERION LABS							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4</u> PM- <u>4</u> PM- <u>4</u> AM		Street Address 400 STREET ROAD City, State, Zip Code BENSALEM, PA 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
UNDERGROUND PIPE THROUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUT DEMOLITION SITE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE PIPE	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE 19720		Disposal Date		City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title ASST. ADMINSTRATOR		Signature <i>Christine DelViscio</i>			Date 5-3-2018			



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

1107-03

Date of Notification (1) 5 / 3 / 18		Name of Building Owner/Operator (2) CEDAR MEADOWS CONSTRUCTION INC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 N. 31st Street City, State, Zip Code Philadelphia PA 19121 Name of Contact Noah Freiberg Telephone Number 287 388-8600	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CEDAR MEADOWS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1425-1485 RAHWAY AVE		Square Footage >100,000	
City (5) WOODBRIIDGE		# of Floors 0	
County (6) MIDDLESEX		Bldg. Age 0	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	
Street Address 411 SOUTHGATE COURT		Name of Abatement Contractor (9) DELTA/BJDS, INC	
City, State, Zip Code MICKLETON NJ 08056		Street Address 1346 INDUSTRIAL BLVD	
Project Manager for Monitoring Firm JACK CARNEY		City, State, Zip Code SOUTHAMPTON PA 19068	
Telephone No. 856 224-0080		Telephone No. 215 322-2900	
Start Date (10) 6 / 4 / 18		License No. 00783	
Scheduled Completion Date (11) 6 / 30 / 18		Name of OSHA Monitor CRITERION LABS	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/4PM-____AM		Street Address 400 STREET ROAD	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥200 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code BENSALEM, PA 19020			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely for Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
UNDERGROUND PIPE THROUGH			
OUT DEMOLITION SITE		500 LF	
TRANSITE PIPE			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20880	
City, State 58 PYLES LANE NEW CASTLE DE 19720		Cubic Yards of Waste	
Disposal Date		Name of Registered Landfill MINI-EVA LANDFILL	
City, State WAYNESBURG, OHIO			
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINSTRATOR	
Signature <i>Christine DelViscio</i>		Date 5-3-2018	