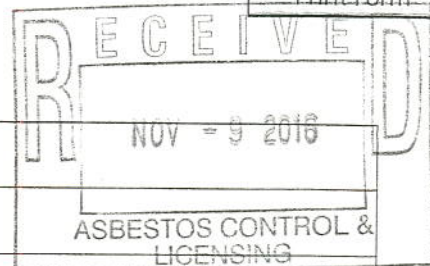


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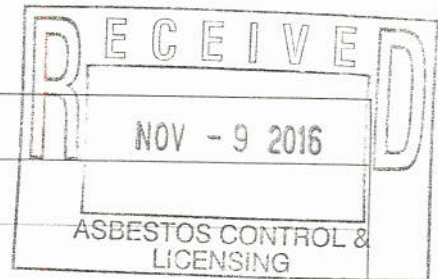
Print Form

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



Date of Notification (1) 11/01/2016		Name of Building Owner/Operator (2) GEORGE KARELITSKY							
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 TEANECK, NJ							
		Name of Contact GEORGE KARELITSKY	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		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 N/A	# of Floors N/A						
City (5) TEANECK		Bldg. Age N/A							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 franklin St							
City, State, Zip Code		City, State, Zip Code Paterson, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 11/11/2016	Scheduled Completion Date (11) 11/12/2016	Name of OSHA Monitor EHW ABATEMENT LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 89 Franklin street							
		City, State, Zip Code Paterson, NJ, 07524							
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	85 LF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER		NJDEP Waste Hauler ID No. N/A	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES					
City, State 1199 RANDALL AVE BRONX NY			Disposal Date TBD	City, State 900 MINERVA RD WAYNESBURG OH					
Completed by VICTOR ESRITU		Title PROJECT MANEGER	Signature			Date 11/01/2016			

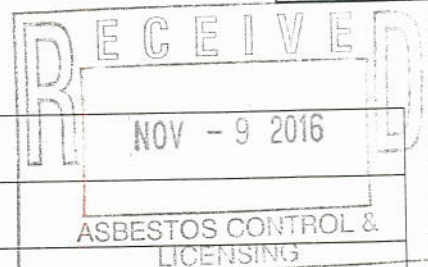
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



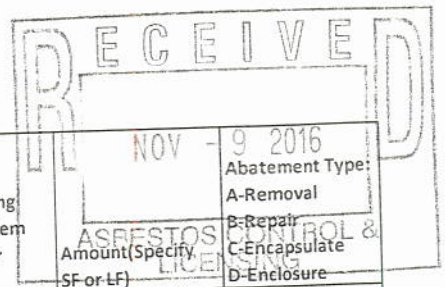
Date of Notification (1) 11/03/2016		Name of Building Owner/Operator (2) Henry Hamilton							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Henry Hamilton							
		Telephone Number [REDACTED]							
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) Maplewood		Square Feet n/a	# of Floors n/a						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age n/a						
Name of Monitoring Firm Hired by Building Owner (8) Biottera Solutions		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 1130 W Chestnut Street		Street Address PO Box 734							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Rick Eustaguo		Telephone No. 973494-3762	License No. 01266						
Start Date (10) 11/15/2016	Scheduled Completion Date (11) 11/18/2016	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 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 checked="" 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
Basement			x	Pipe Insulation	50	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 36184	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Facility					
City, State Woodland Park, NJ		Disposal Date 11/18/16		City, State Tullytown, PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 11/03/2016			

CH1157

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



Date of Notification (1) 11/02/2016		Name of Building Owner/Operator (2) Monmouth County							
Agencies Notified	Type Notification	Street Address 1 East 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Freehold, NJ 07728							
		Name of Contact Casey Hornstra							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Quinn House		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 681 Park Avenue		Square Feet n/a	# of Floors 1						
City (5) Freehold		Bldg. Age n/a							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant property							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. 00100	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 1805 Atlantic Avenue		Street Address PO Box 7334							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Jason P. Hooper		Telephone No. 732-223-2225	Telephone No. 973-692-6298						
		License No. _____							
Start Date (10) 11/17/2016	Scheduled Completion Date (11) 12/17/2016	Name of OSHA Monitor Iris Environmental Labs, 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 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic			x	Heater Flue Wrap	6SF	x			
Rear Porch, Throughout first floor			x	Plaster	3455SF	x			
Basement			x	Pipe insulation	310lf	x			
Exterior Window			x	Caulking	660lf	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste _____	Name of Registered Landfill Tullytown Recovery				
City, State Woodland Park, NJ				Disposal Date 12/17/20016	City, State Tullytown				
Completed by Tome Maslarkov		Title Project Manager		Signature _____			Date 11/02/2016		



Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY	Is Location Normally Used Solely by Maintenance/Custodial Staff?	Description of Asbestos Containing Materials(ACM)(i.e. thermal system insulation,surfacing,VAT,or other miscellenious)	Amount(Specify SF or LF)	Abatement Type: A-Removal B-Repair C-Encapsulate D-Enclosure
First Fl.Kitchen, Pantry,Rear Porch	n/a	VAT	160SF	A
Garage	n/a	Gypsum Wall,Textured Ceiling	210SF	A

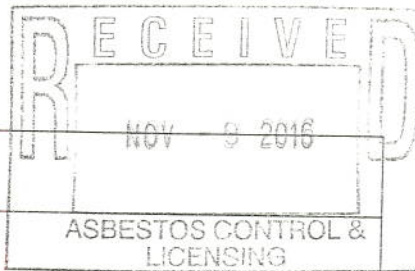
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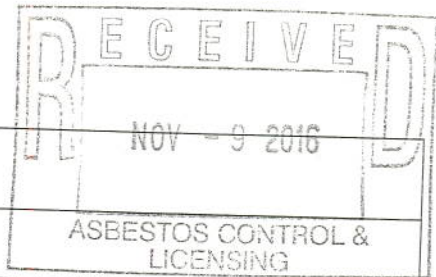
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 11 / 04 / 16		Name of Building Owner/Operator (2) Russo Development, LLC							
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 570 Commerce Boulevard							
		City, State, Zip Code Carlstadt, NJ 07072							
		Name of Contact Dominick Tucci	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		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 331 Bergen Avenue		Square Feet 5,000	# of Floors 1						
City (5) Kearny		Bldg. Age 60 +							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigation		ASCM No.	Name of Abatement Contractor (9) Red Roc Materials, LLC						
Street Address 655 West Shore Trail		Street Address 20 Ramapo Valley Road							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Mahwah, NJ 07430							
Project Manager for Monitoring Firm Bill Kerbel	Telephone No. 973-724-5649	Telephone No. 201-529-4700	License No. 01248						
Start Date (10) 10 / 17 / 16	Scheduled Completion Date (11) 10 / 19 / 16	Name of OSHA Monitor Red Roc Materials, 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 20 Ramapo Valley Road							
		City, State, Zip Code Mahwah, NJ 07430							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
East/West Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Pitchpockets/vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic/Flashing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5 CY	Name of Registered Landfill I.E.S.I. Bethlehem Landfill					
City, State Hillside, NJ		Disposal Date o/a 10/27/16		City, State Bethlehem, PA					
Completed By (Print or Type) Michael F. Keith	Title Project Manager		Signature <i>Michael F Keith</i>			Date 11-4-16			

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



no ch

Date of Notification (1)
11 / 04 / 16

Name of Building Owner/Operator (2)
Russo Development, LLC

Agencies Notified
☒ EPA
☒ DOLWD
☒ DOH
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☒ Amended Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Street Address
570 Commerce Boulevard

City, State, Zip Code
Carlstadt, NJ 07072

Name of Contact
Dominick Tucci

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Warehouse

Street Address
337 Bergen Avenue

City (5)
Kearny

County (6)
Hudson

County Code (7)(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
10,000

of Floors
1

Bldg. Age
60 +

Current Use (Prior if being demolished)
Commercial Warehouse

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Health Investigation

ASCM No.

Name of Abatement Contractor (9)
Red Roc Materials, LLC

Street Address
655 West Shore Trail

City, State, Zip Code
Sparta, NJ 07871

Street Address
20 Ramapo Valley Road

City, State, Zip Code
Mahwah, NJ 07430

Project Manager for Monitoring Firm
Bill Kerbel

Telephone No.
973-724-5649

Telephone No.
201-529-4700

License No.
01248

Start Date (10)
10 / 17 / 16

Scheduled Completion Date (11)
10 / 21 / 16

Name of OSHA Monitor
Red Roc Materials, LLC

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: ____AM-____PM/____PM-____AM

Street Address
20 Ramapo Valley Road

City, State, Zip Code
Mahwah, NJ 07430

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
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof Top Perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flashing	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Door Overhangs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flashing	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parapet Wall Tar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitchpockets/Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flashing	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Newark Carting, Inc.

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
15 CY

Name of Registered Landfill
I.E.S.I. Bethlehem Landfill

City, State
Hillside, NJ

Disposal Date
o/a 10/27/16

City, State
Bethlehem, PA

Completed By (Print or Type)
Michael F. Keith

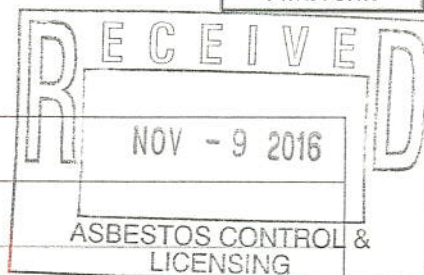
Title
Project Manager

Signature
Michael F. Keith

Date
11-9-16

CK1156

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



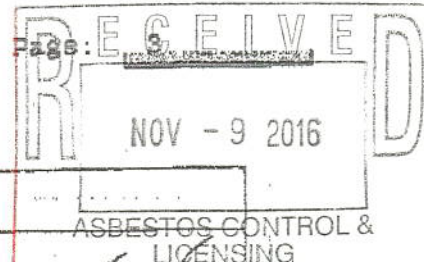
Date of Notification (1) 11/02/2016		Name of Building Owner/Operator (2) Jerry Coriolan							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Dumont, NJ 07628							
		Name of Contact Jerry Coriolan	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) Dumont	Square Feet n/a	# of Floors n/a	Bldg. Age n/a						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Biottera Solutions		ASCM No.							
Name of Abatement Contractor (9) Amax Contracting LLC		Street Address PO Box 734							
Street Address 1130 W Chestnut Street		City, State, Zip Code Woodland Park, NJ 07424							
City, State, Zip Code Union, NJ 07083									
Project Manager for Monitoring Firm Rick Eustaguio		Telephone No. 973494-3762	License No. 01266						
Start Date (10) 11/02/16	Scheduled Completion Date (11) 11/4/2016	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	Pipe Insulation	140LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 36184	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Facility					
City, State Woodland Park, NJ		Disposal Date 11/04/2016		City, State Tullytown, PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date 11/02/2016		

11/2/2016 11:02 PDT

TO:16088330884 FROM:5406928286

CH1156

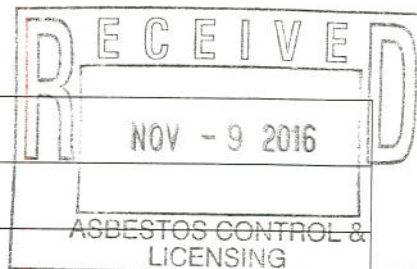
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 26:60 and 26:120)



Date of Notification (1) 11/02/2016		Name of Building Owner/Operator (2) Jerry Coriolan							
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 checked="" 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 Dumont, NJ 07628 Name of Contact Jerry Coriolan Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet n/a	# of Floors n/a						
City (5) Dumont		Bldg. Age n/a							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Blotters Solutions		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLO						
Street Address 1130 W Chestnut Street		Street Address PO Box 734							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Rick Eustaguo		Telephone No. 873494-3782	Telephone No. 973-692-6298						
License No. 01266									
Start Date (10) 11/02/16	Scheduled Completion Date (11) 11/4/2016	Name of OSHA Monitor Amax Contracting LLO							
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 checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 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	Encapsulation	Enclosure
Basement			x	Pipe Insulation	140 LF	x			
Name of Registered Waste Hauler Amax Contracting LLO		NJDEP Waste Hauler ID No. 38184	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Facility					
City, State Woodland Park, NJ		Disposal Date 11/04/2016		City, State Tullytown, PA					
Completed by Tome Maslarkov		Title Project Manager		Signature [Signature]		Date 11/02/2016			

CK2365

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



Date of Notification (1) 11/8/2016		Name of Building Owner/Operator (2) Residence							
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 Metuchen, NJ 08840							
		Name of Contact Effie Smith	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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) Metuchen, NJ 08809		Square Feet 2000	# of Floors 2						
		Bldg. Age approx. 100							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions, LLC		ASCM No. N/A	Name of Abatement Contractor (9) Brinks Tanks Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 11/23/2016	Scheduled Completion Date (11) 12/7/2016	Name of OSHA Monitor A. Seine Lighthouse Solutions, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<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 South Orange, NJ 07079							
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	12 lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date 12/7/2016	City, State Penn Argyle, PA					
Completed by Ron Brink		Title President	Signature 			Date 11/8/2016			

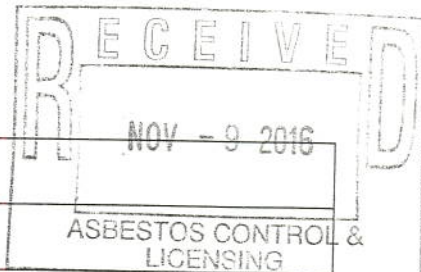
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check #2773

Date of Notification (1) 11 / 08 / 16		Name of Building Owner / Operator (2) First Energy		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV - 9 2016 </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Akron, Ohio 44308			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOL		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact Jim Halsey	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address 200 FRONTAGE AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) BOONTON	County (6) MORRIS	County Code (7)	Square Feet	# Of Floors	Building Age
			Current Use (Prior if being demolished)		
			Telephone Pole		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations			ASCM NO		
Street Address 655 West Shore Trail			NORTHSTAR CONTRACTING GROUP, INC.		
City, State, Zip Code Sparta, NJ 07871			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm Dino Nappi			City, State, Zip Code East Hanover, NJ 07036		
Sched. Start Date (10) 11 / 29 / 16		Sched. Completion Date (11) 12 / 01 / 16	Telephone Number 973-884-8682		License Number 00860
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07036		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> >3sf or >3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing 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			R E M O V A L	R E P A I R
Exterior Telephone Pole	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Transite Conduit	20 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"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 11/08/16

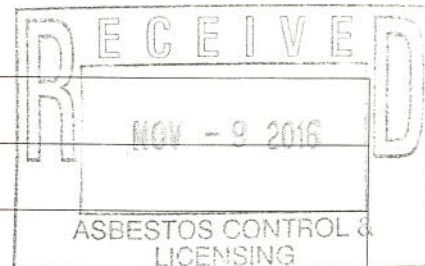
CK 4089

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



Date of Notification (1) 10/25/2016		Name of Building Owner/Operator (2) PSE&G	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 4000 Hadley Road - Second Floor		City, State, Zip Code South Plainfield, NJ 07080	
Name of Contact Thomas Laviano		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former PSE&G Facility		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 90 Duffield Street		Square Feet N/A	
City (5) Jersey City		# of Floors N/A	
County (6) Union		Bldg. Age N/A	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Excavation Site - Abandoned	
Name of Monitoring Firm Hired by Building Owner		Name of Abatement Contractor Degmor Environmental Services LLC.	
Street Address		Street Address 511 Canal Street	
City, State, Zip Code		City, State, Zip Code New York, NY 10013	
Project Manager for Monitoring Firm		Telephone No. ()	
Start Date (10) 11/15/2016		Scheduled Completion Date (11) 12/15/2016	
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>Excavated pipe is outdoors in remote area</u>		Name of OSHA Monitor EMSL Analytical, Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure Procedure <input type="checkbox"/> Glovebag <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 307 West 38th Street	
City, State, Zip Code New York, NY 10018		License No. 01314	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Remote area of open lot		Coal Tar wrapped gas pipe	
		2,000 LF	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	
City, State		Cubic Yards of Waste	
Disposal Date		Name of Registered Landfill	
City, State			
Completed by J. Robert Dombrowski		Title Senior Project Manager	
Signature Bob Dombrowski		Date 11/08/2016	

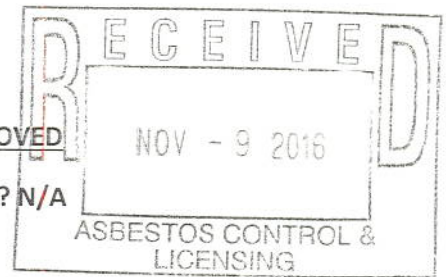
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/4/2016		Name of Building Owner/Operator (2) County of Essex							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Bloomfield Avenue						
			City, State, Zip Code Verona, NJ						
		Name of Contact Mr. Sanjeev Varghese	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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]		Square Feet 1500	# of Floors 2						
City (5) Newark,		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address 2333 Route 22 West		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 973-389-0089						
		License No. 00693							
Start Date (10) 11/14/2016	Scheduled Completion Date (11) 11/21/2016	Name of OSHA Monitor DIA General Construction, 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: _____		Street Address 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
SEE ATTACHED						<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 11/21/16		City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 			Date 11/4/2016		

LIST OF ASBESTOS CONTAINING MATERIALS TO BE REMOVED

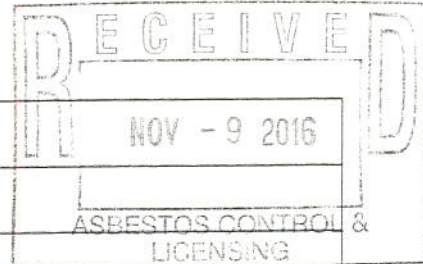
IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/CUSTODIAL STAFF? N/A



LOCATION OF ASBESTOS CONTAINING MATERIAL TO BE ABATED IN FACILITY	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL	AMOUNT (SF OR LF)
Basement	Grey pipe/elbow insulation	15 LF
Basement above boiler	Grey transite	150 LF
1 st floor, by stairs to basement	White 9" X 9" floor tiles	4 SF
Overhang black tar roof and side roofs	Black roofing material	670 SF
Perimeter of all roofing materials	Black flashing	450 SF
Interior by entrance and exterior siding	Grey transite	6,000 SF

CH6535

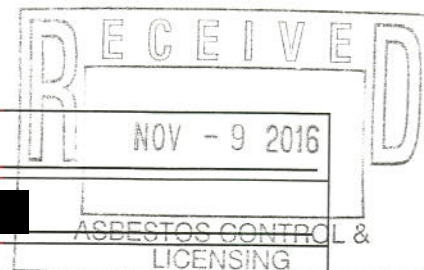
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/4/2016		Name of Building Owner/Operator (2) County of Essex							
Agencies Notified	Type Notification	Street Address 900 Bloomfield Avenue							
<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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ							
		Name of Contact Mr. Sanjeev Vargheese	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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]		Square Feet 1500	# of Floors 2						
City (5) Newark,		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address 2333 Route 22 West		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 908-206-0073	Telephone No. 973-389-0089						
License No. 00693									
Start Date (10) 11/18/2016	Scheduled Completion Date (11) 12/05/2016	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Through out			X	Plaster	6,000 SF	<			
Basement			X	Pipe/elbow insulation	350 LF	<			
Lower Front Roof			X	Roofing/Flashing	350 SF	<			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 60 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720			Disposal Date 11/30/2016	City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager	Signature 	Date 11/4/2016					

CK# 25325

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

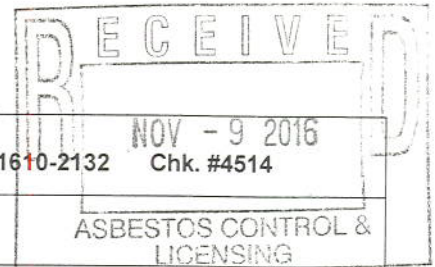


Date of Notification (1) <u>11/7/16</u>		Name of Building Owner/Operator (2) <u>Grimmings</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
			City, State, Zip Code <u>Marlton, NJ 08053</u>
			Name of Contact <u>Mary Pat Grimmings</u>
		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		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) <u>Marlton, NJ</u>		Square Feet <u>2200</u>	# of Floors <u>2</u>
		Bldg. Age <u>55+/-</u>	
County (6) <u>Burlington</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 240-4070</u>	License No. <u>00493</u>
Start Date (10) <u>11/17/16</u>		Scheduled Completion Date (11) <u>11/23/16</u>	
Name of OSHA Monitor <u>MECS</u>			
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>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
<u>Attic</u>	<input checked="" type="checkbox"/>		<u>Thermal Duct Insulation</u>
			<u>25 lf</u>
			<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>GROWS Landfill</u>	
		Disposal Date <u>11/23/16</u>	
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	
		Signature 	
		Date <u>11/7/16</u>	

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LICENSING

Date of Notification (1) <div style="text-align: center; border-bottom: 1px solid black;">11/7/16</div>		Name of Building Owner/Operator (2) <div style="text-align: center; border-bottom: 1px solid black;">Bolding</div>		NOV - 9 2016							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> City, State, Zip Code <div style="text-align: center; border-bottom: 1px solid black;">Vauxhall, NJ</div>							
		Name of Contact <div style="text-align: center; border-bottom: 1px solid black;">Joe Sardina</div>		Telephone Number <div style="border-bottom: 1px solid black; width: 100px;"></div>							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center; border-bottom: 1px solid black;">Residential</div>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div>			Square Feet <div style="text-align: center; border-bottom: 1px solid black;">1600</div>								
City (5) <div style="text-align: center; border-bottom: 1px solid black;">Vauxhall, NJ</div>			# of Floors <div style="text-align: center; border-bottom: 1px solid black;">2</div>		Bldg. Age <div style="text-align: center; border-bottom: 1px solid black;">75+/-</div>						
County (6) <div style="text-align: center; border-bottom: 1px solid black;">Union</div>		County Code (7) (STATE USE ONLY) <div style="border-bottom: 1px solid black; width: 100px;"></div>		Current Use (Prior if being demolished) <div style="border-bottom: 1px solid black; width: 100px;"></div>							
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center; border-bottom: 1px solid black;">MECS</div>		ASCM No. <div style="border-bottom: 1px solid black; width: 100px;"></div>		Name of Abatement Contractor (9) <div style="text-align: center; border-bottom: 1px solid black;">Stevens Environmental Services, Inc.</div>							
Street Address <div style="text-align: center; border-bottom: 1px solid black;">PO Box 341</div>		Street Address <div style="text-align: center; border-bottom: 1px solid black;">PO Box 322</div>									
City, State, Zip Code <div style="text-align: center; border-bottom: 1px solid black;">Crosswicks, NJ 08515</div>		City, State, Zip Code <div style="text-align: center; border-bottom: 1px solid black;">Allentown, NJ 08501</div>									
Project Manager for Monitoring Firm <div style="text-align: center; border-bottom: 1px solid black;">Bill Weisgarber</div>		Telephone No. <div style="text-align: center; border-bottom: 1px solid black;">(609) 240-4070</div>		License No. <div style="text-align: center; border-bottom: 1px solid black;">00493</div>							
Start Date (10) <div style="text-align: center; border-bottom: 1px solid black;">11/17/16</div>		Scheduled Completion Date (11) <div style="text-align: center; border-bottom: 1px solid black;">11/30/16</div>		Name of OSHA Monitor <div style="text-align: center; border-bottom: 1px solid black;">MECS</div>							
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>8 am to 4 pm</u>			Street Address <div style="text-align: center; border-bottom: 1px solid black;">PO Box 341</div>								
			City, State, Zip Code <div style="text-align: center; border-bottom: 1px solid black;">Crosswicks, NJ 08515</div>								
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <div>Yes</div> <div>No</div> <div>N/A</div> </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Basement		<input checked="" type="checkbox"/>		Thermal Pipe insulation		25 lf		<input checked="" type="checkbox"/>			
Basement		<input checked="" type="checkbox"/>		Pipe Debris		30 lf					
Name of Registered Waste Hauler <div style="text-align: center; border-bottom: 1px solid black;">Stevens Environmental Services, Inc.</div>			NJDEP Waste Hauler ID No. <div style="text-align: center; border-bottom: 1px solid black;">18292</div>		Cubic Yards of Waste <div style="text-align: center; border-bottom: 1px solid black;">1 CU</div>		Name of Registered Landfill <div style="text-align: center; border-bottom: 1px solid black;">GROWS Landfill</div>				
City, State <div style="text-align: center; border-bottom: 1px solid black;">Allentown, NJ</div>			Disposal Date <div style="text-align: center; border-bottom: 1px solid black;">11/30/16</div>		City, State <div style="text-align: center; border-bottom: 1px solid black;">Morrisville, PA</div>						
Completed By <div style="text-align: center; border-bottom: 1px solid black;">Mahlon E. Stevens</div>			Title <div style="text-align: center; border-bottom: 1px solid black;">Project Manager</div>		Signature <div style="text-align: center; border-bottom: 1px solid black;"> </div>		Date <div style="text-align: center; border-bottom: 1px solid black;">11/7/16</div>				

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



Date of Notification (1) 11 / 4 / 16		Name of Building Owner/Operator (2) Samuel Paganin / Job #1610-2132 Chk. #4514	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Trenton, NJ 08638	
		Name of Contact David Farino	Telephone Number _____

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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Trenton		Square Feet 1284	# of Floors 2
County (6) Mercer		Bldg. Age 60	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Boulevard		
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862
Start Date (10) 11 / 21 / 16	Scheduled Completion Date (11) 11 / 23 / 16		Name of OSHA Monitor EMSL Analytical, Inc.	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

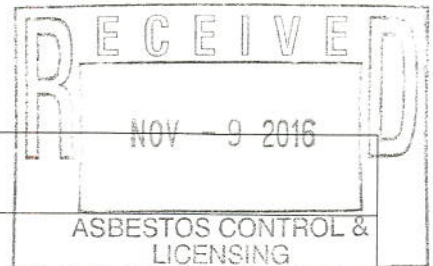
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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, Landing & Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & mastic	540 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 To Be Determined		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill	
City, State		Disposal Date 11/23/16		City, State Morrisville, PA 19067	
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 			Date 11-4-16

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

Check # 10975



Date of Notification (1) 11 / 7 / 16		Name of Building Owner/Operator (2) Orens Development 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4415 Chestnut St # 202	
		City, State, Zip Code Philadelphia PA 19104	
		Name of Contact Matt Barrabee	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Resturant		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 1240 Brace Rd		Square Feet 10,000	
City (5) Cherry Hill		# of Floors 1	Bldg. Age 50+
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Resturant	
Name of Monitoring Firm Hired by Building Owner (8) Ally Services		Name of Abatement Contractor (9) Controlled Environmental Systems	
Street Address 57 East Durham Street		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Philadelphia, PA 19119		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm Andy Miller	Telephone No. 215-498-7538	Telephone No. 215 542 7000	License No. 00847
Start Date (10) 11 / 17 / 16	Scheduled Completion Date (11) 11 / 19 / 16	Name of OSHA Monitor CES	
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: 7:00AM-5:00PM/ _____ PM-_____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	

Scope of Work (Check all that apply)

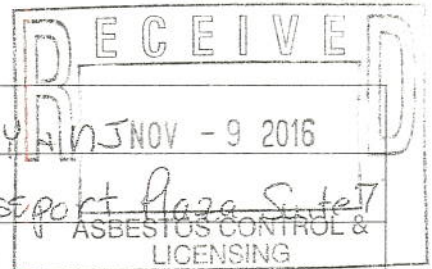
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Flashing	Appx 600 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"/>

Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Communtiy Landfill	
City, State Hatfield, PA		Disposal Date 11/19/16		City, State Birdsboro, PA 19508	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>		Date 11/7/16	

CH1688

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



Date of Notification (1) 11-7-16		Name of Building Owner/Operator (2) The Port Authority of NY & NJ							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1160 Mclester St Expressport Plaza Suite 7		City, State, Zip Code Elizabeth NJ 07201							
Name of Contact Uday Menta		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Port Authority Marine Terminal Bldg 123		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 Marsh & Export Streets		City (5) Newark NJ							
County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 7500	# of Floors 2						
Name of Monitoring Firm Hired by Building Owner (8) PA njs		Name of Abatement Contractor (9) SCE Environmental Group							
Street Address 241 Erie St		Street Address 1380 Mt Ceb Rd							
City, State, Zip Code Jersey City NJ 07310		City/State, Zip Code Lake Ariel PA 18436							
Project Manager for Monitoring Firm Uday Menta		Telephone No. 201-595-4881	License No. 01216						
Start Date (10) 11/21/16	Scheduled Completion Date (11) 12/16/16	Name of OSHA Monitor SCE Environmental							
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 1380 Mt Ceb Rd							
		City, State, Zip Code Lake Ariel PA 18436							
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) 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
Second Floor Annex		X		floor tile	7500 SF	X			
Second Floor Annex		X		molding	480 LF	X			
Second Floor Annex		X		pipe insulation	14 LF	X			
Second Floor Annex		X		sheet rock compound	60 LF				
Name of Registered Waste Hauler Cardella Waste		NJDEP Waste Hauler ID No. NJ-861		Cubic Yards of Waste 30	Name of Registered Landfill WM Crows				
City, State North Bergen NJ		Disposal Date 12/16/16		City, State Tullytown PA					
Completed by Maniah Wheeler		Title PAMA		Signature <i>[Signature]</i>		Date 11/2/16			