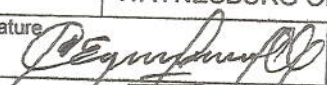


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/28/2015		Name of Building Owner/Operator (2) JEFFREY SULLIVAN							
Agencies Notified	Type Notification	Street Address 12 PASSAIC AVE.							
<input type="checkbox"/> EPA <input checked="" 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 SUMMIT NJ. 07901							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact JEFFREY SULLIVAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 12 PASSAIC AVE.		Square Feet 1700	# of Floors 2						
City (5) SUMMIT NJ. 07901		Bldg. Age 79							
County (6) SUMMIT	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601							
Project Manager for Monitoring Firm		Telephone No. 201.708.4270	License No. 01135						
Start Date (10) 11/06/2015	Scheduled Completion Date (11) 11/06/2015	Name of OSHA Monitor J&S 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 2333 RT. 22							
		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		PIPI INSULATION	70 LF.	X			
Name of Registered Waste Hauler TRI- STATE- ASSOC INC.		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 10/28/2015			

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

D&S Proj. #: 2015-410

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2015 NOV 18 PM 1:27

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/11/15		Name of Building Owner/Operator (2) tracey mayers	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 522 harrison avenue City, State, Zip Code roselle, nj 07203	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact tracey mayers	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) tracey mayers			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 522 harrison avenue			Square Feet		
City (5) roselle			County (6) UNION,		County Code (7) (State use only)
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 11/16/15		Sched. Completion Date (11) 11/30/15		License Number 01169	
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: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

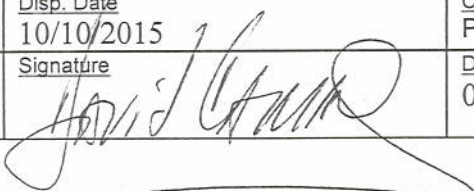
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
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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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	205 l ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/17/15		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 11/12/15	

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Check # 000253

Date of Notification (1) 09/25/2015		Name of Building Owner/Operator (2) Ellis & Ellis Associates	
Agencies Notified	Type of Notification	Street Address	
(X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	(X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	100 EIGHTH ST. 2015 OCT 15 12:09 City, State, Zip Code PASSAIC, NJ	
		Name of Contact Richard Ellis	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Warehouse		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 100 EIGHTH STREET		Sq. Feet: 15,000 # of Floors 3	
City (5) Passaic	County (6) Passaic	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Matrix New World Engineering, Inc.		Name of Contractor (9) ISES, Inc.	
Street Address 26 Columbia Turnpike		Street Address 3300 Hudson Avenue	
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Union City, NJ	
Project Manager for Monitoring Firm Gavin Gilmore	Telephone Number 973 240-1800	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 09/29/2015	Scheduled Completion Date (11) 10/10/2015	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Unoccupied abandoned building not in use		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation			
() Minor Project (< 25 SF or < 10 LF ACM) () Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM)			
() Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure (X) 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) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Interior window surfaces	X	Window glaze	~ 1,875 SF
Interior wall perimeter	X	Vinyl Cove Base Molding Material that is detached from the wall substrate only	~ 130 LF
Basement	X	Tank Insulation	~ 95 SF
Interior building space throughout		Asbestos-Contaminated Debris Removal, General Clean and Encapsulation	~ 72 CY
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.		NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste 30
City, State 311 East Blackwell Street, Dover, NJ 07801		Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road	
Disp. Date 10/10/2015		City, State Pen Argyl, PA 18072	
Completed by (Print or Type) David Camacho	Title Supervisor	Signature 	Date 09/25/2015

D&S Proj. #: 2015-409

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

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ASBESTOS CONTROL
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Date of Notification (1) 11/11/15		Name of Building Owner/Operator (2) brian borylo	
Agencies Notified	Type Notification	Street Address 388 kinderkamack road	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code WESTWOOD, NJ 07675	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact brian borylo	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) brian borylo			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 388 kinderkamack road			Square Feet		
City (5) WESTWOOD			County (6) BERGEN	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 11/17/15	Sched. Completion Date (11) 11/30/15	Name of OSHA Monitor D & S Restoration, 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 type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	1341 ft	X			
BASEMENT CRAWL SPACE		X		PIPE INSULATION	81 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/18/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/11/2015

D&S Proj. #: 2015-406

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

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2015 NOV 18 PM 1:50

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/11/15		Name of Building Owner/Operator (2) JENNA SUMNER	
Agencies Notified	Type Notification	Street Address 10 GREEN HILL ROAD	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MORRISTOWN, NJ 07960	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JENNA SUMNER	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JENNA SUMNER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 10 GREEN HILL ROAD			Square Feet		
City (5) MORRISTOWN			County (6) MORRIS		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 11/14/15		Sched. Completion Date (11) 11/30/15	License Number 01169	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor D & S Restoration, Inc.		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		Street Address 20 California Avenue		
<input type="checkbox"/> Abatement performed outside of normal facility hours-Describe:		City, State, Zip Code Paterson, NJ 07503		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Mini-enclosure		<input checked="" type="checkbox"/> Glovebag procedure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	190 lf	X			
BASEMENT		X		chimney thimble packing	2 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/15/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 11/12/15