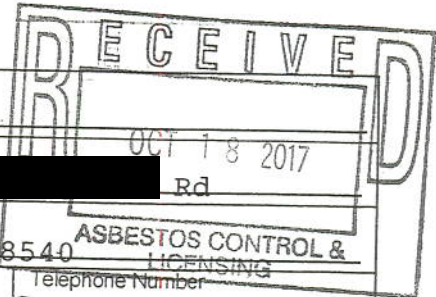


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 25622

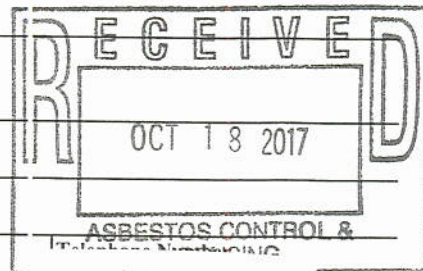


Date of Notification (1) <u>10/16/2017</u>		Name of Building Owner/Operator (2) <u>D'Andrea</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <u>Princeton, NJ 08540</u>					
		Name of Contact <u>Rich D'Andrea</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]		Square Feet <u>2000</u>					
City (5) <u>Princeton, NJ 08540</u>		# of Floors <u>2</u>					
County (6) <u>Mercer</u>		Bldg. Age <u>55=</u>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____					
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>					
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>					
Start Date (10) <u>10/30/2017</u>		License No. <u>00493</u>					
Scheduled Completion Date (11) <u>11/16/2017</u>		Name of OSHA Monitor <u>MECS</u>					
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 <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 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) 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) <u>850 sf</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>Attic</u>	<u>X</u>	<u>Vermiculite</u>		<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>Fairless Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/16/17</u>	City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 	Date <u>10/16/2017</u>			

No Ck

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

Date of Notification (1) 10/17/17 Month/Day/Year		Name of Building Owner/Operator (2) MCS Eric Street LLC	
Agency Notified	Type Notification	Street Address	
X EPA	Initial	5700 Wayne ave	
DEP	Notification	City, State, Zip Code	
X DCA	x Amended	Philadelphia, PA 19144	
X DOH	Notification	Name of Contact	
X DOL	Cancellation	Joseph Ferguson 2672280111	



Name of Facility Where Abatement is Taking Place (3) Mastery Charter school- Pyne Poynt Campus			Type of Facility (4) x School (K12) Subchapter 8 (Other than K12) Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 800 eric street Camden NJ			Square Feet 99,000		
City (5) Camden			County (6) NJ	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 80		
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental Inc			Current Use (Prior if being demolished)		
Street Address 617 Stokes Road Suite 4-318			Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
City, State, Zip Code Medford NJ 08055			Street Address 98 LaCruce Avenue		
Project Manager of Monitoring Firm Mark Rubnitz			City, State, Zip Code Glen Mills, PA 19342		
Telephone Number 888-715-2211			Telephone Number 610-364-9622		
Scheduled Start Date (10) 10/23/17 Month/Day/Year			Licence Number 1103		
Sched. Completion Date (11) 12/31/17 Month/Day/Year			Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) x Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30 PM Other - Describe:			Street Address 3370 Progress Dr		
			City, State, Zip Code Bensalem, PA 19020		

Scope of work (Check all that apply)

Demolition ☐ x Renovation ☒ Full Containment with Negative Pressure ☐
 x >3 sf or >3 if ☐ Mini - Enclosure ☐
 x >160 sf or >260 lf ☐ Glovebag Procedure ☐
☐ 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) (ie. 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	
room 180 nurse		x		pipe insulation	100lf			x		
1st floor locker room		x		pipe insulation wrap & cut	200lf	x				
2nd floor bathrooms		x		pipe insulation wrap & cut	200lf	x				


Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resources Recovery Facility	
City, State 1519 Rev S Howard Woodson Jr Way, trenton NJ 08638		Disposal Date As req.		City, State Tullytown PA	
Completed By (Print or Type) Jack Tomasura		Title senior estimator	Signature <i>[Signature]</i>	Date 10/17/17	

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

Check # 25621
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OCT 18 2017

Date of Notification (1) <u>10/16/2017</u>		Name of Building Owner/Operator (2) <u>Pyonteck</u>						
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>397 Herrontown Rd.</u>	City, State, Zip Code <u>Princeton, NJ 08540</u>					
Name of Facility Where Abatement is Taking Place (3) <u>Barn</u>		Name of Contact <u>William Pyonteck</u>						
FACILITY INFORMATION								
Street Address <u>397 Herrontown Rd.</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.)						
City (5) <u>Princeton, NJ 08504</u>		Square Feet <u>4000</u>	# of Floors <u>2</u>					
County (6) <u>Mercer</u>		Bldg. Age <u>125</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
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) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>10/30/2017</u>		Scheduled Completion Date (11) <u>11/15/2017</u>						
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: _____		Name of OSHA Monitor <u>MECS</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 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 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
<u>2nd Fl Bathroom</u>		X	<u>Joint Compound</u>	<u>120 sf</u>	XX			
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</u>	Name of Registered Landfill <u>Fairless Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 	Date <u>10/16/2017</u>				

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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) 10/05/2017		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 Jersey City N.J. 07302							
		Name of Contact Mike Bernstock							
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]									
City (5) Jersey City		Square Feet 1,224	# of Floors 2						
		Bldg. Age 140							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank 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) 10/18/2017	Scheduled Completion Date (11) 11/01/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions							
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 354							
		City, State, Zip Code South Orange, N.J 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 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		AC wrap	4'x3' LF	X			
Basement		X		pipe wrap	1 SF	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	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 10/05/2017					

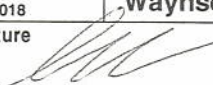
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 000 607

Date of Notification (1) 10/13/2017		Name of Building Owner/Operator (2) GT Construction, LLC		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED OCT 18 2017 ASBESTOS CONTROL & REMEDIATION </div>			
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation				Street Address 133 Passaic Avenue	
						City, State, Zip Code Passaic, NJ 07055	
						Name of Contact George Jover	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential home			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-2) (X) Other (i.e. private & commercial bldgs., homes, etc.)				
Street Address [REDACTED]			Sq. Feet: 2500 # of Floors 3 Bldg. Age 80				
City (5) Union City	County (6) Hudson	County Code (7) (State Use Only)	Current Use (if being demolished):				
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.				
Street Address N/A		Street Address 3300 Hudson Avenue					
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ 07087					
Project Manager for Monitoring Firm N/A		Telephone Number	Telephone Number (201)325-0055		License Number 01124		
Scheduled Start Date (10) 10/14/2017		Scheduled Completion Date (11) 10/17/2017		Name of OSHA Monitor ISES, Inc.			
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Basement is not occupied			Street Address 3300 Hudson Avenue				
			City, State, Zip Code Union City, NJ 07087				
Source of Work (Check all that apply) () Demolition (X) Renovation							
(X) Minor Project (< 25 SF or < 10 LF ACM) (X) Full Containment with Negative Pressure () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure () Large Project (>160 SF or > 260 LF ACM) (X) Glove-bag Procedure and Wrap and Cut 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 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)	Abatement Type			
Basement boiler room	X	Pipe insulation, elbows, debris	~ 15 LF	Removal	X		
				Repair			
				Encapsulate			
				Enclosure			
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.		NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste .5	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road			
City, State 311 East Blackwell Street, Dover, NJ 07801		Disp. Date 10/17/2017	City, State Pen Argyl, PA 18072				
Completed by (Print or Type) David Camacho		Title Project Supervisor	Date 10/13/2017				

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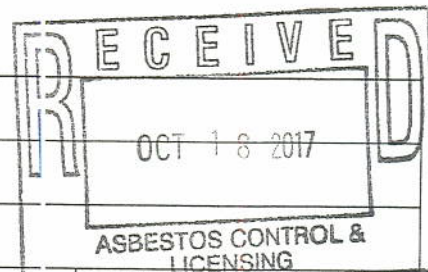
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Check No. **4492**

Date of Notification (1) September 15, 2017		Name of Building Owner/Operator (2) PA of NY & NJ						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Gateway Center, 11th Floor City, State, Zip Code Newark, NJ 07102 Name of Contact Uday Mehta						
<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 18 2017 ASBESTOS CONTROL & LICENSING </div>								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) George Washington Bridge - Administration 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.)						
Street Address 220 Bruce Reynolds Blvd.		Square Feet 30,000						
City (5) Fort Lee, NJ 07024		# of Floors 4						
County (6) Bergen		Bldg. Age 67+						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A						
Street Address 241 Erie Street, Room 236		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
City, State, Zip Code Jersey City, NJ 07310		Street Address 223 Randolph Avenue						
Project Manager for Monitoring Firm Uday Mehta		City, State, Zip Code Clifton, NJ 07011						
Telephone No. 201-595-4881		Telephone No. 973-478-4681						
Start Date (10) October 09, 2017		License No. 00120						
Scheduled Completion Date (11) October 15, 2017		Name of OSHA Monitor EMSL Analytical, 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: Nonfriable Exterior work		Street Address 200 Route 130 N						
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077-2892						
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
Lower Parking Lot of Administration Building	<input checked="" type="checkbox"/>			Tansite pipe	21 In ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 2		Name of Registered Landfill Minerva Enterprises, Inc.		
City, State Bronx, NY		Disposal Date 09/30/2017 - 09/29/2018		City, State Waynesburg, OH				
Completed by G. Roger Woodman		Title Project Manager		Signature 			Date 10/6/2017	

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

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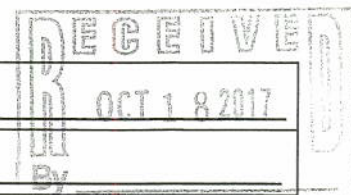


Date of Notification (1) 10/02/17		Name of Building Owner/Operator (2) Bozena Ghattas							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Garfield, NJ 07026							
		Name of Contact [REDACTED]							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bozena Ghattas		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							
City (5) Garfield		# of Floors							
County (6) Bergen County		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Pro Abatement Services & Solutions							
Street Address		Street Address 8600 Newkirk Ave							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-293-6305							
Telephone No.		License No. 01223							
Start Date (10) 10/05/17		Scheduled Completion Date (11) 10/19/17							
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: _____		Name of OSHA Monitor HILMAMM CONSULTING LLC							
		Street Address 1600 ROUTE EAST SUITE 107							
		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 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				TSI	40 LF	x			
Name of Registered Waste Hauler Pro Abatement Services & Solutions		NJDEP Waste Hauler ID No. 18322		Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.				
City, State North Bergen, NJ		Disposal Date		City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager		Signature [Signature]		Date 10/02/17			

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

Check # 25561



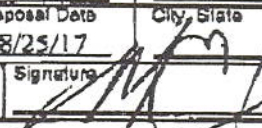
Date of Notification (1) <u>8/11/17</u>		Name of Building Owner/Operator (2) <u>Simac</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>[REDACTED]</u>	
		City, State, Zip Code <u>Watchung, NJ 07069</u>	
		Name of Contact <u>Sal Simao</u>	Telephone Number <u>-</u>
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 <u>[REDACTED]</u>			
City (5) <u>Watchung, NJ 07069</u>		Square Feet <u>3200</u>	# of Floors <u>2</u>
		Bldg. Age <u>95 +/-</u>	
County (6) <u>Somerset</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	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) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>8/16/17</u>	Scheduled Completion Date (11) <u>8/25/17</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 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)
	Yes	No	
<u>Attic</u>		<input checked="" type="checkbox"/>	<u>Vermiculite</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>20 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/25/17</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>8/11/17</u>

08/11/2017 8:33AM FAX

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

OCT 18 2017 Check # 25551 DAY

Date of Notification (1) 8/11/17		Name of Building Owner/Operator (2) Simao					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" 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	Street Address [REDACTED]					
		City, State, Zip Code Watchung, NJ 07069					
		Name of Contact Sal Simao	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential		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]							
City (5) Watchung, NJ 07069		Square Feet 3200	# of Floors 2				
		Bldg. Age 95 +/-					
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (If not 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 Crosswicks, 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) 8/16/17		Scheduled Completion Date (11) 8/25/17					
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: 8 am to 4 pm		Name of OSHA Monitor MECS					
		Street Address PO Box 341					
		City, State, Zip Code Crosswicks, NJ 08515					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 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			
				Removal	Repair	Encapsulate	Enclose
Attic	X	Vermiculite	1000 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 20 cu	Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 8/25/17	City, State Morrisville, PA				
Completed By Mahlon E. Stevens	Title Project Manager	Signature 	Date 8/11/17				

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