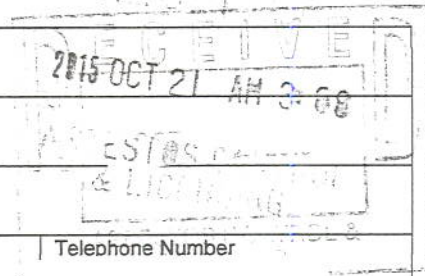


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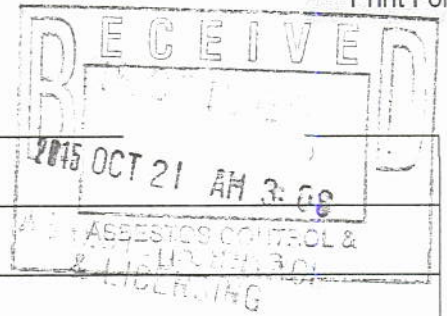
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) TERENCE REIDY							
Agencies Notified	Type Notification	Street Address 502 FOURTH AVE							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 ASBURY PARK, NJ, 07102							
		Name of Contact TERENCE REIDY							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Reidy's Estate				Type of Facility (4)					
Street Address 502 FOURTH 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 buildings, homes, etc.)					
City (5) ASBURY PARK				Square Feet 1780	# of Floors 1				
County (6) MONMOUTH				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO					
Street Address				Street Address 144 MILL ST.					
City, State, Zip Code				City, State, Zip Code PATERSON NJ 07501					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-653-9652	License No. 1257				
Start Date (10) 10/27/15		Scheduled Completion Date (11) 10/31/15		Name of OSHA Monitor HSS					
Occupancy Status During Abatement (Check Only One)				Street Address P.O. BOX 365					
<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 BERLIN NJ 08009					
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			TSI	50LF	X	X		
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State PATERSON, NJ / WAYNE, NJ				Disposal Date TBD	City, State MORRISVILLE, PA				
Completed by GORAN IGEV		Title SECRETARY		Signature		Date 10/15/15			

CK 1149

Print Form

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



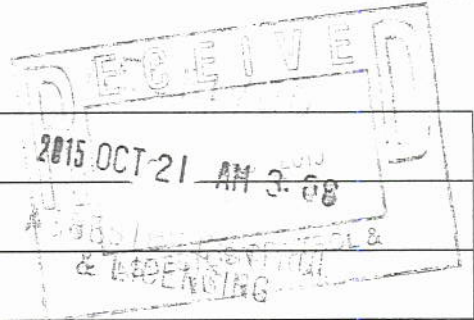
Date of Notification (1) 10/14/15		Name of Building Owner/Operator (2) DANIEL HEYMAN							
Agencies Notified	Type Notification	Street Address 3005 LONGPORT DR							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONGPORT NJ 08403							
		Name of Contact MARC SELCO	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) HEYMAN'S HOME		Type of Facility (4)							
Street Address 3005 LONGPORT DR		<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) LONGPORT		Square Feet 1000	# of Floors 1						
County (6) OCEAN		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1960's						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO						
Street Address		Street Address 144 MILL ST.							
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-653-9652						
Start Date (10) 10/28/15		Scheduled Completion Date (11) 11/01/15	License No. 1257						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor HSS							
<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 P.O. BOX 365							
		City, State, Zip Code BERLIN NJ 08009							
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 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
EXTERIOR SIDING	X			TRANZITE	900SF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S				
City, State PATERSON, NJ / WAYNE, NJ				Disposal Date TBD	City, State MORRISVILLE, PA				
Completed by GORAN IGEV		Title SECRETARY		Signature		Date 10/15/15			



CK 1149

Print Form

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



Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) Nick Caracappa							
Agencies Notified	Type Notification	Street Address 14 River Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Flemington NJ 08822							
		Name of Contact Nick Caracappa							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Nick and Rebecca Home		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 14 River Rd		Square Feet 1300	# of Floors 1						
City (5) Flemington		Bldg. Age 1960's							
County (6) Hunderton	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO						
Street Address		Street Address 144 MILL ST.							
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-653-9652	1257						
Start Date (10) 10/26/15	Scheduled Completion Date (11) 10/31/15	Name of OSHA Monitor HSS							
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 P.O. BOX 365							
		City, State, Zip Code BERLIN NJ 08009							
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			TSI	40LF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON, NJ / WAYNE, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by GORAN IGEV		Title SECRETARY	Signature			Date 10/15/15			

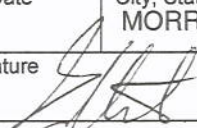
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) DAN McGOVERN							
Agencies Notified	Type Notification	Street Address 911 DELAND AVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CHERRY HILL, NJ, 08034							
		Name of Contact DAN McGOVERN							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) McGovern's Estate		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 911 DELAND AVE									
City (5) CHERRY HILL		Square Feet 1780	# of Floors 1						
		Bldg. Age 1963							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO						
Street Address		Street Address 144 MILL ST.							
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-653-9652						
		License No. 1257							
Start Date (10) 10/19/15	Scheduled Completion Date (11) 10/20/15	Name of OSHA Monitor HSS							
Occupancy Status During Abatement (Check Only One)		Street Address P.O. BOX 365							
<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 BERLIN NJ 08009							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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			TSI	110LF	X	X		
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON, NJ / WAYNE, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by GORAN IGEV		Title SECRETARY		Signature			Date 10/15/15		




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

*NO CK*  
*courtesy*

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP.LLC		2015 OCT 21 AM 5:41	
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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 645 MADISON AVE.5TH FLOOR City, State, Zip Code NEW YORK,NY,10022 Name of Contact DIOGO CADIMA Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 11-15 LEXINGTON AVE.				Square Feet 7100	# of Floors 4
City (5) JERSEY CITY				Bldg. Age 1960'S	
County (6) UNION		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) APARTMENT BUILDINGS	
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING,LLC		ASCM No. _____		Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.	
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST.			
City, State, Zip Code UNION,NJ,07083		City, State, Zip Code PATERSON NJ 07501			
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233		Telephone No. 973-653-9652	License No. 1257
Start Date (10) 10/21/15		Scheduled Completion Date (11) N/A		Name of OSHA Monitor INDIAN ARROW INDUSTRIES CO.	
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>ROOFING MATERIAL ABATEMENT</u>				Street Address 144 MILL ST. City, State, Zip Code PATERSON NJ 07501	
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	
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)
	Yes	No	N/A		
ROOF	X			ROOFING	2000 SF
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S
City, State PATERSON,NJ / WAYNE,NJ		Disposal Date TBD		City, State MORRISVILLE,PA	
Completed by GORAN IGEV		Title SECRETARY		Signature 	Date 10/15/15

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

*Courtesy*      *NO CK*

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP.LLC							
Agencies Notified	Type Notification	Street Address 645 MADISON AVE.5TH FLOOR							
<input 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 NEW YORK, NY, 10022							
		Name of Contact DIOGO CADIMA	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS		Type of Facility (4)							
Street Address 16-20 LEXINGTON 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 buildings, homes, etc.)							
City (5) JERSEY CITY		Square Feet 4350	# of Floors 4						
		Bldg. Age 1960'S							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDINGS							
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING, LLC		ASCM No. _____	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST.							
City, State, Zip Code UNION, NJ, 07083		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233	Telephone No. 973-653-9652						
		License No. 1257							
Start Date (10) 10/21/15	Scheduled Completion Date (11) N/A	Name of OSHA Monitor INDIAN ARROW INDUSTRIES CO.							
Occupancy Status During Abatement (Check Only One)		Street Address 144 MILL ST.							
<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>ROOFING MATERIAL ABATEMENT</u>		City, State, Zip Code PATERSON NJ 07501							
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 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
ROOF	X			ROOFING	2000 SF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON, NJ / WAYNE, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by GORAN IGEV		Title SECRETARY	Signature 			Date 10/15/15			

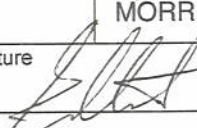


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*courtesy NO CK*


Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP.LLC	
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 645 MADISON AVE.5TH FLOOR	
		City, State, Zip Code NEW YORK,NY,10022	
		Name of Contact DIOGO CADIMA	Telephone Number

2015 OCT 21 AM 5:41  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS		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 21 LEXINGTON AVE.		Square Feet 3500	# of Floors 4						
City (5) JERSEY CITY		Bldg. Age 1960'S							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDINGS							
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING,LLC		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST.							
City, State, Zip Code UNION,NJ,07083		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233	Telephone No. 973-653-9652						
		License No. 1257							
Start Date (10) 10/21/15	Scheduled Completion Date (11) N/A	Name of OSHA Monitor INDIAN ARROW INDUSTRIES CO.							
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>ROOFING MATERIAL ABATEMENT</u>		Street Address 144 MILL ST.							
		City, State, Zip Code PATERSON NJ 07501							
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 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
ROOF	X			ROOFING	2000 SF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING	NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S						
City, State PATERSON,NJ / WAYNE,NJ		Disposal Date TBD	City, State MORRISVILLE,PA						
Completed by GORAN IGEV	Title SECRETARY	Signature 	Date 10/15/15						

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

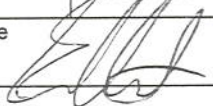
*courtesy* *NO CK*

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP.LLC							
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 645 MADISON AVE.5TH FLOOR							
		City, State, Zip Code NEW YORK,NY,10022							
		Name of Contact DIOGO CADIMA							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS		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 22 LEXINGTON AVE.		Square Feet 6300	# of Floors 4						
City (5) JERSEY CITY		Bldg. Age 1960'S							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDINGS							
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING,LLC		ASCM No. _____	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST.							
City, State, Zip Code UNION,NJ,07083		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233	Telephone No. 973-653-9652						
License No. 1257									
Start Date (10) 10/21/15	Scheduled Completion Date (11) N/A	Name of OSHA Monitor INDIAN ARROW INDUSTRIES CO.							
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>ROOFING MATERIAL ABATEMENT</u>		Street Address 144 MILL ST.							
		City, State, Zip Code PATERSON NJ 07501							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
ROOF	X			ROOFING	2000 SF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON,NJ / WAYNE,NJ		Disposal Date TBD		City, State MORRISVILLE,PA					
Completed by GORAN IGEV		Title SECRETARY		Signature 				Date 10/15/15	

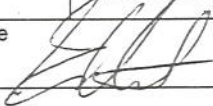


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*courtesy* NO CK

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP.LLC							
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 645 MADISON AVE.5TH FLOOR							
		City, State, Zip Code NEW YORK,NY,10022							
		Name of Contact DIOGO CADIMA							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS		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 451 BERGEN AVE.									
City (5) JERSEY CITY		Square Feet 5100	# of Floors 4						
		Bldg. Age 1960'S							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDINGS							
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING,LLC		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST.							
City, State, Zip Code UNION,NJ,07083		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233	Telephone No. 973-653-9652						
		License No. 1257							
Start Date (10) 10/21/15	Scheduled Completion Date (11) N/A	Name of OSHA Monitor INDIAN ARROW INDUSTRIES CO.							
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>ROOFING MATERIAL ABATEMENT</u>		Street Address 144 MILL ST.							
		City, State, Zip Code PATERSON NJ 07501							
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							
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
ROOF	X			ROOFING	2000 SF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON,NJ / WAYNE,NJ		Disposal Date TBD		City, State MORRISVILLE,PA					
Completed by GORAN IGEV		Title SECRETARY		Signature 				Date 10/15/15	

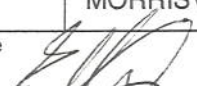
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP.LLC							
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 645 MADISON AVE.5TH FLOOR							
		City, State, Zip Code NEW YORK,NY,10022							
		Name of Contact DIOGO CADIMA	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS		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 501 BERGEN AVE.		Square Feet 1900	# of Floors 4						
City (5) JERSEY CITY		Bldg. Age 1960'S							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDINGS							
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING,LLC		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST.							
City, State, Zip Code UNION,NJ,07083		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233	Telephone No. 973-653-9652						
		License No. 1257							
Start Date (10) 10/21/15	Scheduled Completion Date (11) N/A	Name of OSHA Monitor INDIAN ARROW INDUSTRIES CO.							
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>ROOFING MATERIAL ABATEMENT</u>		Street Address 144 MILL ST.							
		City, State, Zip Code PATERSON NJ 07501							
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									
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
ROOF	X			ROOFING	2000 SF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON,NJ / WAYNE,NJ		Disposal Date TBD		City, State MORRISVILLE,PA					
Completed by GORAN IGEV		Title SECRETARY		Signature 			Date 10/15/15		

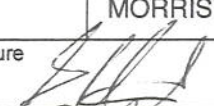


Courtesy NO CK

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

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP. LLC							
Agencies Notified	Type Notification	Street Address 645 MADISON AVE. 5TH FLOOR							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW YORK, NY, 10022							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact DIOGO CADIMA	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS		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 503 BERGEN AVE.									
City (5) JERSEY CITY		Square Feet 1900	# of Floors 3 Bldg. Age 1960'S						
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDINGS							
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING, LLC		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST.							
City, State, Zip Code UNION, NJ, 07083		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233	Telephone No. 973-653-9652 License No. 1257						
Start Date (10) 10/21/15	Scheduled Completion Date (11) N/A	Name of OSHA Monitor INDIAN ARROW INDUSTRIES CO.							
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>ROOFING MATERIAL ABATEMENT</u>		Street Address 144 MILL ST. City, State, Zip Code PATERSON NJ 07501							
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									
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
ROOF	X			ROOFING	2000 SF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON, NJ / WAYNE, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by GORAN IGEV		Title SECRETARY		Signature 		Date 10/15/15			

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

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) PHOENIX REALTY GROUP.LLC							
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 645 MADISON AVE.5TH FLOOR							
		City, State, Zip Code NEW YORK,NY,10022							
		Name of Contact DIOGO CADIMA							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LEXINGTON MANOR APARTMENTS		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 507 BERGEN AVE.		Square Feet 1900	# of Floors 3						
City (5) JERSEY CITY		Bldg. Age 1960'S							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDINGS							
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN CONSULTING,LLC		ASCM No. _____	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address 1600 ROUTE 22 EAST		Street Address 144 MILL ST.							
City, State, Zip Code UNION,NJ,07083		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm THOMAS RUBINO		Telephone No. 908-956-1233	License No. 1257						
Start Date (10) 10/21/15	Scheduled Completion Date (11) N/A	Name of OSHA Monitor INDIAN ARROW INDUSTRIES CO.							
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>ROOFING MATERIAL ABATEMENT</u>		Street Address 144 MILL ST.							
		City, State, Zip Code PATERSON NJ 07501							
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							
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
ROOF	X			ROOFING	2000 SF	X			
Name of Registered Waste Hauler INDIAN ARROW CO./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON,NJ / WAYNE,NJ		Disposal Date TBD		City, State MORRISVILLE,PA					
Completed by GORAN IGEV		Title SECRETARY		Signature 		Date 10/15/15			



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

Date of Notification (1) 10/20/15		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University							
Agencies Notified	Type Notification	Street Address EA McMillan Building							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortego	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Butler Apartments		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 Butler Avenue and Marshall Street		Square Feet See Attached	# of Floors 1						
City (5) Princeton		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-656-2875	Telephone No. 484-872-8884						
Start Date (10) 8/17/15		Scheduled Completion Date (11) 12/31/15	License No. 01161						
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 EMSL							
		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 information sheet									
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 15	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>				Date 10/20/15	

## Butler Apartments

2 Unit Building ~1,100 square feet each

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encap	Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	26,400 SF	X			
Exterior	N/A	Transite Skirt	9,600 SF	X			
1st Floor	N/A	Sink under coating	48 Each	X			
Attic / Crawlspace	N/A	Transite panel debris	21,600 SF	X			
Attic	N/A	Flue pipe insulation	288 LF	X			
1st Floor (behind heater)	N/A	Transite wall board	72 LF	X			
1st Floor (behind heater)	N/A	Pipe insulation	1,536 SF	X			
Exterior	N/A	Window / Door Caulk	12 SF	X			
Exterior	N/A	Gas line tar wrap	3 SF	X			



ecoservices, LLC

Butler Apartments  
3 Unit Building ~2,000 square feet each

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encap	Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	26,400 SF	X			
Exterior	N/A	Transite Skirt	9,600 SF	X			
1st Floor	N/A	Sink under coating	48 Each	X			
Attic / Crawlspace	N/A	Transite panel debris	21,600 SF	X			
Attic	N/A	Flue pipe insulation	288 LF	X			
1st Floor (behind heater)	N/A	Transite wall board	72 LF	X			
1st Floor (behind heater)	N/A	Pipe insulation	1,536 SF	X			
Exterior	N/A	Window / Door Caulk	17 SF	X			
Exterior	N/A	Gas line tar wrap	3 SF	X			

ecoservices, LLC

Butler Apartments  
4 Unit Building - ~2,600 square feet each

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encap	Enclosure
1st Floor	N/A	Tile, Mastic, leveler, linoleum	41,280 SF	X			
Exterior	N/A	Transite Skirt	10,288 SF	X			
1st Floor	N/A	Sink under coating	64 Each	X			
Attic / Crawlspace	N/A	Transite panel debris	33,840 SF	X			
Attic	N/A	Flue pipe insulation	128 LF	X			
1st Floor (behind heater)	N/A	Transite wall board	2,048 SF	X			
1st Floor (behind heater)	N/A	Pipe insulation	192 LF	X			
Exterior	N/A	Window / Door Caulk	24 SF	X			
Exterior	N/A	Gas line tar wrap	6 SF	X			



CK# 6650

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

COPY!

Date of Notification (1) 10/15/2015		Name of Building Owner/Operator (2) PSE&G	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact CHRIS MOZDY	Telephone Number

2015 OCT 21 AM 5:45

Name of Facility Where Abatement is Taking Place (3) PSE&G		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 381 S. Lowell Ave.		Square Feet APPX 500	# of Floors 1
City (5) Bellmawr		Bldg. Age 37 YRS	
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Sub STATION	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 64 BROAD ST.		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111
Start Date (10) 10/26/2015	Scheduled Completion Date (11) 10/27/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
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: NECESSARY OPERATORS ONLY		Street Address 396 WHITEHEAD AVE	
		City, State, Zip Code SOUTH RIVER, NJ 08882	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> 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
Control House		X		transite panels	72 sf	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature Carol Raimo		Date 10.15.2015	

CK 3882

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

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) ELISHA DORFMAN		2015 OCT 21 AM 5:55	
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 C/O 43 SHERRY CT City, State, Zip Code LAKEWOOD NJ 08701 Name of Contact _____ Telephone Number _____	
<b>FACILITY INFORMATION</b>					
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 1520 LONG BEACH AVE				Square Feet 1500	# of Floors 2
City (5) LAKEWOOD				Bldg. Age	
County (6) OCEAN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address				Street Address 6 WHITE DOVE COURT	
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 10/16/15		Scheduled Completion Date (11) 10/18/15		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
EXTERIOR				SIDING	2000SF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 6	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 10/18/15		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	Date 9/9/14



CK 3883

Print Form

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

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) SOMERSET DEVELOPMENT							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2015 OCT 21 AM 8:50 Street Address 101 CRAWFORDS CORNER City, State, Zip Code HOLMDEL, NJ 07733 Name of Contact DAVID SCHREIBER Telephone Number						
	<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) 101 CRAWFORDS CORNER City (5) HOLMDEL, NJ County (6) MONMOUTH COUNTY County Code (7) (STATE USE ONLY) _____ Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1,000,000 # of Floors 6 Bldg. Age _____ Current Use (Prior if being demolished) VACANT								
Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____ Project Manager for Monitoring Firm _____ Telephone No. _____		ASCM No. _____ Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Telephone No. 732-668-9078 License No. 1200							
Start Date (10) 10/15/15		Scheduled Completion Date (11) 01/15/16							
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 AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701							
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 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
INTERIOR				TILES AND MASTIC	30,000 SF	X			
INTERIOR				TSI	100	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 100 YARDS		Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date 01/15/16		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature _____		Date 07/10/15			

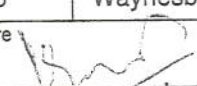
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Ch# 2895

Date of Notification (1) 10 / 19 / 15		Name of Building Owner/Operator (2) RBS Citizens Bank							
Agencies Notified <input 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 100 Sockanossett							
		City, State, Zip Code Cranston, RI 02920							
		Name of Contact Mark Mingy	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Citizens Bank		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 131 White Horse Pike									
City (5) Haddon Heights		Square Feet 70,000	# of Floors 3						
County (6) Camden		County Code (7) (STATE USE ONLY)	Bldg. Age 60+						
Name of Monitoring Firm Hired by Building Owner (8) ESIS, Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 436 Walnut Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19106		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Matt Johnson	Telephone No. 215-640-1000	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 10 / 29 / 15	Scheduled Completion Date (11) 10 / 30 / 15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	15 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date 10/30/15		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Gino Pizzigoni	Title Estimator		Signature Gino Pizzigoni			Date 10/19/15			



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

Date of Notification (1) 10/1/2015		Name of Building Owner/Operator (2) County of Essex		2015 OCT 21 AM 5:48					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		900 Bloomfield Avenue					
				City, State, Zip Code Verona, NJ					
				Name of Contact Mr. Sanjeev Vargheese	Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Essex County Veterans Courthouse				Type of Facility (4)					
Street Address 50 West Market Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark,				Square Feet 25,000	# of Floors 12				
				Bldg. Age 75+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartment					
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories, LLC		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 Sherry Gelsomino		Telephone No. 908-206-0073		Telephone No. 973-389-0089	License No. 00693				
Start Date (10) 10/2/2015		Scheduled Completion Date (11) 10/4/2015		Name of OSHA Monitor DIA General Construction, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 1360 Clifton Avenue, PMB Suite 218					
<input checked="" 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: Friday: 5:00 PM - 1:00 AM, Sat: 8:00 AM - 11:59 PM				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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Prosecutor's Office Men's Room			X	Cleanup of Non-ACM Ceiling Tile	130 SF	X			
Prosecutor's Office Women's Room			X	Cleanup of Non-ACM Ceiling Tile	150 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 5 CY	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE 19720				Disposal Date 10/10/2015	City, State Waynesburg, OH 44688				
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 10/1/2015			



Print Form

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

Date of Notification (1) 10/1/2015		Name of Building Owner/Operator (2) County of Essex							
Agencies Notified <input checked="" type="checkbox"/> SPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DDH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> 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 Vargheese Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Essex County Veterans Courthouse		Type of Facility (4)							
Street Address 50 West Market Street		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 25,000	# of Floors 12						
County (6) Essex		Bldg. Age 75+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories, LLC		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 Sherry Gelsomino		Telephone No. 808-206-0073	Telephone No. 973-389-0089						
Start Date (10) 10/2/2015		Scheduled Completion Date (11) 10/4/2015	License No. 00693						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor DIA General Construction, Inc.							
<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: Friday: 5:00 PM - 1:00 AM, Sat: 8:00 AM - 11:58 PM		Street Address 1360 Clifton Avenue, PMB Suite 218							
Scope of Work (Check All That Apply)		City, State, Zip Code Clifton, NJ 07012							
<input checked="" type="checkbox"/> 25 sf or 25 ft <input checked="" type="checkbox"/> 2160 sf or 2160 ft		<input 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 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			NA	Removal	Repair	Encapsulate	Enclosure
Prosecutor's Office Men's Room			X	Cleanup of Non-ACM Ceiling Tile	130 SF	X			
Prosecutor's Office Women's Room			X	Cleanup of Non-ACM Ceiling Tile	150 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 10/10/2015		City, State Waynesburg, OH 44686					
Completed by Krutarth Jagad		Title Project Manager		Signature		Date 10/1/2015			

ASB-41 (R-06-05)

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



OK 0522

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

D&S Proj. #: 2015-369

2015 OCT 21 AM 5:47

Date of Notification (1) 10/1/15		Name of Building Owner/Operator (2) karen gaylord	
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 26 barnsdale road		City, State, Zip Code SHORT HILLS, NJ 07078	
Name of Contact karen gaylord		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) karen gaylord			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 26 barnsdale road			Square Feet		
City (5) SHORT HILLS			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 10/27/15			License Number 01169		
Sched. Completion Date (11) 10/30/15			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 checked="" 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 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			
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 storage laundry boiler rooms		<input checked="" type="checkbox"/>		PIPE INSULATION	68 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	29 l ft	<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"/>		

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 10/28/15		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/15/15	

D&amp;S Proj. #: 2015-366

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

RECEIVED

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) william koenecke		2015 OCT 21 AM 5:46	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 448 so. maple avenue City, State, Zip Code GLEN ROCK, NJ 07452	
Name of Contact nene colligan				Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) william koenecke			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 448 so. maple avenue			Square Feet # of Floors Bldg. Age		
City (5) GLEN ROCK	County (6) BERGEN	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	License Number 01169
Start Date (10) 10/20/15	Sched. Completion Date (11) 10/30/15		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 checked="" 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)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	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	255 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/21/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/15/ 2015



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D&amp;S RESTORATIO

PAGE 02/04

D&amp;S Proj. #: 2015-366

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 10/15/15		Name of Building Owner/Operator (2) william koenecke	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 448 so. maple avenue		City, State, Zip Code GLEN ROCK, NJ 07452	
Name of Contact penc colligan		Telephone Number	

FACILITY INFORMATION			
Name of facility where abatement is taking place (3) william koenecke		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 448 so. maple avenue		Square Feet # of Floors Bldg. Age	
City (5) GLEN ROCK	County (6) BERGEN	County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		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		Telephone Number 973-345-8020	
Phone Number		License Number 01169	
Start Date (10) 10/20/15		Sched. Completion Date (11) 10/30/15	
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.	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 2 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 20 California Avenue	
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT		City, State, Zip Code Paterson, NJ 07503	
Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM) PIPE INSULATION	
		Amount (Specify SF or LF) 235 lf	
		Full Containment w/negative pressure Min-enclosure <input checked="" type="checkbox"/> Glovebag procedure Non-Exempted (*) and Non-friable procedure	
		am ove	
		R e p a i r	
		E n c a p	
		M u c o n	
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	
City, State PATERSON, NJ 07503		Cubic Yards of Waste 3 yds	
Disposal Date 10/21/15		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
Completed by (Print or Type) BOGDAN JOLDZIC		City, State TULLYTOWN, PA	
Title PRESIDENT		Signature	
		Date 10/15/2015	

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



OK 7505

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2015-209

Check # 7505

Date of Notification (1)  
11/01/19/11/15

Name of Building Owner/Operator (2)  
Pastor's Residence

2015 OCT 21 AM 5:20

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amendment  
☐ Cancellation

Street Address  
105 Changebridge Road

City, State, Zip Code  
Montville, NJ 07045

Name of Contact  
Kate Agbesi

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Pastor's Residence

Street Address  
105 Changebridge Road

City (5)  
Montville

County (6)  
Morris

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)  
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)  
n/a

ASCM No.

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973)696-6869

License Number  
00378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scheduled Start Date (10)  
10/29/2015

Sched. Completion Date (11)  
10/30/2015

Occupancy Status During Abatement (Check only one)  
☒ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
 Describe: \_\_\_\_\_  
☐ Other-Describe: \_\_\_\_\_

## Scope of Work (check all that apply)

- ☐ Demolition  
☐ >3 sf or >3 lf  
☒ Renovation  
☐ ≥160 sf or ≥260 lf

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material 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			<input checked="" type="checkbox"/>	pipe insulation	100 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"/>

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
2

Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State  
Lincoln Park, NJ

Disposal Date  
10/30/2015

City, State  
Tullytown, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

Date  
10/19/2015