

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

CHECK# 9224

Date of Notification (1) 10/20/16		Name of Building Owner/Operator (2) BRYAN Backer		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 24 2016 </div>					
Agencies Notified <input checked="" 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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]			
City, State, Zip Code BERGENFIELD, N.J. 07621		Name of Contact BRYAN Backer		Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1575						
City (5) BERGENFIELD			# of Floors 2						
County (6) BERGEN			Bldg. Age +50						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A.MAC Contracting Inc.					
Street Address		Street Address 185 Vreeland Ave.		City, State, Zip Code Midland Park, NJ					
City, State, Zip Code		Telephone No. (201)262-5841		License No. 00156					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services					
Start Date (10) 11/3/16		Scheduled Completion Date (11) 11/30/16		Street Address 280 Huyler St.					
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 Other - Describe: _____				City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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			✓	PIPE INSULATION	138 LF	✓			
BASEMENT			✓	BOILER PACKING	62 SF	✓			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Newark, NJ		Disposal Date 11/3/16		City, State Bethlehem, PA					
Completed by Joseph Vocaturo		Title Vice President		Signature <i>J. Vocaturo</i>		Date 10/20/16			

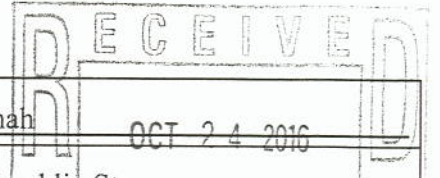
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 9224

Date of Notification (1) 10/20/16		Name of Building Owner/Operator (2) WILLIAM BROWN							
Agencies Notified	Type Notification	Street Address							
<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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TEANECK, N.J. 07666							
		Name of Contact WILLIAM BROWN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) TEANECK		Square Feet 1,376	# of Floors 2						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age +50						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A.MAC Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ							
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00156						
Start Date (10) 11/2/16		Scheduled Completion Date (11) 11/30/16							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Omega Environmental Services							
<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 280 Huyler St.							
		City, State, Zip Code Hackensack, NJ 07606							
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 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
BEDROOM #2			<input checked="" type="checkbox"/>	WALL PLASTER	30SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Newark, NJ		Disposal Date 11/02/16		City, State Bethlehem, PA					
Completed by Joseph Vocaturo		Title Vice President		Signature <i>J. Vocaturo</i>		Date 10/20/16			

CK# 25305

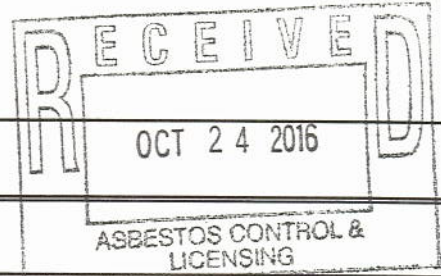
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>10/21/16</u>		Name of Building Owner/Operator (2) <u>Shah</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>224-226 Franklin St.</u> City, State, Zip Code <u>Hightstown, NJ 08520</u>							
		Name of Contact <u>Mr. Bharat Shah</u>	Teleph _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Offices / 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>224-226 Franklin St.</u>									
City (5) <u>Hightstown, NJ</u>		Square Feet <u>4000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>75+/-</u>							
County (6) <u>Mercer</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) 240-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>11/2/16</u>	Scheduled Completion Date (11) <u>11/9/16</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
<u>Crawl Space</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</u>	<u>20 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</u>	<u>140 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/9/16</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/21/16</u>						

D&S Proj. #: 16-316

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



Date of Notification (1) 10/17/16		Name of Building Owner/Operator (2) gloria wolf	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code scotch plains, nj 07076	
		Name of Contact gloria wolf	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) gloria wolf			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 [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) scotch plains	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 10/18/16		Sched. Completion Date (11) 11/15/16	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)

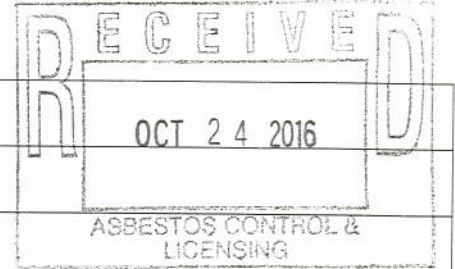
- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ 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		<input checked="" type="checkbox"/>		PIPE INSULATION	80-100 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"/>
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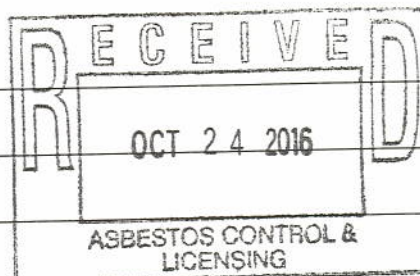
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/19/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 10/17/2016

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



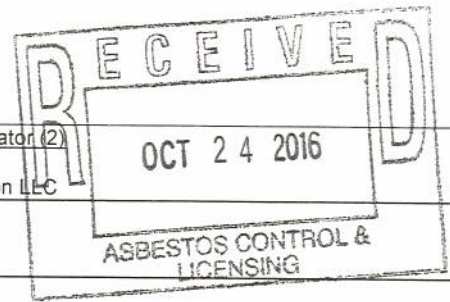
Date of Notification (1) 10/21/2016		Name of Building Owner/Operator (2) Brookchester Apartments							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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	847 Berkley Street	New Milford, NJ 07646						
		Name of Contact	Telephone Number						
		Mr. Nancy Bates							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment Building		Type of Facility (4)							
Street Address 213 Faller Drive		<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) New Milford		Square Feet 25000	# of Floors 4						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 70+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-389-0089						
			License No. 00693						
Start Date (10) 11/4/2016	Scheduled Completion Date (11) 11/7/2016	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 type="checkbox"/> Other - Describe: _____		City, State, Zip Code Clifton, NJ 07012							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Pipe/Elbow Insulation	148 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 11/7/2016		City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 10/21/2016			

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



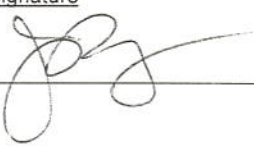
Date of Notification (1) 10/21/16		Name of Building Owner/Operator (2) Township of Woolwich							
Agencies Notified	Type Notification	Street Address 120 Village Green Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woolwich Township, NJ 08085							
		Name of Contact _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Palladino Farm		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 371 High Hill Rd		Square Feet 1200	# of Floors 2						
City (5) Woolwich		Bldg. Age 50+							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Farm House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd., Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 10/6/16	Scheduled Completion Date (11) 10/26/16	Name of OSHA Monitor Yannuzzi Environmental Services, 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: <u>abandoned</u>		Street Address 135 Kinnelon Rd., Suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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) <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
Block 5, Lot 3				Unsafe Structure					
ENTIRE STRUCTURE TO BE									
KNOCKED DOWN & DISPOSED									
AS RACM ASBESTOS									
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill GROWS					
City, State Kinnelon, NJ		Disposal Date 10/26/16		City, State Morrisville, PA					
Completed by Anna Bastos		Title Asst. Project Mgr.		Signature <i>Anna Bastos</i>			Date 10/21/16		

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



NO CK

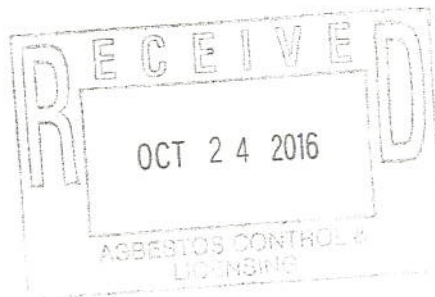
Date of Notification (1) 10/20/16			Name of Building Owner/Operator (2) Calpine New Jersey Generation LLC		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (x) Amended Certification () Cancelled		Street Address 717 Texas Ave, Suite 1000 City, State, Zip Code Houston, TX 77002-2743	
				Name of Contact Paul Ostberg	
				Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Calpine New Jersey Generation LLC			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 373 N. Broadway			Sq. Feet 97,850 # of Floors 8		
City (5) Pennsville	County (6) Salem	County Code (7) (State Use Only)	Bldg. Age 55 Current Use (prior if being demolished) Power Plant		
Name of Monitoring Firm Hired by Bldg. Owner (8) Horizon Environmental Group		ASCM No. 00073		Name of Contractor (9) Brandenburg Industrial Service Company	
Street Address PO Box 316			Street Address 2217 Spillman Dr		
City, State, Zip Code Thorofare, NJ 08086			City, State, Zip Code Bethlehem Pennsylvania 18015		
Project Manager for Monitoring Firm Steve Flanigan		Telephone Number 856-848-0800		License Number 00721	
Scheduled Start Date (10) 08/01/16		Scheduled Completion Date (11) 03/03/17		Name of OSHA Monitor Brandenburg Industrial Service Company	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -				Street Address 2217 Spillman Drive	
Describe Demolition (x) Scheduled Demo Start 07/11/16 Scheduled Demo Completion 09/29/17				City, State, Zip Code Bethlehem, PA 18015	
Source of Work (Check all that apply)					
(x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose	
Plant Boilers		Insulation	80,000 sf	x	
Plant Boilers		Fire Brick	24,000 sf	x	
Main Plant		Pipe Insulation	12,500 lf	x	
Main Plant		Transite/Galbestos	29,265 sf	x	
Main Plant		VAT	53,000 sf	x	
Main Plant		Flashing/Tar Paper	64,100 sf	x	
Main Plant		Caulk/Exp Jt	13,570 sf	x	
Pipe Rack		Pipe Insulation	9,520 lf	x	
Conveyor		Galbestos	8,000 sf	x	
Misc Small Out Bldgs		Caulk/Exp Jt	33,000 sf	x	
Misc Small Out Bldgs		Transite/Galbestos	4,450 sf	x	
Misc Small Out Bldgs		Insulation	2,840 sf	x	
Name of Reg. Waste Hauler United Trucking, Inc		NJDEP Waste Hauler ID # SW2247		Cubic Yards of Waste 15,000 cy	
City, State Marlton, NJ		Disp. Date 08/11/16		Name of Reg. Landfill Conestoga Landfill City, State Morgantown, PA	

<u>Name of Reg. Waste Hauler</u>	<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u>	<u>Name of Reg. Landfill</u>
Brandenburg Industrial Service Company	21838	300 cy	IESI
<u>City, State</u>		<u>Disp. Date</u>	<u>City, State</u>
Bethlehem, PA 18015		10/24/16	Bethlehem, PA
<u>Completed by (Print or Type)</u>	<u>Title</u>	<u>Signature</u>	<u>Date</u>
Jennifer Polzer	Contract Manager		10/20/16

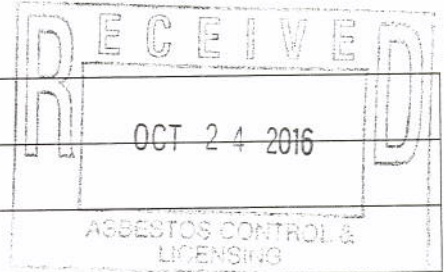
Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00



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



MO 934073392

Date of Notification (1) 10/18/2016		Name of Building Owner/Operator (2) Ralph Rosenbaum							
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 Matawan, NJ 07747							
		Name of Contact Ralph Rosenbaum	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Matawan		Bldg. Age N/A							
County (6) Monomouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 10/28/2016	Scheduled Completion Date (11) 10/29/2016	Name of OSHA Monitor D&S Abatement, 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: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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) 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		duct insulation	150 SF	x			
basement		x		boiler insulation	80 SF	x			
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Ned Joksimovic		Title PM	Signature 			Date 10/18/2016			

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

Check # 7562

Date of Notification (1) October 18, 2016		Name of Building Owner/Operator (2) Residential Dwelling		RECEIVED					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Haddon Twp NJ 08033		Telephone Number					
Name of Contact Steven Pestridge									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Dwelling			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) Haddon Township			Square Feet 1400	# of Floors 2 1/2	Bldg. Age 65 yrs				
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		ASCM No. None	Name of Abatement Contractor (9) Quality Environmental Concepts						
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	Telephone No. 856-629-1166	License No. 01086					
Start Date (10) October 28, 2016		Scheduled Completion Date (11) October 30, 2016		Name of OSHA Monitor Quality Environmental Concepts					
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: Real Estate Transaction			Street Address 1053 North Tuckahoe Road						
			City, State, Zip Code Williamstown, New Jersey 08094						
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 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
Crawlspace			<input checked="" type="checkbox"/>	Air-cell pipe insul.	20 SF	<input checked="" type="checkbox"/>			
Basement			<input checked="" type="checkbox"/>	Ductwork	1 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 2 cy	Name of Registered Landfill Salem County Solid Waste Landfill					
City, State Williamstown, New Jersey		Disposal Date		City, State Alloway NJ					
Completed by Edward Knorr		Title Vice President	Signature Edward Knorr		Date 10/18/2016				

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

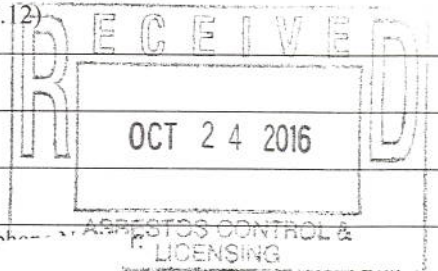
VIA U.S. MAIL
ch# 3803

Date of Notification (1) 10/20/16		Name of Building Owner/Operator (2) PARKERS VIEW URBAN RENEWAL LLC							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1970 BROWNSWICK AVE							
		City, State, Zip Code LAWRENCEVILLE, N.J. 08846							
		Name of Contact MR MARK ISSA	Tel# _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 230 PARKER ROAD		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ELIZABETH N.J.		Square Feet 10,000	# of Floors 5						
County (6) UNION		Bldg. Age 50							
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) BCD							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) 10/29/16		Scheduled Completion Date (11) 1/31/17							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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: _____		NOVATECH INC Street Address P.O. Box 814 City, State, Zip Code Old Bridge N.J. 08857							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
EXTERIOR window CAULK			X	Window CAULK	7,200 LF	X			
BASEBOARD/COMMON HALLS				BASEBOARD & MASTIC	1,800 LF	X			
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.					
City, State Old Bridge N.J. 08857		Disposal Date 2/2/17		City, State Harrisville P.A.					
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature <i>[Signature]</i>		Date 10/20/16			

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

MO 9727903863



Date of Notification (1): 10/19/2016		Name of Building Owner/Operator (2): ECT Management Inc.	
Agencies Notified	Type Notification	Street Address: 270 King Street	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code: Perth Amboy, NJ 08861	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact: Eddie Trujillo	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment#:	Telephone No.:	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility ETC Management, Inc.			Type of Facility (4):	
313 State Street			<input type="checkbox"/> School (K-12)	
City/ (5) Perth Amboy			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6): Middlesex			<input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
County Code (7): 08861			Square Feet: # of Floors:	
Name of Monitoring Firm Hired by Building Owner West Chester Environmental			Bldg. Age Current Use: Offices	
ASCM No.: 00127			Name of Abatement Contractor (9): Apex Development, Inc.	
Street Address: 307 N. Walnut Street			Street Address: 658 Rutgers Place	
City, State, Zip Code: West Chester, PA 19380			City, State, Zip Code: Paramus, NJ 07652	
Project Manager for Monitoring Firm: Abraham		Telephone No.: 610-996-3515	Telephone No.: (973) 350-0101	License No.: 01215
Start Date (10): 10/29/16	Scheduled Completion Date (11): 11/30/16		Name of OSHA Monitor: Metro Analytical Laboratories	
Occupancy Status During Abatement (Check only one)			Street Address: 255 West 36th Street, Suite 203	
<input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement			City, State, Zip Code: New York, New York, 10018	
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
Describe:				
<input type="checkbox"/> Other				
Describe:				


Scope of Work (Check all that apply):

- ☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

- ☒ Renovation
☐ Demolition

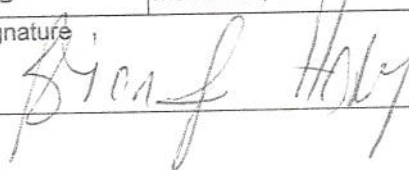
- ☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
10 TH FLOOR		X		FLOOR TILE	3,000 SF	*			*
9 TH FLOOR		X		FLOOR TILE	4,600 SF	*			*
8 TH FLOOR		X		FLOOR TILE	4,600 SF	*			*
7 TH FLOOR		X		FLOOR TILE	4,600 SF	*			*
6 TH FLOOR		X		FLOOR TILE	4,600 SF	*			*
10 TH FLOOR		X		PIPE INSULATION	666 FL	*			*
9 TH FLOOR		X		PIPE INSULATION	150 LF	*			*
8 TH FLOOR		X		PIPE INSULATION	150 LF	*			*
7 TH FLOOR		X		PIPE INSULATION	150 LF	*			*
6 TH FLOOR		X		PIPE INSULATION	150 LF	*			*

BASEMENT		X		PIPE INSULATION	100 LF	*			*
BASEMENT BY ELEVATOR		X		PIPE INSULATION	570 LF	*			*
BASEMENT PUMP ROOM		X		PIPE INSULATION	100 LF	*			*
BASEMENT BOILER ROOM		X		PIPE INSULATION	180 LF	*			*
BASEMENT BOILER		X		DUCT INSULATION	396 SF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING			NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30		Name of Registered landfill: MINERVA ENTERPRISES, INC.		
City, State: Bronx, NY 10474		Disposal Date:			City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam			Title: President		Signature: 		Date: 10/19/2016		

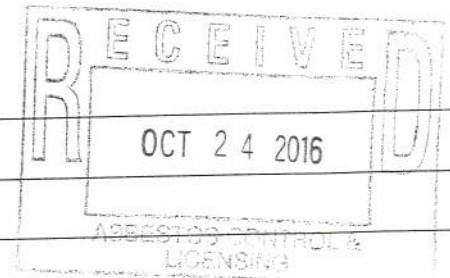
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CK 2527

Date of Notification (1) 10-19-2016		Name of Building Owner / Operator (2) Kennedy University Hospital		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT 24 2016 ASBESTOS LOCAL </div>					
Agencies Notified		Street Address							
Type Notification		City, State & Zip Code							
<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(Additional Scope) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	18 E. Laurel Road Stratford, NJ 08048		Name of Contact Mr. James Barth					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital- MRI area			Type of Facility (4)						
Street Address 18 E. Laurel Road			<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) Stratford, NJ	County (6) Camden	County Code (7)	Square Feet 250,000	# of Floors 2	Bldg. Age 52				
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Suite 202						
City, State & Zip Code Bensalem, PA, 19020			City, State & Zip Code Trenton, NJ 08619						
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 609-914-4279		License Number 01185				
Scheduled Start Date (10) 9-26-2016	Scheduled Completion Date (11) 10-24-2016		Name of OSHA Monitor J&S Environmental Laboratories Inc						
Occupancy Status During Abatement (Check only one)			Street Address 2333 Route 22 West						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Project to be conducted 2 nd shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Union, NJ 07083						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
MRI area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on fire proofing	1,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic on concrete floor	1,275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on fire proofing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos elbows	22 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 		Date 10/19/2016			

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

NO CK



Date of Notification (1) 10-14-2016		Name of Building Owner / Operator (2) Kennedy University Hospital	
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 checked="" type="checkbox"/> Amended(Extended End Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 18 E. Laurel Road
			City, State & Zip Code Stratford, NJ 08048
			Name of Contact Mr. James Barth
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital- MRI area			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 18 E. Laurel Road			Square Feet 250,000	# of Floors 2	Bldg. Age 52
City (5) Stratford, NJ	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Bensalem, PA, 19020			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 9-26-2016		Scheduled Completion Date (11) 10-24-2016		Name of OSHA Monitor J&S Environmental Laboratories Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Project to be conducted 2 nd shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
MRI area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on fire proofing	1,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		Date 10/14/2016

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

RECEIVED
OCT 24 2016

NO CK

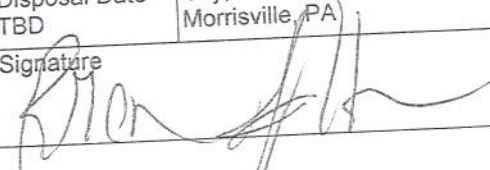
Date of Notification (1) 9-12-2016		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 18 E. Laurel Road		City, State & Zip Code Stratford, NJ 08048	
Name of Contact Mr. James Barth		ASBESTOS CONTROL & LICENSING	

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital- MRI area			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 18 E. Laurel Road			Square Feet 250,000		# of Floors 2
City (5) Stratford, NJ			County (6) Camden	Bldg. Age 52	
County Code (7)			Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Bensalem, PA, 19020			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Mike Panepresso			Telephone Number 215-244-1300		License Number 01185
Scheduled Start Date (10) 9-26-2016		Scheduled Completion Date (11) 10-14-2016		Name of OSHA Monitor J&S Environmental Laboratories Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Project to be conducted 2 nd shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

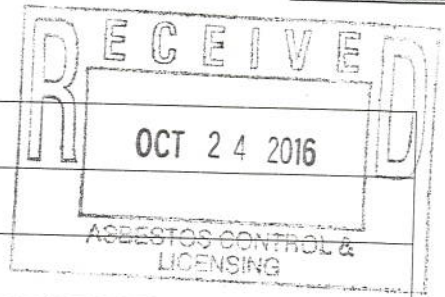
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
MRI area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray on fire proofing	1,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		Date 09/12/2016
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		

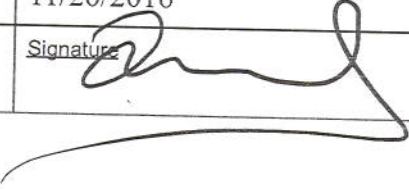
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

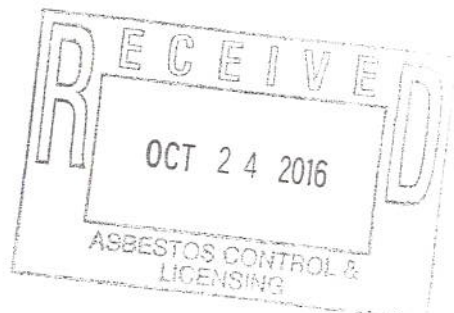


Date of Notification (1) 10/18/2016		Name of Building Owner/Operator (2) COUNTY OF HUDSON							
Agencies Notified	Type Notification	Street Address 567 PAVONIA AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code JERSEY CITY, NJ 07306							
		Name of Contact RALPH SAX	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HUDSON CO. ADMINISTRATION BLDG UNDERGROUND GARAGE		Type of Facility (4) <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.)							
Street Address 595 NEWARK AVENUE		Square Feet	# of Floors						
City (5) JERSEY CITY		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 7 PLEASANT HILL ROAD		Street Address 11 VREELAND AVENUE							
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. (732) 390-5858	License No. 00494						
Start Date (10) 11/1/2016	Scheduled Completion Date (11) 12/30/2016		Name of OSHA Monitor SAME AS (9) ABOVE						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED; WK HRS: 6:00 PM - 3:00 AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) In Facility (13) <u>TO BE ABATED</u>	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
NORTHEAST CORNER		X		SPRAY ON FIREPROOFING	18,000 SF	X			
NORTHEAST CORNER		X		PIPE INSULATION INCLUDING					
				ELBOWS AND JOINTS	3,000 SF	X			
NORTHEAST CORNER		X		RUBBER DUCT INSULATION	1,000 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 120 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 12/30/2016		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature		Date 10/18/2016			

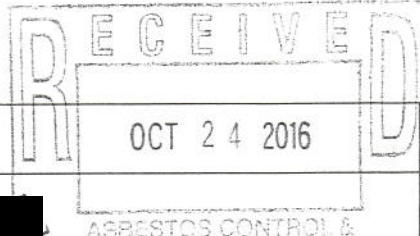
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

<u>Date of Notification (1)</u> 08/22/2016 initial; Oct 18, 2016 (additional qty.)		<u>Name of Building Owner/Operator (2)</u> Garden Homes	
<u>Agencies Notified</u> (X) USEPA (X) NJDEP (X) NJDOL (X) DOH () DCA	<u>Type of Notification</u> () Initial Notification (X) Amended Amendment # _____ () Emergency (including justification) () Cancellation	<u>Street Address</u> 820 Morris Turnpike	<u>City, State, Zip Code</u> Short Hills, NJ 07078
		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 24 2016 ASBESTOS CONTROL & LICENSING </div>	
		<u>Name of Contact</u> Joe DeNivo	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Former Hackensack DPW Complex		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 66-70 Zabriskie St		Sq. Feet: <u>35,000</u> # of Floors <u>2</u> Bldg. Age <u>80</u>	
<u>City (5)</u> Hackensack	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ISES, Inc.		<u>ASCM No.</u> N/A	
<u>Street Address</u> 3300 Hudson Avenue		<u>Name of Contractor (9)</u> Industrial Safety & Environmental Solutions, Inc.	
<u>City, State, Zip Code</u> Union City, NJ		<u>Street Address</u> 3300 Hudson Avenue	
<u>Project Manager for Monitoring Firm</u> David Camacho		<u>Telephone Number</u> 201 325-0055	
<u>Scheduled Start Date (10)</u> 09/06/2016		<u>Scheduled Completion Date (11)</u> 11/20/2016	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Other - Describe:		<u>Telephone Number</u> (201)325-0055	
		<u>License Number</u> 01124	
<u>Source of Work (Check all that apply)</u> () Minor Project (< 25 SF or < 10 LF ACM) () Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM)		(X) Demolition () Renovation () Full Containment with Negative Pressure (X) Mini-Enclosure with Negative Pressure (X) Glove-bag Procedure and Wrap and cut procedure (X) Non-Exempted (*) and Non-Friable Procedure	
<u>Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</u> YES NO N/A	<u>Description of ACM</u> (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	<u>Amount (Specify SF or LF)</u>
		<u>Abatement Type</u>	
		Re mo val	Rep air
		En ca psu la te	En clo sur e

1 st and 2 nd floors, 3 rd floors Additional materials found Former Police Headquarters			X	VAT	~ 550 SFT additional materials found	X			
Building 8			X	TSI Pipe	~ 44 LFT	X			
Building 2 Attic Space (2 sections)			X	TSI Pipe (pipes were concealed by roof)	~ 30 LFT	X			
Attic (Roof undercoating) Former Administrative Offices and Warehouse Building			X	Mastic (Roof undercoating)	~ 23636 SF (~3,363 re-measured)	X			
Roof Built-up roofing Former Administrative Offices and Warehouse Building			X	Roof	~ 23636 SF (~3,363 re-measured)	X			
<u>Name of Reg. Waste Hauler</u> Atlas Disposal Options, Inc.		<u>NJDEP Waste Hauler ID #</u> 50452		<u>Cubic Yards of Waste</u> ~ 30		<u>Name of Reg. Landfill</u> Grand Central Sanitation 1963 Pen Argyl Road			
<u>City, State</u> 311 East Blackwell Street, Dover, NJ 07801				<u>Disp. Date</u> 11/20/2016		<u>City, State</u> Pen Argyl, PA 18072			
<u>Name of Reg. Waste Hauler</u> Newark Carting		<u>NJDEP Waste Hauler ID #</u> 04509		<u>Cubic Yards of Waste</u> ~ 30		<u>Name of Reg. Landfill</u> Grand Central Sanitation 1963 Pen Argyl Road			
<u>City, State</u> 311 East Blackwell Street, Dover, NJ 07801				<u>Disp. Date</u> 11/20/2016		<u>City, State</u> Pen Argyl, PA 18072			
<u>Completed by (Print or Type)</u> David Camacho		<u>Title</u> Project Supervisor		<u>Signature</u> 		<u>Date</u> 10/18/2016			



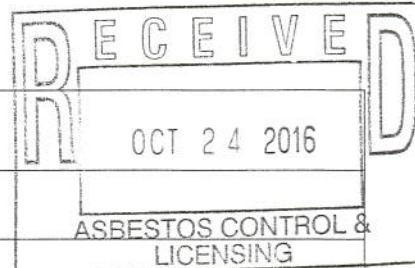
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/18/16		Name of Building Owner/Operator (2) Fred Lawless							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Lavallette, NJ 08735							
Name of Contact Eric Plackis		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 2144	# of Floors 2						
City (5) Lavallette		Bldg. Age 126							
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) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.						
Street Address [REDACTED]		Street Address P.O. Box 915							
City, State, Zip Code [REDACTED]		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	License No. 01196						
Start Date (10) 10/27/16	Scheduled Completion Date (11) 11/10/16	Name of OSHA Monitor [REDACTED]							
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 [REDACTED]							
		City, State, Zip Code [REDACTED]							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				Asbestos siding	1900 SF				
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 6	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 11/11/16	City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]			Date 10/18/16			

Ch 3437

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



Date of Notification (1) 10 / 18 / 16		Name of Building Owner/Operator (2) Somerdale Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 Grace Street City, State, Zip Code Somerdale, NJ 08083 Name of Contact Melissa Engelhardt Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Somerdale Park School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 301 Grace Street		Square Feet 20,000							
City (5) Somerdale		# of Floors 2	Bldg. Age 80						
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842						
Start Date (10) 11 / 9 / 16	Scheduled Completion Date (11) 11 / 10 / 16	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Storage Room Near Stage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	2 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music Room Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	3 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 11/10/2016		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Operations Manager		Signature 		Date 10/18/16			

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

NOCK

Date of Notification (1) October 19, 2016		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 188	
		City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact Richard Hyde	Telephone Number 30533

RECEIVED
 OCT 24 2016
 ASBESTOS CONTROL &

FACILITY INFORMATION

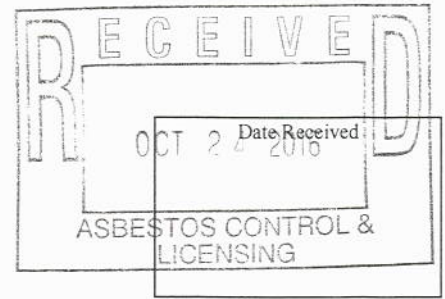
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 20px; margin: 5px 0;"></div>					
City Point Pleasant Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 700 sf	# of Floors 1	Bldg. Age 80
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 10/19/16	Scheduled Completion Date (11) 10/20/16		Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/21/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/19/2016

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

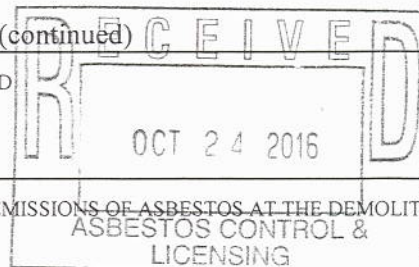
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755

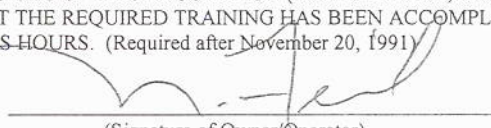
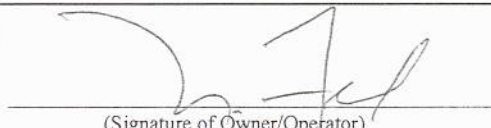


DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): R			II. IS ASBESTOS PRESENT? (Yes/No): Y		
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Lynx Waste & Recycling, Inc.					
Address: P O Box 188					
City: Spring Lake		State: New Jersey		Zip: 07762	
Contact: Richard Hyde				Tel: 732-762-7365	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 16 Danby Place					
City: Point Pleasant Beach		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 700 sf		# of Floors: 1		Age in Years: 80	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 500 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)		Start: 10/19/16		Complete: 10/20/16	

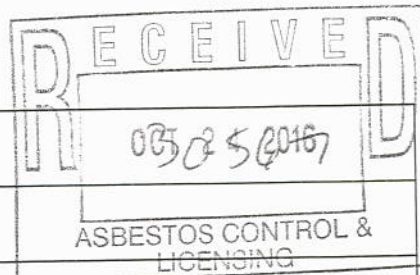
NOTIFICATION OF DEMOLITION AND RENOVATION (continued)



x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.		
xii.	WASTE TRANSPORTER #1 Name: <u>Guardian Contracting, Inc.</u> Address: <u>1889 Route 9, Unit 61</u> City: <u>Toms River</u> State: <u>New Jersey</u> Zip: <u>08755</u> Contact Person: <u>Nicholas Fernicola</u>		
	WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: <u>T.R.R.F.</u> Location: <u>Bordentown Road</u> City: <u>Tullytown</u> State: <u>Pennsylvania</u> Zip: <u>19007</u> Telephone: <u>215-943-9732</u> Permit #: <u>101494</u>		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </div> <div>  (Signature of Owner/Operator) </div> <div> <u>October 19, 2016</u> (Date) </div> </div>		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </div> <div>  (Signature of Owner/Operator) </div> <div> <u>October 19, 2016</u> (Date) </div> </div>		

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

CL 305207



Date of Notification (1) October 19, 2016		Name of Building Owner/Operator (2) Stephen Fortunak		RECEIVED 03/05/2016 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type of Notification	Street Address [REDACTED]		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Levittown, PA 19057		
		Name of Contact Stephen Fortunak	Telephone Number	

FACILITY INFORMATION

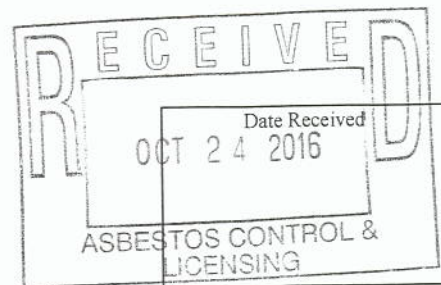
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 1000 sf		
City Beach Haven West	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/31/16		Scheduled Completion Date (11) 11/1/16		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	950 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/2/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/19/2016

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

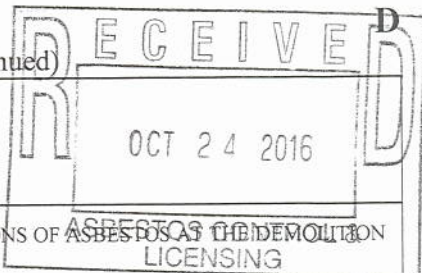
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Stephen Fortunak					
Address: [REDACTED]					
City: Levittown		State: PA		Zip: 19057	
Contact: Stephen Fortunak				Tel: 215-208-5821	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 31 Florence Lane					
City: Beach Haven West		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 1000 sf		# of Floors: 1		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed					
2. Category I ACM not removed					
3. Category II ACM not removed					
Pipes (Linear feet):					
Surface Area (Square feet): 950 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/31/16 Complete: 11/1/16					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)



x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.

Address: 1889 Route 9, Unit 61

City: Toms River State: New Jersey Zip: 08755

Contact Person: Nicholas Fernicola

WASTE TRANSPORTER #2 Name:

Address:

City: State: Zip:

Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.

Location: Bordertown Road

City: Tullytown State: Pennsylvania Zip: 19007

Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name: Title:

Authority:

Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fernicola / Project Manager
(Printed Name/Title)

(Signature of Owner/Operator)

October 19, 2016
(Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

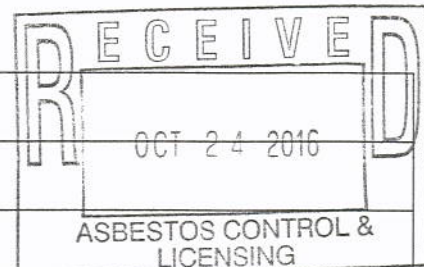
Nicholas Fernicola / Project Manager
(Printed Name/Title)

(Signature of Owner/Operator)

October 19, 2016
(Date)

MO24051283007

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



Date of Notification (1) 10/17/16		Name of Building Owner/Operator (2) Auchter Industries	
Agencies Notified	Type Notification	Street Address 1200 State Street ,	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy, NJ 08861	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Auchter Industries		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 1200 State Street		Square Feet	# of Floors
City (5) Perth Amboy		Bldg. Age	
County (6) Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement
Street Address		Street Address 1009 87th Street Suite A4	
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223
Start Date (10) 10/31/16	Scheduled Completion Date (11) 11/14/16	Name of OSHA Monitor HILMAMM CONSULTING LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107	
		City, State, Zip Code UNION NJ 07083	

Scope of Work (Check All That Apply)

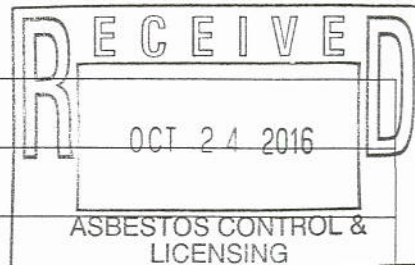
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
Tank 700 , 701				Other	300 SF	x			
Tank 702, 703				TSI	65 LF	x			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.
City, State HILLSIDE, NJ		Disposal Date	City, State MORRISVILLE PA
Completed by Bryan Parra	Title Project Manager	Signature 	Date 10/17/16

Ch 0027

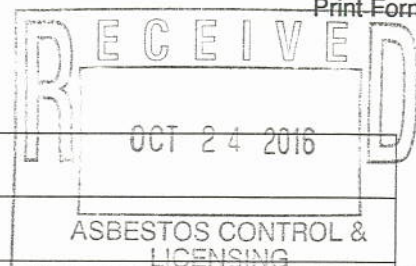
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) October 13/2016 ⁰⁰²⁷ <i>check #</i>		Name of Building Owner/Operator (2) Gosana Construcccion							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 14 Oxford Street		City, State, Zip Code Newark NJ 07105							
Name of Contact Bolivar Martinez		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Riverview Gardens		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Garden Terrece apto 27D		Square Feet 31	# of Floors 1						
City (5) North Arlington		Bldg. Age 1956							
County (6) Bergen county	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) All Solutions Contracting INC						
Street Address		Street Address 24 Church Street							
City, State, Zip Code		City, State, Zip Code Elmwood Park NJ 07407							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 873-9418	License No. 01301						
Start Date (10) october-16-2016 - 10-22-16	Scheduled Completion Date (11) october-30-2016	Name of OSHA Monitor All Solutions Contracting 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 type="checkbox"/> Other - Describe: <u>aparmet get fire</u>		Street Address 24 Church Street							
		City, State, Zip Code Elmwood Park NJ 07407							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	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
garage				pipe insulation	31 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill Grand Central Sanitary					
City, State Pen Argyl PA 18072			Disposal Date TDB	City, State Pen Argyl PA 18072					
Completed by LUIS ARCILA		Title President	Signature 			Date 10/17/2016			

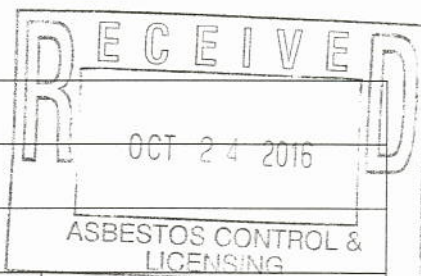
CH 1109

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



Date of Notification (1) 10/12/2016		Name of Building Owner/Operator (2) Opus KTV							
Agencies Notified	Type Notification	Street Address 55 Country Club drive Suite 200							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Downington, PA							
		Name of Contact Rob Banks	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Philipsburg Industrial Park		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 159 Bronico Way BLDG.12		Square Feet 40,026	# of Floors 1						
City (5) Philipsburg, NJ 08865		Bldg. Age 111 years							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Alpha Environmental Services		ASCM No. 58967	Name of Abatement Contractor (9) Divine Development LLC,						
Street Address 3401 Foster ave.#4B		Street Address 572 South 12 street							
City, State, Zip Code Brooklyn NY 11210		City, State, Zip Code Newark NJ 07103							
Project Manager for Monitoring Firm Olumide Ajandeji		Telephone No. 9175171860	License No. 01294						
Start Date (10) 10/28/2016	Scheduled Completion Date (11) 12/31/2016	Name of OSHA Monitor Divine Development LLC,							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 572 South 12 street							
		City, State, Zip Code Newark NJ 07103							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input checked="" 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 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
Subway Tunnel System			X	Pipe Insulation	759 LF	X			
Roof, Boiler Room			X	Roofing, Transit, Fl. Tiles, Glazing	7090 SF	X			
Boiler Room			X	Boiler, Duct, Tank Insulation	5550SF	X			
Boiler Room			X	Pipe Insulation	2870 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste AS needed	Name of Registered Landfill IESI Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Bethlehem PA					
Completed by Jovan Surdoski		Title Owner	Signature 			Date 10/12/2016			

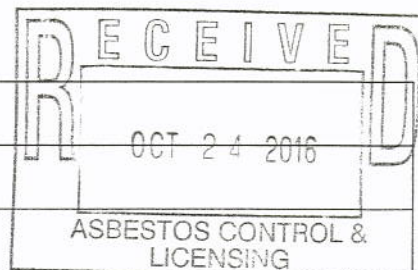
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/12/2016		Name of Building Owner/Operator (2) Opus KTV							
Agencies Notified	Type Notification	Street Address 55 Country Club drive Suite 200							
<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 Downington, PA							
		Name of Contact Rob Banks	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Philipsburg Industrial Park		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 Lokomotiv Shed BLDG. 29		Square Feet 3600	# of Floors 1						
City (5) Philipsburg, NJ 08865		Bldg. Age 97 years							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Alpha Environmental Services		ASCM No. 58967	Name of Abatement Contractor (9) Divine Development LLC,						
Street Address 3401 Foster ave. #4B		Street Address 572 South 12 street							
City, State, Zip Code Brooklyn NY 11210		City, State, Zip Code Newark NJ 07103							
Project Manager for Monitoring Firm Olumide Ajandeji		Telephone No. 9175171860	License No. 01294						
Start Date (10) 10/22/2016	Scheduled Completion Date (11) 11/15/2016	Name of OSHA Monitor Divine Development LLC,							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 572 South 12 street							
		City, State, Zip Code Newark NJ 07103							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof and flushing	2959 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste AS needed	Name of Registered Landfill IESI Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Bethlehem PA					
Completed by Jovan Surdoski		Title Owner	Signature 			Date 10/12/2016			

CK 1109

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



Date of Notification (1) 10/12/2016		Name of Building Owner/Operator (2) Opus KTV							
Agencies Notified	Type Notification	Street Address 55 Country Club drive Suite 200							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Downington, PA							
		Name of Contact Rob Banks							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Philipsburg Industrial Park		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 223 Cameron Drive BLDG.101		Square Feet 6800	# of Floors 1						
City (5) Philipsburg, NJ 08865		Bldg. Age 40 years							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Alpha Environmental Services		ASCM No. 58967	Name of Abatement Contractor (9) Divine Development LLC,						
Street Address 3401 Foster ave.#4B		Street Address 572 South 12 street							
City, State, Zip Code Brooklyn NY 11210		City, State, Zip Code Newark NJ 07103							
Project Manager for Monitoring Firm Olumide Ajandegi		Telephone No. 9175171860	Telephone No. 9172165472						
		License No. 01294							
Start Date (10) 10/25/2016	Scheduled Completion Date (11) 11/20/2016	Name of OSHA Monitor Divine Development LLC,							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 572 South 12 street							
		City, State, Zip Code Newark NJ 07103							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Storage			X	12X12inch. floor tiles and mastic	484 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste AS needed	Name of Registered Landfill IESI Landfill					
City, State Newark NJ		Disposal Date TBD		City, State Bethlehem PA					
Completed by Jovan Surdoski		Title Owner	Signature 				Date 10/12/2016		