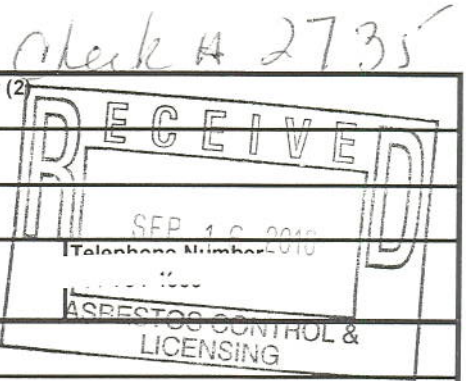
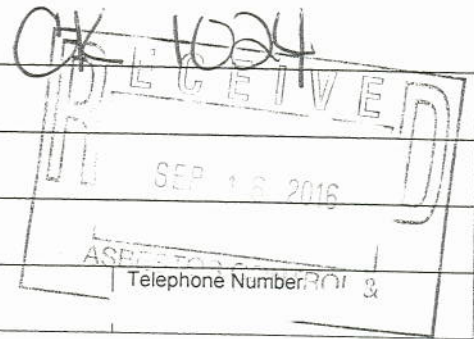


**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**



Date of Notification (1) 09 / 15 / 16		Name of Building Owner / Operator (2) Mondelez International	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact ROBERT GABEL		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mondelez International		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 bldgs., homes, etc.)	
Street Address 2211 Route 208		Square Feet 1,000,000	
City (5) Fairlawn		County (6) Bergen	County Code (7) _____
Building Age 40 +		Current Use (Prior if being demolished) Bakery	
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO. NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 907 Doolittle Drive		Street Address 32 Williams Parkway	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	
Scheduled Start Date (10) 09 / 19 / 16		Sched. Completion Date (11) 09 / 21 / 16	
Telephone Number 973-884-8682		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <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: 7:00am - 3:30pm		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <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 <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)	Abatement Type Amount (Specify SF or LF) R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
STEAM ROOM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	65 LF <input checked="" type="checkbox"/> R E M O V A L <input type="checkbox"/> R E P A I R <input type="checkbox"/> E N C A P S U L <input type="checkbox"/> E N C L O S U R
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> R E M O V A L <input type="checkbox"/> R E P A I R <input type="checkbox"/> E N C A P S U L <input type="checkbox"/> E N C L O S U R
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> R E M O V A L <input type="checkbox"/> R E P A I R <input type="checkbox"/> E N C A P S U L <input type="checkbox"/> E N C L O S U R
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> R E M O V A L <input type="checkbox"/> R E P A I R <input type="checkbox"/> E N C A P S U L <input type="checkbox"/> E N C L O S U R
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i> Date 09/15/16

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



Date of Notification (1) 9/14/16		Name of Building Owner/Operator (2) Doris Reid							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666							
		Name of Contact Doris Reid							
		Telephone Number 301 3							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Teaneck		Square Feet 1700	# of Floors 2						
		Bldg. Age 65+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184						
		License No. 01305							
Start Date (10) 9/26/16	Scheduled Completion Date (11) 9/30/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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		Boiler Insulation	15 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1 CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 9/14/16			

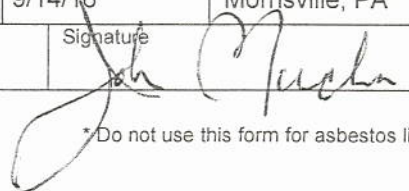
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK 1699

Date of Notification (1) 09 / 14 / 16		Name of Building Owner/Operator (2) Cookson Pigments	
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 1 Cookson Place	
		City, State, Zip Code Providence, RI 02903	
		Name of Contact Stephen Link	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 256 Vanderpool Street		Square Feet	
City (5) Newark, NJ		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Start Date (10) 09 / 26 / 16		Scheduled Completion Date (11) 10 / 17 / 16	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane	
City, State, Zip Code Garfield, NJ 07026		Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Guard Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Office 1,2,3,4 & Office Hall Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reception Hall, Office 6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed
City, State Elizabeth, NJ		Name of Registered Landfill IESI Bethlehem Landfill	
Disposal Date TBD		City, State Bethlehem, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 9/19/16

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

CX 2586

Date of Notification (1) 9/12/2016		Name of Building Owner/Operator (2) RPM Development Group		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> R E C E I V E D SEP 16 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 77 Park St			
<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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Montclair			
				Name of Contact Duffy Henderson		Telephone Number ASBESTOS CONTROL & LICENSING			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Future Site of Amwell Commons					Type of Facility (4)				
Street Address 495-507 Amwell Rd					<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) Hillsborough, NJ					Square Feet	# of Floors	Bldg. Age		
County (6) Somerset			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) dirt lot				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) Yannuzzi Environmental				
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.		Telephone No. 908-218-0880		License No. 01228		
Start Date (10) 9/13/16		Scheduled Completion Date (11) 9/14/16		Name of OSHA Monitor Yannuzzi Enviromental					
Occupancy Status During Abatement (Check Only One)					Street Address 135 Kinnelon Rd Suite 102				
<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: vacant lot					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
underground transite pipe			x	unforeseen u/g piping	+ or - 1000lf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 30	Name of Registered Landfill GROWS				
City, State kinnelon NJ		Disposal Date 9/14/16		City, State Morrisville, PA					
Completed by John Mucha		Title Sr project mang		Signature 		Date 9/12/2016			

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PAGE 02/03

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:80 and 12:120)

RECEIVED
Check # 9198
SEP 13 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/12/16		Name of Building Owner/Operator (2) 58 JAMES STREET, LLC							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code MONTCLAIR NJ 07042							
Name of Contact SAM		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 58 JAMES STREET, LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2400							
City (6) MONTCLAIR		# of Floors 2							
County (8) ESSEX		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RES / DEMO							
Name of Monitoring Firm Hired by Building Owner (5) 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, N.J.							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841							
Start Date (10) 9/12/16		License No. 00150							
Scheduled Completion Date (11) 9/16/16		Name of OSHA Monitor Omega Environmental Services 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 Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 of or 23 if ±100 sf or ±200 if <input type="checkbox"/> Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fragile Procedure		City, State, Zip Code Hackensack, N.J. 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe	130 LF	X			
Garage			X	VAT	450 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, N.J. 07105		Disposal Date 9/12/16		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature [Signature]		Date 9/12/16			

ASB-11 (R-05-06)

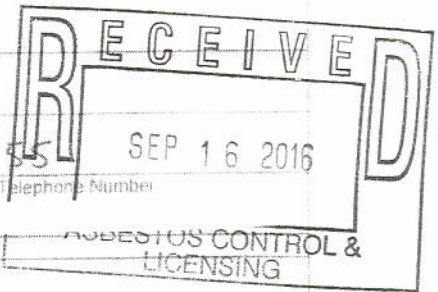
* Do not use this form for asbestos abatement exempted activities.

Fax # 201.262.0321

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8.60 and 12:120)

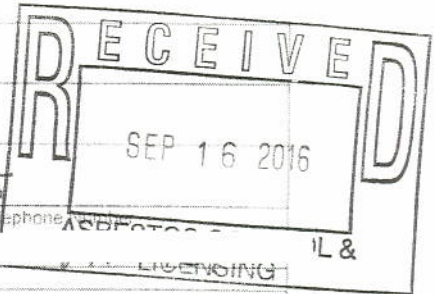
CHECK # 9198

Date of Notification (1) 9/13/16		Name of Building Owner/Operator (2) LUIS JONAS	
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"/> OCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PASSAIC, N.J. 07055	
		Name of Contact LUIS JONAS	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) PASSAIC		Square Feet 1,650	# of Floors 2
County (6) Passaic		Bldg. Age +60	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		A MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ	
Telephone No.		Telephone No. (201)262-5841	License No. 00156
Start Date (10) 9/22/16		Scheduled Completion Date (11) 10/15/16	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Omega Environmental Services	
<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:		Street Address 280 Huyler St.	
Scope of Work (Check All That Apply)		City, State, Zip Code Hackensack, NJ 07606	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Basement	Yes No N/A	Duct work	45sf
Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 9/22/16	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
City, State Newark, NJ	Disposal Date	City, State Bethlehem, PA	
Completed by Joseph Vocaturo	Title Vice President	Signature <i>J Vocaturo</i>	Date 9/13/16



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

CHECK # 9198



Date of Notification (1) 9/12/16		Name of Building Owner/Operator (2) KELLY HENEFIELD	
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 type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code MONTVILLE, N.J. 07045	
Name of Contact KELLY HENEFIELD		Telephone ASBESTOS	
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 1,650	
City (5) MONTVILLE		# of Floors 2	
County (6) MORRIS		Bldg. Age +50	
County Code (7) MORRIS		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ	
Telephone No.		Telephone No. (201)252-5841	
Start Date (10) 9/24/16		License No. 00156	
Scheduled Completion Date (11) 10/15/16		Name of OSHA Monitor Omega Environmental Services	
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 280 Huyler St.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥150 sf or ≥250 lf <input 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		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		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) VAT		Amount (Specify SF or LF) 532 SF	
Abatement Type Removal Repair Encapsulate Enclosure ✓			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ		Cubic Yards of Waste 2	
Disposal Date 9/24/16		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA			
Completed by Joseph Vocaturo		Title Vice President	
Signature J Vocaturo		Date 9/12/16	

09/12/2016 11:56

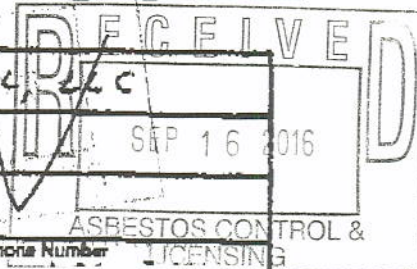
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PAGE 81/83

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

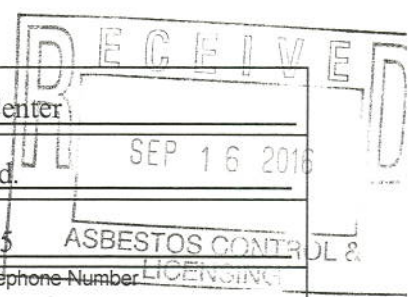
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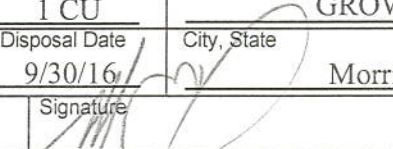


Date of Notification (1) 9/12/16		Name of Building Owner/Operator (2) 210 MAIN URBAN RENEWAL, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 627 City, State, Zip Code RIDGEWOOD, N.J. 07451 Name of Contact DAVID WILLIAMS Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 210 MAIN URBAN RENEWAL		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 214 MAIN STREET		Squares Feet 11450	
City (5) HACKENSACK		# of Floors 10	
County (6) BERGEN		Bldg. Age 0	
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) VACANT UNDER CONSTRUCTION	
Name of Monitoring Firm Hired by Building Owner (8) WHITESTONE ASSOCIATES, INC.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address 35 TECHNOLOGY DRIVE		Street Address 185 Vineland Ave.	
City, State, Zip Code WARREN, NJ 07059		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm JEREMY HASSBETT		Telephone No. 908-668-7777	
Start Date (10) 9/12/16		Scheduled Completion Date (11) 10/25/16	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 of or 23 ft <input checked="" type="checkbox"/> 2160 of or 2280 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07605	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
* SEE ATTACHED *			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04508	Cubic Yards of Waste 130
City, State, Zip Code Newark, NJ 07105		Disposal Date 1/16/00	Name of Registered Landfill IESI PA Bathlehem Landfill Corp. City, State, Zip Code Bathlehem, PA 18015
Completed by R. McDonald		Title President	Signature R. McDonald Date 9/12/16

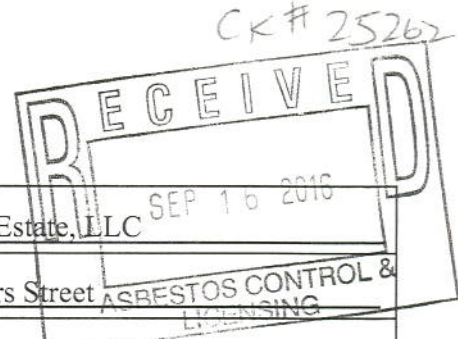
CK#25260

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



Date of Notification (1) <u>9/14/16</u>		Name of Building Owner/Operator (2) <u>Villa Paulina Retreat Center</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>352 Bernardsville Rd.</u>	
		City, State, Zip Code <u>Mendham, NJ 07945</u>	
		Name of Contact <u>Jim - Hobbie Heat</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Retreat House</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>352 Bernardville Rd.</u>		Square Feet <u>8000</u>	# of Floors <u>3</u>
City (5) <u>Mendham, NJ</u>		Bldg. Age <u>90+/-</u>	
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>9/23/16</u>	Scheduled Completion Date (11) <u>9/30/16</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>8am - 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 checked="" 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)
	Yes	No	
<u>Basement Boiler Room</u>	<input checked="" type="checkbox"/>		<u>Boiler Insulation</u>
<u>Basement Boiler Room</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
<u>Basement Storage Room</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
<u>1</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/30/16</u>	Name of Registered Landfill <u>GROWS Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 
		Date <u>9/14/16</u>	

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



Date of Notification (1) <u>9/15/16</u>		Name of Building Owner/Operator (2) <u>Stockton Real Estate, LLC</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>32 Chambers Street</u>							
		City, State, Zip Code <u>Princeton, NJ 08542</u>							
		Name of Contact <u>Marty Stockton</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Office Building</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>32 Chambers Street</u>		Square Feet <u>3000</u>	# of Floors <u>3</u>						
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>85+/-</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) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>9/26/16</u>	Scheduled Completion Date (11) <u>9/30/16</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>8am - 4pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<u>Basement</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 Debris</u>	<u>10 sf</u>	<input checked="" type="checkbox"/>			
<u>Side Porch</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>15 lf</u>	<input checked="" type="checkbox"/>			
<u>1</u>									
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/30/16</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 				Date <u>9/15/16</u>		