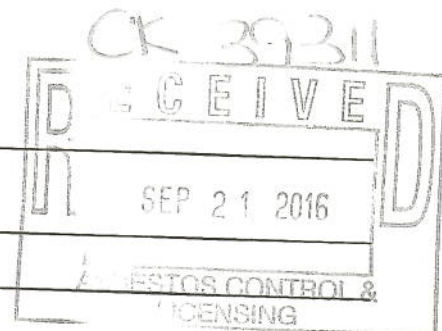


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 09/20/16 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address P.O. box 2158	
	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Notification	Name of Contact Robert Otego	
	<input type="checkbox"/> Amended <input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- E-Quad- B&C wing			Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address E-Quad			Square Feet 10000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 5
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC Associates, Inc			Bldg. Age 70+		
Street Address 3 Terri Lane			Current Use (Prior if being demolished) University		
City, State, Zip Code Burlington NJ 08016			Name of Abatement Contractor (9) Associated Specialty Contracting		
Project Manager of Monitoring Firm Mike Keehn			Street Address 98 LaCrue Avenue		
Telephone Number 609-386-8800			City, State, Zip Code Glen Mills, PA 19342		
Scheduled Start Date (10) 10/03/16 Month/Day/Year			Licence Number 1103		
Sched. Completion Date (11) 10/23/16 Month/Day/Year			Name of OSHA Monitor Criterion Labs		
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: 7:00 AM to 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition ☐ ☒ Renovation ☒ Full Containment with Negative Pressure

☒ >3 sf or >3 lf ☐ >160 sf or >260 lf

Mini - Enclosure
Glovebag Procedure
Non-Friable Procedure

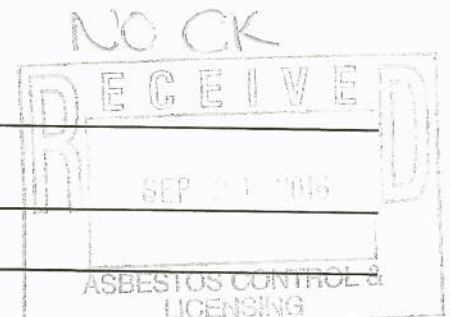
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
B 114		x		floor tile and mastic	195 SF	x			
						x			
						x			

Name of Registered Waste Hauler Robbinson Waste		NJDEP Waste Hauler ID No. 1730	Cubic Yards of Waste 5	Name of Registered Landfill GROWS	
City, State Voorhees NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>		Date 9/20/16

ABS-41
JUN 95

G4667

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



Date of Notification (1) 09/20/16 Month/Dav/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address P.O. box 2158	
	Initial	City, State, Zip Code Princeton NJ 08543	
	Notification	Name of Contact Robert Otego	
	Amended	Telephone Number	
	Notification		
	Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- E-Quad- B&C wing			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address E-Quad			Square Feet 10000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 5
			Bldg. Age 70+		
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC Associates, Inc			Current Use (Prior if being demolished) University		
Street Address 3 Terri Lane			Name of Abatement Contractor (9) Associated Specialty Contracting		
City, State, Zip Code Burlington NJ 08016			Street Address 98 LaCrue Avenue		
Project Manager of Monitoring Firm Mike Keehn			City, State, Zip Code Glen Mills, PA 19342		
Telephone Number 609-386-8800			Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 10/03/16 Month/Dav/Year		Sched. Completion Date (11) 10/23/16 Month/Dav/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition	<input checked="" type="checkbox"/> Renovation	Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 lf		Mini - Enclosure
<input type="checkbox"/> >160 sf or >260 lf		Glovebag Procedure
		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
B124		<input checked="" type="checkbox"/>		floor tile and mastic	17 SF	<input checked="" type="checkbox"/>			
B116 COR		<input checked="" type="checkbox"/>		floor tile and mastic	17 SF	<input checked="" type="checkbox"/>			
						<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Robbinson Waste	NJDEP Waste Hauler ID No. 1730	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Voorhees NJ		Disposal Date As needed	City, State Morrisville PA

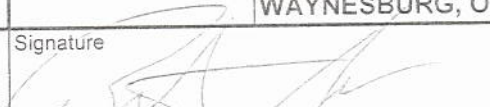
Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date <i>9/21/16</i>
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ABS-41
JUN 95

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

ETS JOB # 4600/16

AMENDMENT #1 ID: 31

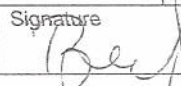
Date of Notification (1) 9/13/2016		Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 241 ERIE STREET, ROOM 236		City, State & Zip Code JERSEY CITY, NJ 07310	
Name of Contact MR. RALPH CAMPIONE		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TERMINAL "B" - CONCOURSE LEVEL. SATELLITE B-1 ADJACENT TO GATE 4		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 NEWARK LIBERTY INTERNATIONAL AIRPORT 3 BREWSTER ROAD		Square Feet 100,000	# of Floors 3
City (5) NEWARK	County (6) ESSEX	Bldg. Age 70+	
County Code (7)		Current Use (Prior if being demolished) COMMERICAL - AIRPORT	
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC		ASCM No. 98	Name of Abatement Contractor (9) ETS CONTRACTING, INC.
Street Address 104 E. 25TH STREET - 10TH FLOOR		Street Address 160 CLAY STREET	
City, State & Zip Code NEW YORK 10010		City, State & Zip Code BROOKLYN, NY 11222	
Project Manager for Monitoring Firm PATRICK SISK		Telephone Number 212-353-8280	License Number 00511
Scheduled Start Date (10) 9/27/2016	Scheduled Completion Date (11) 11/30/2016		Name of OSHA Monitor TESTOR TECH.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY - FRIDAY 9:00 PM - 5:30 AM <input type="checkbox"/> Other - Describe:		Street Address 10 59 JACKSON AVENUE	
		City, State & Zip Code LONG ISLAND CITY, NY 11101	
Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: TENT/GLOVEBAG	
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) NO	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) FIREPROOFING	Amount (Specify Square Feet or Linear Feet) 2,400 SF
			Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) FULL CONTAINMENT
OPERATIONS LEVEL	NO	PIPE FITTINGS	25 LF
			TENT/GLOVEBAG
Name of Registered Waste Hauler #1 TRI-STATE TRANSFER	NJDEP Waste Hauler ID # 2A-456	Cu. Yds. of Waste 160	Name of Registered Landfill #1 MINERVA ENTERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRONX, NY 10474		Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 	Date 9/13/2016

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

Check # 9772

Date of Notification (1) 9-19-16		Name of Building Owner/Operator (2) Toni Fahrman 2016 SEP 21 AM 10:27							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Westfield NJ 07090							
		Name of Contact Toni Fahrman Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family 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]		Square Feet	# of Floors 2						
City (5) Westfield NJ 07090		Bldg. Age 75+-							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 10-4-16	Scheduled Completion Date (11) 10-4-16	Name of OSHA Monitor EPC Technologies 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 <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
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 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
Basement	X			Pipe Insulation	200 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 10-5-16		City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker			Date 9-19-16			

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

Date of Notification (1) 9/17/16		Name of Building Owner/Operator (2) TST Madison							
Agencies Notified	Type Notification	Street Address 70 Monroe Street							
<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 Hoboken, New Jersey Name of Contact Tom							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TST property		Type of Facility (4)							
Street Address 70 Monroe Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken		Square Feet 3000	# of Floors 3						
		Bldg. Age 55+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc						
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 9/26/16	Scheduled Completion Date (11) 10/6/16	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: 7am-7pm		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 type="checkbox"/> Renovation <input checked="" 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
upper roof			x	roofing material and flashing	1700sf	x			
lower roof			x	flashing	500 lf	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill Chrins Landfill					
City, State Colts Neck, New Jersey		Disposal Date 10/5/16		City, State Easton					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 9/17/16			

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

Check
9773

Date of Notification (1) 9-19-16		Name of Building Owner/Operator (2) Ana Zayas							
Agencies Notified	Type Notification	Street Address							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield NJ 07003	Name of Contact Ana Zayas						
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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) Bloomfield NJ 07003	Square Feet	# of Floors 2	Bldg. Age 60+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 10-5-16	Scheduled Completion Date (11) 10-6-16	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 337							
<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 New Egypt NJ 08533							
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 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
Basement	X			Pipe Insulation	200 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 10-7-16	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker				Date 9-19-16		

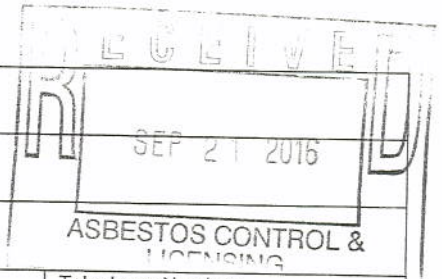
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 2478

Date of Notification (1) 9/15/16		Name of Building Owner/Operator (2) Coastal General Contracting, Inc.								
Agencies Notified		Street Address 1103 Industrial Parkway								
<input 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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
		City, State, Zip Code Suite B, Brick, NJ 08724								
		Name of Contact Eric Plackis								
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) ALME # 295		Type of Facility (4)								
Street Address 5 Ortleby Plaza		<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) Ortleby Beach		Square Feet 50,014	# of Floors 2							
County (6) Ocean		Bldg. Age 53								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.								
Street Address		Street Address P.O. Box 915								
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723								
Project Manager for Monitoring Firm		Telephone No. (732) 899-7499	License No. 01196							
Start Date (10) 9/15/16	Scheduled Completion Date (11) 10/17/16	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code								
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 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) 600SF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
				Window glazing						
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Inc.						
City, State Brick, New Jersey		Disposal Date 10/18/16		City, State PA						
Completed by Eric Plackis		Title President		Signature [Signature]		Date 9/15/16				

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

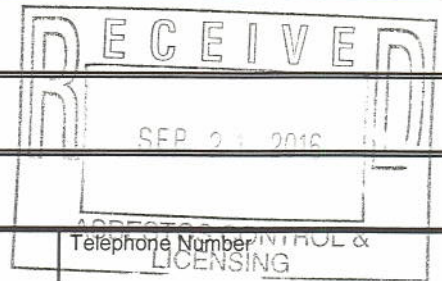
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/20/16		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<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 SOUTH PLAINFIELD, NJ 07068							
		Name of Contact JOE MELITO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG - ALDENE		Type of Facility (4)							
Street Address 778 SOUTH AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) CRANFORD		Square Feet Appx 300	# of Floors 1						
County (6) UNION		Bldg. Age Appx 53							
County Code (7) UNION		Current Use (Prior if being demolished) SUBSTATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 10/6/16	Scheduled Completion Date (11) 10/12/16	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: necessary repairs only		City, State, Zip Code SOUTH RIVER, NJ 08882							
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) TO BE ABATED	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) 250 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CONTROL ROOM		X		ACM WIRE SOCK		X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 15	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature Carol Raimo			Date 9/20/16		

CK 6845

Date of Notification (1) 10/19/16		Name of Building Owner/Operator (2) ABHAY SRIVASTAVA	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code GLEN RIDGE, NJ 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ABHAY SRIVASTAVA	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		



FACILITY INFORMATION

Name of facility where abatement is taking place (3) ABHAY SRIVASTAVA			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		
City (5) GLEN RIDGE			County (6) ESSEX	County Code (7) (State use only)	Bldg. Age
			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) 09/21/16		Sched. Completion Date (11) 10/15/16		
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				

Scope of Work (check all that apply)					<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure				
<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				

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"/>		BARE HEATING PIPES	96 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION (fire box)	44 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/22/16		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature [REDACTED]	
				Date 09/15/2016	

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

CK 6817

Date of Notification (1) 10/19/15		Name of Building Owner/Operator (2) MAUREEN HOLLAN	
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 UNION, NJ 07083	
		Name of Contact MAUREEN HOLLAN	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MAUREEN HOLLAN			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) UNION	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 09/20/16		Sched. Completion Date (11) 10/05/16	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

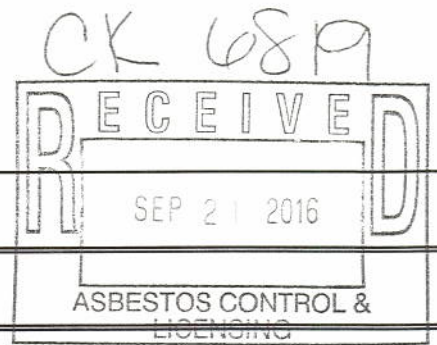
- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

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 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION (fire box)	30 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/21/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/15/2016

D&S Proj. #: 16-284

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



Date of Notification (1) 09/15/16		Name of Building Owner/Operator (2) AMY VILETORSSON	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact AMY VILETORSSON	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) AMY VILETORSSON			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		
City (5) MONTCLAIR			County (6) ESSEX	County Code (7) (State use only)	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 09/29/16		Sched. Completion Date (11) 10/20/16	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation

☐ ≥160 sf or ≥260 lf ☐ Demolition

☐ Full Containment w/negative pressure

☐ Mini-enclosure

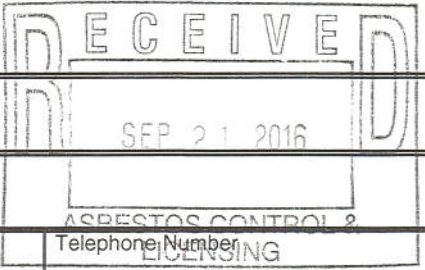
☒ Glovebag procedure

☐ 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	214 LFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/30/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/15/ 2016

* Do not use this form for asbestos licensure exempted activities

Date of Notification (1) 10/19/15/16		Name of Building Owner/Operator (2) grace macouw		
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	[REDACTED]		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code		
<input checked="" type="checkbox"/> DOL	Amendment #: _____	leonia, nj 07605		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact		Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	diane clarke		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) grace macouw			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) leonia	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 010/06/16		Sched. Completion Date (11) 10/30/16	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)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<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			
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/crawl space		X		PIPE INSULATION	60 l ft	X			

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 10/07/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/15/16

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

CR# 3096

Date of Notification (1) <div style="text-align: center;">9 / 19 / 16</div>		Name of Building Owner/Operator (2) BASF Catalysts, LLC		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED SEP 21 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 Middlesex Avenue							
		City, State, Zip Code Iselin New Jersey							
		Name of Contact Diana Wright							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BASF				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 25 Middlesex Avenue									
City (5) Iselin		Square Feet 60000	# of Floors 5	Bldg. Age					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Lab, R&D					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No. 00104	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 655 West Shore Trail		Street Address 1123 BEAVER STREET							
City, State, Zip Code Sparta NJ 07871		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Jean-Paul von Doehren		Telephone No. 973-651-2041	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) <div style="text-align: center;">10 / 3 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 21 / 16</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/____PM-____AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
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 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
Mat Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	3,450 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mat Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Fume Hood	300sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace(east of column line 6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation/fittings	600 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 80	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date tbd		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Pat Decaro		Title Estimator	Signature <i>Pat Decaro</i>		Date 9/19/16				

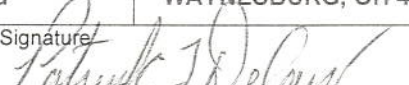
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CR # 3094

Date of Notification (1) 9 / 19 / 16			Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 200 Elm Dr City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego					
				<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 21 2016 Telephone Number </div>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Engineering Quadrangle				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 and commercial buildings, homes, etc.)					
Street Address Olden St				Square Feet					
City (5) Princeton				# of Floors					
County (6) MERCER				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC Associates Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) 10 / 3 / 16		Scheduled Completion Date (11) 10 / 7 / 16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____PM-_____AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
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
C402	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	205 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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 9/19/16			

ck # 3095

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

Date of Notification (1) <div style="text-align: center;">9 / 19 / 16</div>		Name of Building Owner/Operator (2) Sears Holdings		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> RECEIVED SEP 21 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3333 Beverly Road							
		City, State, Zip Code Hoffman Estates IL 60179							
		Name of Contact _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sears #1434 (Willowbrook Mall)				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 50 US Highway 46									
City (5) wayne				Square Feet 300000	# of Floors 2				
County (6) Passaic				County Code (7) (STATE USE ONLY)	Bldg. Age 76				
Name of Monitoring Firm Hired by Building Owner (8) Creative Environmental Solutions		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 39 West 37th Street, 14th Floor		Street Address 1123 BEAVER STREET							
City, State, Zip Code New York NY 10018		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Amarr Soler		Telephone No. 212-290-6323	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) <div style="text-align: center;">10 / 3 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">3 / 21 / 17</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / <u>9PM-8AM</u>			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
New Stock Room Area-2ND Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing	980 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle Area of 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing	1560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside New Stock Room Area-2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle area of first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spray-on Fireproofing	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720				Disposal Date tbd	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) Pat Decaro		Title Estimator		Signature 		Date 9/19/16			

CR # 3095
Pg. 2

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

Date of Notification (1) <div style="text-align: center;">9 / 19 / 16</div>		Name of Building Owner/Operator (2) Sears Holdings							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3333 Beverly Road							
		City, State, Zip Code Hoffman Estates IL 60179							
		Name of Contact							
		Telephone Number							
		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 21 2016 ASBESTOS CONTROL & LICENSING </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sears #1434 (Willowbrook Mall)		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 50 US Highway 46		Square Feet 300000	# of Floors 2						
City (5) wayne		Bldg. Age 76							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Department Store							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environmental Solutions		ASCM No.							
Street Address 39 West 37th Street, 14th Floor		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code New York NY 10018		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Amarr Soler		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 212-290-6323		Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">10 / 3 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">3 / 21 / 17</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 9PM-8AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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 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
2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat/mastic	8000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Area (1st floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat/mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Stockroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat/mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date tbd	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Pat Decaro		Title Estimator	Signature <i>Pat Decaro</i>			Date 9/19/16			

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

B & G proj. #: 2016-142

Check # 8016

Date of Notification (1) 09/19/16		Name of Building Owner/Operator (2) Mark Ruffolo		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">SEP 21 2016</div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Ramsey, NJ 07446		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Don Griego		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mark Ruffolo			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
City (5) Ramsey, NJ 07446			County (6) Bergen	Bldg. Age
			Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 09/29/2016	Sched. Completion Date (11) 09/30/2016	Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road		
		City, State, Zip Code LincolnPark, NJ 07035		

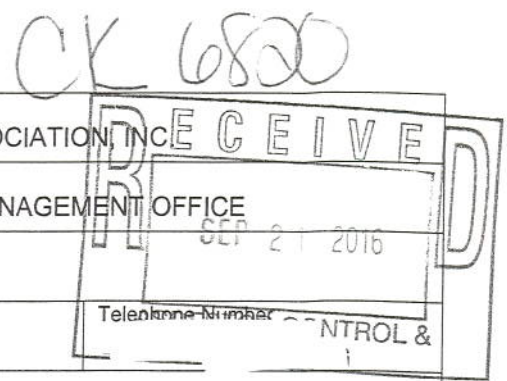
Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
basement boiler room, main room			X	pipe insulation	86 lf	X			
closet & stairway areas			X						

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 09/30/2016		City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 09/19/2016	

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



Date of Notification (1) 9/16/2016		Name of Building Owner/Operator (2) THE HUDSON TEA CONDO ASSOCIATION, 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 Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1500 WASHINGTON STREET, MANAGEMENT OFFICE							
		City, State, Zip Code HOBOKEN, NJ 07030							
		Name of Contact VITO X. LANOTTE, MANAGER							
<div style="text-align: right;">Telephone Number _____</div> <div style="text-align: right;">CONTROL & _____</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HUDSON TEA BUILDING CONDO ASSOCIATION, INC.		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 1500 WASHINGTON STREET		Square Feet 120000	# of Floors 12						
City (5) HOBOKEN		Bldg. Age 1905							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) THE OAK GROUP		ASCM No. _____	Name of Abatement Contractor (9) D&S RESTORATION, INC.						
Street Address 200 FEDERAL STREET, SUITE 224		Street Address 20 CALIFORNIA AVENUE							
City, State, Zip Code CAMDEN, NJ 08103		City, State, Zip Code PATERSON, NJ 07503							
Project Manager for Monitoring Firm ED EICHEN, CIH		Telephone No. 856-377-0060	Telephone No. 973-345-8020						
		License No. 01169							
Start Date (10) 9/30/2016	Scheduled Completion Date (11) 12/31/2016	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 <input checked="" type="checkbox"/> Other – Describe: <u>NORMAL HOURS</u>		Street Address 20 CALIFORNIA AVENUE							
		City, State, Zip Code PATERSON, NJ 07503							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 FACADE		X		REMOVAL OF COATING	40 SF	X			
Name of Registered Waste Hauler D&S RESTORATION, INC.		NJDEP Waste Hauler ID No. 13506	Cubic Yards of Waste TBD (YDS)	Name of Registered Landfill TULLYTOWN RESOURCE RECOVER'					
City, State PATERSON, NJ 07503			Disposal Date VARIOUS DATE	City, State TULLYTOWN, PA					
Completed by BOGDAN JOLDZIC		Title PRESIDENT	Signature _____			Date 9/16/2016			

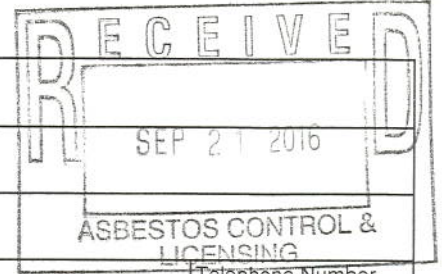
CR # 25266

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

Date of Notification (1) <u>9/20/16</u>		Name of Building Owner/Operator (2) <u>Bozzi Builders</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <u>Haddon Heights, NJ 08035</u>							
		Name of Contact <u>Ernie Bozzi</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>Haddon Height, NJ</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>						
County (6) <u>Camden</u>		Bldg. Age <u>70+/-</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>NA</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address		Street Address <u>PO Box 322</u>							
City, State, Zip Code		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm		Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>9/30/16</u>	Scheduled Completion Date (11) <u>10/7/16</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>MECS</u>							
		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <i>HOUSE</i> <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <i>GARAGE</i>									
<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
<u>Exterior House</u>		<input checked="" type="checkbox"/>		<u>Traniste Siding</u>	<u>2000 sf</u>	<input checked="" type="checkbox"/>			
<u>Exterior Garage</u>		<input checked="" type="checkbox"/>		<u>Transite Siding</u>	<u>600 sf</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>6 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/7/16</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <i>[Signature]</i>		Date <u>9/20/16</u>			

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

CHECK#25864



Date of Notification (1) 9/16/2016		Name of Building Owner/Operator (2) PRIVATE RESIDENCE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code WILLINGBORO, NJ Name of Contact DAVID D'ANDREA	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE 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)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet # of Floors Bldg. Age	
City (5) WILLINGBORO		County Code (7) (STATE USE ONLY)	
County BURLINGTON		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address P.O. BOX 341		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code CROSSWICKS, NJ 08515		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm BILL WEISGARBER	Telephone No. 609-915-1140	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 9/20/2016	Scheduled Completion Date (11) 9/25/2016	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515	
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
THROUGHOUT		<input checked="" type="checkbox"/>	NFVAT & MISC. ACM
Name of Registered Waste Hauler BLOOM WASTE SERVICES, INC.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 20 YDS
City, State CHERRY HILL, NJ		Disposal Date 9/26/2016	Name of Registered Landfill GROWS
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature <i>David D'Andrea</i> Date 9/16/2016

ASB-41

* Do not use this form for asbestos licensure exempted activities