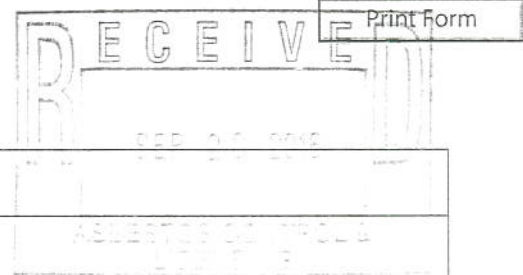


CH4943

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



Date of Notification (1) 9/27/16		Name of Building Owner/Operator (2) 105 South Avenue, 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 326 Route 22 West, Suite 16B							
		City, State, Zip Code Green Brook, NJ 08812							
		Name of Contact Susan Checchio	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former A&P		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 105 South Avenue		Square Feet 27,500	# of Floors 2						
City (5) Fanwood		Bldg. Age ~50 years							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) A&P Grocery Store							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way, Suite 105		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm David Turotsy		Telephone No. 610-558-8902	Telephone No. 484-872-8884 License No. 01161						
Start Date (10) 10/11/16	Scheduled Completion Date (11) 11/29/16	Name of OSHA Monitor EMSL							
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Retail Area			X	Floor tile and mastic	13,000 SF	X			
Newer Retail Area			X	Floor tile and mastic	9,000 SF	X			
Roof			X	Asphaltic roofing	13,000 SF	X			
Roof			X	Tar on duct	250 SF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 200	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature 	Date 9/27/16					

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

*Check 2742*

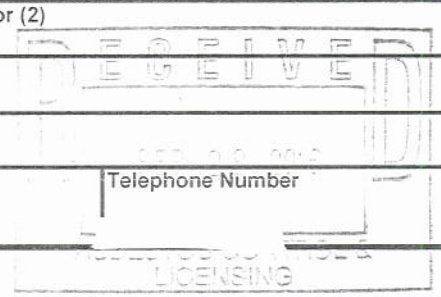
Date of Notification (1) 09 / 27 / 2017		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 80 Chestnutridge Rd		City, State, Zip Code Montvale NJ 07458	
Name of Contact Dino Nappi		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Bank of America		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 80 Chestnutridge RD		Square Feet 3,000	
City (5) montvale	County (6) bergen	County Code (7)	# Of Floors 1
Current Use (Prior if being demolished) bank		Building Age 40+	
Name of Monitoring Firm Hired by Bldg. Owner (8) NY Environmental		ASCM NO	
Street Address 88 harbor rd		Name of Abatement Contractor (9) northstar contracting group inc	
City, State, Zip Code port washington ny 11050		Street Address 32 williams parkway	
Project Mng. For Monitoring Firm T sang		City, State, Zip Code east hanover nj 07936	
Telephone Number 516 944 9500		Telephone Number 9737723660	
Sched. Start Date (10) 10 / 8 / 16		Sched. Completion Date (11) 10 / 30 / 16	
License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: weekend Saturday 1pm to complete <input type="checkbox"/> Other - Describe: _____		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"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing  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)
ground fl	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	floor tile	340SF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler newark carting		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste
City, State newark nj		Disposal Date	Name of Registered Landfill iesi bethlehem landfill
City, State bethlehem PA			
Completed by (Print or Type) paul mast		Title vp	Signature <i>[Signature]</i>
		Date 09/27/16	



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

*check # 2743*

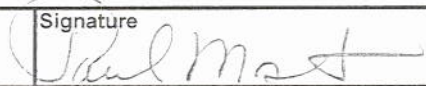
Date of Notification (1) 09 / 27 / 2017		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 399 FRANKLIN AVENUE		City, State, Zip Code WYCKOFF, NJ	
Name of Contact Dino Nappi		Telephone Number	



FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bank of America			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.)		
City (5) WYCKOFF	County (6) BERGEN	County Code (7)	Square Feet 6,000	# Of Floors 2	Building Age 40+
Current Use (Prior if being demolished) BANK					
Name of Monitoring Firm Hired by Bldg. Owner (8) NY Environmental		ASCM NO	Name of Abatement Contractor (9) northstar contracting group inc		
Street Address 88 harbor rd		Street Address 32 williams parkway			
City, State, Zip Code port washington ny 11050		City, State, Zip Code east hanover nj 07936			
Project Mngr. For Monitoring Firm T sang		Telephone Number 516 944 9500			
Scheduled Start Date (10) 10 / 15 / 16		Scheduled Completion Date (11) 10 / 29 / 16		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: weekend Saturday - Sunday <input type="checkbox"/> Other - Describe: 1:pm -6am			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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> >3sf or >3lf		<input type="checkbox"/> Mini - Enclosure	
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos Containing  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)	Abatement Type			
				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
ground fl	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	popcorn ceiling	4,000 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 newark carting	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste	Name of Registered Landfill iesi bethlehem landfill
City, State newark nj	Disposal Date	City, State bethlehem PA	
Completed by (Print or Type) paul mast	Title vp	Signature 	Date 09/27/16

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 / 27 / 16</div>		Name of Building Owner/Operator (2) McGuire-Dix Joint Airforce Base							
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 TSC - Building 5411 City, State, Zip Code Joint Base MDL, NJ 08641 Name of Contact Jeffery M Boehne-Project Manager Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Training Support Center - Joint Base McGuire-Dix		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 Bldg 5411-Underground Pipe		Square Feet # of Floors Bldg. Age							
City (5) Lakehurst - Joint Base - MDL, NJ 08641									
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) UNDER Driveways							
Name of Monitoring Firm Hired by Building Owner (8) Synertech		Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address 228 Moore St		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Philadelphia, PA 19148		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm 		Telephone No. 215 755 2305	License No. 00847						
Start Date (10) 10 / 10 / 16	Scheduled Completion Date (11) 10 / 14 / 16	Name of OSHA Monitor CES							
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: 7:00AM-5:00PM/____PM-____AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Underground Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non friable pipe	80LF	<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 Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5 CY	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA		Disposal Date 10/14/16		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature <i>Patricia Visco</i>			Date 9/27/16			