State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CK 7947	N		ATION	OF ASBE	STOS	ABATE		IT	M	E C	E		$\mathbb{V}$		M
Date of Notification (1) 04/12/16				Building O		perator	(2)	-	M	ΔPF	1	4 2	2016		U)
Agencies Notified Type Notification		5	Street Ad	idress						- H) 1			_0,0		
EPA X Initial			ity Stat	te, Zip Coo	de					SBEST	00	201	ITRO	)L 6	i.
DEP Amended Amendment #				AR, NJ 0					А	RES I	CEN	ISIN	IG_		
Emergency (in justification)	cluding	- 1		Contact					Ţ	elephone	Numl	per			7
DCA Cancellation		,		YOUNG		ON									
Name of Facility Where Abatement is Taking	Place (3	)	FACIL	LITY INFO	RWAII	ON	Ту	pe of Facili	y (4)						7.1
Street Address							X	Other (i.e	ter 8 (O e. private	ther than	nercial				es,
City (5) BELMAR, NJ							0.5	uare Feet 000 SF	2	of Floors		BI	dg. A	ge	
County (6) MONMOUTH COUNTY			County C	Code (7) ISE ONLY)				irrent Use ( OME	Prior if b	eing dem	olishe	d)			
Name of Monitoring Firm Hired by Building On	vner (8)		ASCM	No.		2000 CO. C.		AD PRO		SECULIAR SECTION AND ADDRESS OF THE PARTY OF	i				
Street Address						Street 6 Wh		ress E DOVE	COUR	RT.					
City, State, Zip Code				59. II				, Zip Code OOD, No	0870	1					
Project Manager for Monitoring Firm		1	elephor	ne No.		Teleph 732-		No. 3-9078		Licen:			- 1		
	Schedule 05/03/		pletion [	Date (11)		w. 82427772		SHA Moni		ONALS					
Occupancy Status During Abatement (Check	Only Or	ie)		700		Street			00115	_					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			ent					E DOVE	COUR	<u> </u>					
Other – Describe:	i r aciity	Hours			_			00D, N	0870	1					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat Demoliti				>	<	Full Contain Mini-Enclose Glovebag F Non-Exemp	ure Procedu	re				е	
		Locatio										9	Abate	ment pe	
Location of Asbestos-Containing Material (ACM)		Normall d Solel		Ashaei		scription		erial (ACM)		Amount			.,		
TO BE ABATED In Facility (13)		intenan todial S (12)	86.03000		thermal surfa		s ins	sulation, or		(Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A											le	W.
BASEMENT				AC	M PIP	E INSI	ULA	ATION		250 LF		X			
N- (D-14-4)		7	IDED	11-	0.1.1	Var-		Man	of Dari	otorod I -	ndfii				
Name of Registered Waste Hauler NEWARK CARTING		H	auler ID	laste No.	of Wa			IESI	or Regi	stered La	HOIIII				
City, State		04	509		5 YA	RDS sa! Date		City, S	State						
NEWARK, NJ					05/03			1 2000000000000000000000000000000000000		EM PA					
Completed by JOSEPH PERLSTEIN	Title OWN	IER		-		Signatur	е		0	14	Dat 04	e /12/1	16		

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Date of Notification (1)				Name of	Building O	wmarlC	Inerator	(2)		D	, A F	PR	1 4	201	6	114
04/08/2016				Jun W		WHEIT	perator	(2)	11		I AI	11				
Agencies Notified	Type Notification			Street A	ddress						ASBES	TO	0.00	TIAC	ROL	&
X EPA	Initial										ASBES	LIC	=NS	ING		
EPA DEP DOL	Amended Amendment	#			ite, Zip Cod Ridge, NJ		28		L	_						
M	Emergency (		_		Contact					Т	elephone	Num	ber	2m Let Timo		
DOH DCA	Cancellation			Jun W	ang											
Name of Facility Where	Abatament is Takin	a Place /3	,	FACI	LITY INFOR	RMAŢ	ION	Time	of English /	1			10000			
House	Abatement is Takin	y Place (3	)					_	of Facility (4							
Street Address				To st		- William		Ħ.	School (K-1: Subchapter	8 (0						
									Other (i.e. pi etc.)	rivate	e & comn	nercia	I build	dings,	home	es,
City (5) Glen Ridge								2000	re Feet	1000	of Floors			ldg. A	ge	
County (6)				County	Code (7)			N/A	ent Use (Prio		I/A	aliah		I/A		
Essex					USE ONLY)			Hou		N II L	ellig dell	10115111	eu)			
Name of Monitoring Firm	Hired by Building	Owner (8)	-	ASCN	l No.		2005/25/25/25		tement Con		or (9)					
N/A									ement, In	С						
Street Address								Addres	ss gren Aven	nue						
City, State, Zip Code									ip Code							
									J 07512							
Project Manager for Mon	itoring Firm	A		Telepho	ne No.		(0.15)	none N			Licen		).			
Start Date (10)		Schodule	od Cor	nnlation	Date (11)			345-8	-IA Monitor		0067	5				
04/22/2016	127	04/23/2		npiedoni	Date (11)				ement, Inc	С						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)					Addres								
Facility Closed/Vac	ated During Entire F	Period of A	Abaten	nent					green Ave	)						
Abatement Perform  X Other – Describe: 0	occupied	nai Facility	Hours				201 Supplement		ip Code IJ 07512							
Scope of Work (Check A	II That Apply)						, 010									-
≥3 sf or ≥3 lf		☐ F	Renova	ition				Ful	II Containme	ent w	ith Negat	ive Pr	essui	re		
≥160 sf or ≥260 lf			emoli:	tion			>	14111	ni-Enclosure ovebag Proc		e					
									n-Exempted			Friabl				
**************************************	1000 <b>x</b> 10	10.5%	Locat	1189804		220000							3		ment pe	
Location Asbestos-Containing		Use	d Sole	ly by	Asbesto		scription taining N		I (ACM)		Amount				ш	
TO BE ABA		255525	intena todial s	LDD TOTAL		hermal	system	s insula			(Specify SF or LF)		Ren	Re	inca	Encl
(13)	×-•//		(12)	15			niscellar				0, 0, 2, ,		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											te	(D
Basem	ent		X			pipe	insula	ition			30LF		х			
Crawl sp	ace		Х			pipe	insula	ition			70 LF		х			
N (D)					533819972-1172											
Name of Registered Was				IJDEP W lauler ID		Cubic of Wa	Yards ste		Name of F				Б.			
D&S Abatement, Inc				0996		TBD			Waste N		agemei	nt of	PA			
City, State Totowa, NJ						Dispo TBD	sal Date		City, State Tullytow		PA					
Completed by	<del></del>	Title					Signature	e –	7. 1		•	Dat	e		V-g-2	
Ned Joksimovic		PM						2	170			100000		2016		

			1000	10.000 00000000000000000000000000000000					115			Value -		
Date of Notification (1)				Name of	Building C	Owner/Operato	or (2)			ΔF	R 1	Δ	2016	
April 11			5.97	Company of the control of the contro	MANUAL CONTRACTOR	ALTY COR	POR	RATION	14 14				2010	
Agencies Notified Type	pe Notification			Street Ad	ddress									
⊠ EPA ⊠	Initial					Road, Suite	e 275	5	I A	SBES				DL 8
DEP	Amended			City, Sta	te, Zip Co	de				L	ICEN	VSIN	IG	
DOL	Amendment Emergency (		— E	Imsford	d, NY 10	523-1108								
□ DOH □	justification)	moraumg		Name of	Contact				Telep	hone Nur	nber			
DCA	Cancellation			amian	Finley, I	P.E.								
			155	FACI	LITY INFO	RMATION								
Name of Facility Where Abat	ement is Taking	Place (3	)				Ту	pe of Facility (4	)					
Cooling Tower								School (K-12						
Street Address								Subchapter l				linas	homo	
1 Lake St.							$\boxtimes$	Other (i.e. pr etc.)	ivate & c	commerci	ai build	iings,	nome	S,
City (5)							Sq	uare Feet	# of F	loors	В	ldg. A	ge	
Upper Saddle River, NJ								TBD		TBD		Т	BD	
County (6)				County (	Code (7)		Cu	rrent Use (Prio			ned)			
Bergen					JSE ONLY)				- 5	acant	16			
Name of Monitoring Firm Hir	ed by Buildina (	Owner (8)		ASCM	No.	Nam	ne of A	batement Cont	1577		-			
AET, Inc.	, 3	137			52/	8		K Group, LL		5)				
Street Address							et Add			-				
						0.000	50000000	-3/3/4/2017/	STE 20	0				
907 Doolittle Drive								gs HWY N, S	51E 20	19				
City, State, Zip Code						1								
Bridgewater, NJ 08807				T-1	N-			ill, NJ 08034		laanaa N	-			
Project Manager for Monitori	ng Firm			Telephor			phone			License N	0.			
Eric Houseknecht		0 1 1 1			18-1108			9 - 5000	00	0781				
Start Date (10)		Schedule			Date (11)	10,000		SHA Monitor						
4/25/16				7/31/16	5			K Group, LL	_C.	(80 =				
Occupancy Status During At	patement (Chec	k Only On	ie)				et Add							
Facility Closed/Vacated	During Entire F	Period of A	Abaten	nent				gs HWY N, S	STE 20	19				
Abatement Performed ( Other - Describe:	Outside of Norm	al Facility	Hours			City	State	, Zip Code						
						- Che	rry H	ill, NJ 08034						
Scope of Work (Check All Th	nat Apply)													
≥3 sf or ≥3 lf			Renova					Full Containme	nt with N	legative f	Pressu	re		- //
≥160 sf or ≥260 lf		$\boxtimes$	emolit)	ion				Mini-Enclosure						
							$\boxtimes$	Glovebag Proc Non-Exempted	edure (*) and No	on-Friable	Proce	dure		
		1.	1	(0.22)									ement	į 1
		100	Locati Normal	2767		_						Ty	/pe	
Location of Asbestos-Containing Ma	terial (ACM)	Use	d Sole	ly by	Ashest	Descripti tos Containing		rial (ACM)	Am	ount			_	1
TO BE ABATE		1000000	intena			thermal syste	ms ins	sulation,		ecify	77	71	Encapsulate	ᄪ
In Facility		Cus	todial 5 (12)	stan?		surfacing,			SF o	r LF)	Remova	Repair	aps	Enclosure
(13)			41			other miscel	ianeou	15)			ova	air	ulat	ure
		Yes	No	N/A							_		Ф	
roof		X				transi	ite		30	0 sf	X			
1001		_/\		-		trairs	ite			0 31		-		
				-					7					
Name of Registered Waste H	Hauler		I	J DEP W	l Vaste	Cubic Yards	3	Name of F	Registere	d Landfil			1	
or regional reader			10000	lauler ID		of Waste	30							
Newark Carting / Freeho	old Cartage			222	2.53	3		Cumberla	and Co	./ BFI /	GRO	WS	/ TRE	RF
City, State						Disposal Da	ite	City, State	3				18.18° 17.	
Newark / Freehold, NJ						7/31/	16	Newburg	/ Impe	rial / M	orrisv	ille,	PA	
Completed by		Title				Signati		1771	0		ate			
Michael Cooper		Presid	lent			2				41	11/16			
										1.7				

	N					ESTOS ABAT 8:60 and 12:1		CEPET	1 47/1	F	-	_
		1			****	Owner/Operator			<u>  W</u>	上	$\pm$	7
Date of Notification (1)	6		l N			EU G		51				
Agency Notified	Type Notification		S		ddress			APR 14	2016		111	刀
□ EPA	2 Initial										-	
D DEP	☐ Amended		0	City, Sta	ate, Zip C	code .	ALT C	7 ASSESTOS CO	MITD	71		
,	Amendment #	ng	Ļ		f Contac	3040.	21.	7 ASSESTOS CO	NG	ال ا	X	-
DOH DCA	justification)  □ Cancellation		"			oloson		Telephone-manual				7
a box	- Conscioudon					ORMATION			-			
Name of Facility Where	Abatement is Taking Pla	ċe (3)			•		Type of Facilit	y (4)		e 1-00		
И	2, 0=0405	SN			60		School (K-1	2)				
Street Address							Subchapter	8 (Other than K-12) private & commercial but	ildinas			
			-		. , . '		homes, etc	3)	нон 190,			
City (5)					* 1				ldg. Age			
· TE	EANECIC						2200		75	70	249	3
County (6)	EANECIL RGEN			County ONLY)	Code (7)	(STATE USE		Prior if being demolished	1)			
					٠,	Name of Abote		SIDEN CE			_	-
Name of Monitoring Firm (8)	n Hired by Building Own	er / A	ASCM	NO.	12	Name of Abatem Best Rei		17/47-17				
Street Address						Street Address		10		-		$\dashv$
Street Address				Et		450 Sou		- S+				
City, State, Zip Code			-			City, State, Zip C		. 01				
						Hackensa	ack, N.J	J. 07601				
Project Manager for Mo	nitoring Firm	Te	lephon	e No.		Telephone No.		License No.				
				- 13				00388				_
Start Date (10)	Scheduled C	ompletic 4/2				Name of OSHA	<del>Montor</del> Environs	. on t o 1				
4 27 16 Occupancy Status Durin			0)	1 /2		Street Address	PII A T I OIIII	lelital				$\dashv$
	5.		*5,	354			uyler St	<u> </u>			54	
☐ Facility Closed/Vacat ☐ Abatement Performe	ted During Entire Period d Outside of Normal Fac	of Abate ility Hou	ement irs			City, State, Zip C	Code					
Other - Describe: ¿	3:00 KM 20;	2:5	(m			S. Had	ckensack	,N.J. 0760	)6			
Scope of Work (Check	all that apply)					D Full	Containment wil	th Negative Pressure				
⊿23 sf or ≥3 lf					ovation	-O Mini-	-Enclosure					
□ ≥ 160 sf or ≥ 260 lf				□ Dem	nomion		ebag Procedure Exempted (*) a	e nd Non-Friable Procedu	re			
		ls	Locatio	on					A	bate Ty		nt
Locat	ion of		iormali d Solei			Description	of					
Asbestos-Containi	ng Material (ACM)	Mai	ntenar	nce/		stos Containing M	aterial (ACM)	Amount (Specify	20	_	Enc	En
TO BE /	PRODUCTION OF THE PARTY OF THE		ustodia Staff?		(Le	. thermal systems surfacing, VA		SF or LF)	Removal	Repair	aps	Enclosure
(1	3)		(12)			other miscellan	eous)		\secondary	=	Encapsulate	ure
		Yes	No	N/A								
BASELLE	NE				THEKA	eal INSULAT	لهوا	140 LF	X			
									, ,			
						196						
Name of Registered W		100000	DEP V No.	Vaste H	łauler	Cubic Yards of Waste		gistered Landfill		#541 W55	ONESS.	
Best Rem	oval Inc	1.0		109		2/2	Minerv	a Enterpris	es .	LI	ıC	
City, State			122000			Disposal Date	City, State					
	ck , N.J. 07	601			53	4/28/16	Wayne	sburg, Oh,4		3		
Completed by	Title			*_		Signature	Paiore	Da Da	- A	1.	,	
J.Maiorand	The second secon	imat				1 X /	/,		4/10	11	0	
ASB-41	* Do no	at use th	us form	n for as	bestos li	censure exempted	activities.					

A Emergency P

Date of Notification (1) 4/11/16					Building Ov Caprau						PR 1		6	世	$\Pi$
Agencies Notified	Type Notification			reet Add								7		1 8	
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code each No		35		A	SBE	STOS (	ISING			
DOH DCA	Emergency (in justification) Cancellation	cluding	1000	ame of C en						Tele	phone Nu	mber			
Name of Facility Where At Jennifer Capraun Pri		Place (3)		FACIL	TY INFOR	RMATIO	N		Facility (4)						
Street Address								I Su	bchapter 8 her (i.e. priv	(Othe	r than K-1 commerc	2) cial build	ings,	homes	5,
City (5) Union Beach NJ , 07	7735					D.		Square 1000+		1	Floors	3	dg. A 5+	ge	
County (6) Monmouth				ounty C	ode (7) SE ONLY)			Home			17 	shed)			
Name of Monitoring Firm I	Hired by Building O	wner (8)		ASCM	No.		Pern	aco Ind		actor	(9)				
Street Address								Address Box 329							
City, State, Zip Code								tate, Zip t Berlin	Code NJ 0809	1					
Project Manager for Monit	toring Firm		Т	elephon	e No.			one No. 753-98			License 00727	No.			
Start Date (10) 4/11/16		Scheduled 4/12/16	Comp	oletion D	ate (11)		Name Sam		A Monitor						
Occupancy Status During							Street	Address							
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire P ed Outside of Norma	eriod of Al al Facility	Hours	ent		_	City, S	state, Zip	Code						
Scope of Work (Check Al	I That Apply)						-	7				_			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		The second secon	enovati emolitio					Mini Glov	Containmer -Enclosure rebag Proce -Exempted	edure	8			re	
		Τ.,					12	ii Non	-Exempled	( ) aii	d Ivoli i in	abic i ic		ement	
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	N Used Mair	Location ormally intenant odial S (12)	y y by ice/	Asbest (i.e.	os Cont thermal surfa	scription aining I system cing, V/ niscella	Material is insulat AT, or	(ACM) ion,	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A			· 0	-11		2	00 FF	x	-	-	
Exterior siding [	Dormer area			X		Exte	rior Si	aing			00 FF	- ^-	-	1	
							1.0								
Name of Registered Was	ste Hauler			JDEP Wauler ID		Cubic of Wa	Yards ste		Name of F		ered Land	ITIII			
United Containers				2459	10000000	1							21.75		
City, State Elm NJ						4/12/	220		City, State Morrisvi		A 19067				
Completed by Anthony T Perna		Title Presi	dent			3	Signatur	e	1			Date 4/11/1	6		

Agency Notified    Type Notification   Type No	4211		- True CO 14	JAC 8:60 and 1	2:1201	Hr	7 1 5 11.	7 [	3 1	M	E
APR 1 4 2016  DEP DIA Antondord Amendment is Taking Pilide (S)  Storet Address  DOL DESCRIPTION INFORMATION  Name of Contact  M. CARNES TO RANGE DE Taking Pilide (S)  Tolophone Number Contact  M. CARNES TO RANGE DE Taking Pilide (S)  Storet Address  Tolophone Number Contact  M. CARNES TO RANGE DE Taking Pilide (S)  The Policy Description of Contact  The Policy Storet Address  Tolophone Number Contact  Tol	1711-10	T	Name of B	Wilding Owner of Character	A		Medical		3/14		5
DEP DEP DAMONDO DE L'OCAMONDO		.	Μ,	Kanus	(2)		7)				
DDEP   Armended   Armended   Canacharden   C	5		Street Add	tocc )	EC		III AF	PR	1 4	201	6
ABSESTOS CONTRICTOR  BDOH  BDOA  Assessment est respectory (including profiles facility)  Assessment of Control of Profility Where Adatoment is Taking Place (S)  Name of Control  Name of Facility (M)  Shoot Address  County (6)  Shoot Address  County (7)  County Code (7) GTATE USE  County (8)  Shoot Address  County (9)  Shoot Address  Assessment is Taking Place (S)  Note: Address  County (9)  Shoot Address  Assessment is Taking Place (S)  Note: Address  County (9)  Shoot Address  Assessment is Taking Place (S)  Note: Address  County (9)  Shoot Address  Assessment is Taking Place (S)  Shoot Address  Assessment is Taking Place (S)  County (9)  Shoot Address  Assessment is Taking Place (S)  Note: Address  Assessment is Taking Place (S)  Shoot Address  Assessment (S)  Assessment (S)  Shoot Address  Assessment (S)  Assessme		-	_								
Name of Facility Where Abstances is Taking Piace (S)  Name of Facility Where Abstances is Taking Piace (S)  Name of Facility Where Abstances is Taking Piace (S)  Sheet Address  County (G)  Sheet Address  County (G)  County	Amendment ±	1 '	441	- Doge	1200		ASPEC	TOP		-14-	-01
Name of Facility Where Abstract is Taking Picke (S)  Name of Facility Where Abstract is Taking Picke (S)  Name of Facility Where Abstract is Taking Picke (S)  Sheet Address  County (G)  Sheet Address  County (G)  County (G	Doc.		WEST	ORANGE	IU.	67	705 7_L	JCE	NSIN	IG	ULT
Name of Feelilly Vibrere Absternant in Taking Pilade (S)  Street Additions  Type of Feelilly (4)  Street Additions  Street Additions  County (6)  County (6)  County (7)  County (7)  County (8)  Coun	□ Cancellation	ĺ	M 1/	ntact . 7							
Street Address  Street Address  County (6)  County (6)	Name of Section 165	- 17	FACETTY	NOUISER				- venice	ěc.	-	1
County (6)  County (7)  County (8)  County	Marie de l'access vernere Abatement is Taking Place (	33)	· AGIDIT	INFORMATION				-			
State Date (16)  Septential and state During Firm  Telephone No.  State Date (16)  State Date (16)  Schedistria (ACM)  Abstitution of Monitorina (ACM)  It Sales Assers  State Address  St	Street Aristone				Type of	Facility	(4)			_	_
Description of Abstrace   Description   Description of Abstrace   Description   Description of Abstrace   Description   Description of Abstrace   Description   Description   Description of Abstrace   Description   Description of Abstrace   Description   Description of Abstrace   Description   Description of Abstrace   Description   De	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				☐ School	ol (K-12	) .				
County Code (7) (STATE USE Curront Use (Prior II being demokshed)  Name of Abstraction (Prior II being demokshed)  Name of Monitoring Firm Hired by Ruileling Owner  Store Address  Store Address  Store Address  Store Address  Store Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Froject Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Telephone No.  201-329-7444  O0388  4-21-16  Coccupancy States During Abstract Check only one)  Pacific City States During Abstract Check only one)  Pacific City States During Abstract Check only one)  City, State Zip Code  Froject Manager for Monitoring Firm  Telephone No.  Telephone No.  201-329-7444  O0388  4-21-16  One gas Environmental  Street Address  280 INVITORING INV			the	- 4	U Subci	tapter 8	(Other than	K-12)			
County Code (7) (STATE USE Current Use (Prior if being dermolished)  Name of Monitoring Firm Hired by Building Owner  Street Address  City, State, Zip Code  Telephone No.  Start Date (10)  4 - 21 - 1 U  Scheduled Completion Date (11)  Scheduled Completion Date (11)  All Eack en Sack, N. J. 07601  Telephone No.  201 - 329 - 7444  O0388  1 - 21 - 1 U  Cocupany Status During Abstances (Check only one)  Cocupany Status During Abstances (Check only one)  Cocupanity (Cosed/Vacaidad During Enther Period of Abstances of Normal Facility Hours  City, State, Zip Code  State Cardens  City,	With Opener							erciai	buildi	<b>E</b> ,	
County Code (7) (STATE USE CURRENT Use (Prior # being demokshed)  Name of Monitoring Firm Hired by Building Owner  Struct Address  Froject Manager for Monitoring Firm  Telephone No.  Start Date (11)  Schedulad Completion Date (11)  Marme of OSHA Monitor  Omega Environmental  Stock Address  280 Huyler St  City, State, 2p Code  S. Hackensack, N. J. 07606  S. Hackensack, N. J. 07606  S. Hackensack Address  280 Huyler St  City, State, 2p Code  S. Hackensack, N. J. 07606  S. Hackensack, N. J. 07606  S. Hackensack, N. J. 07606  S. Hackensack Address  Stock Address  280 Huyler St  City, State, 2p Code  S. Hackensack, N. J. 07606  S. Hackensack, N. J. 07601	County (5)			2.00	Square F	eet		1	Bidg	Age	20,000
Name of Monitoring Firm Hired by Statisting Owner   ASCM No.   Name of Abstraction (9)   Rest Removal Inc	ESSEX	Co	cunty Code	(7) (STATE USF	.2000		2		57		
Street Address  City, State, Zip Code  City, State  City, St	Name of Monitoring Firm Hired by Briblian Co.		1		P.	SE (Pri	or if being der	nolisi	red)	-/	_
Steet Removal Inc  Steet Removal Inc  Steet Address  450 South River St  City, State, Zip Code  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  201-329-7444  C0388  Name of OSHA Monitor  Once ge Environment Lal  Steet Address  280 Huyler St  12 set or 2 St  280 Huyler St		ASCM No	).·	Name of Abatem	leat Contro	1000	vet				
CBy, State, Zip Code  450 SOUTH RIVER St CBy, State, Zip Code  Hackensack, N.J. 07601  Telephone No. 201-329-7444  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  License No. 280 H	Street Address			Best Rem	ROVal	T				_	
Project Manager for Monitoring Firm  Telephone No.  City, State, Zip Code Hackensack, N.J. 07601  Telephone No.  1 Telephone No.  1 Telephone No.  201 - 329 - 7444  Omega Environmental  Omega Environmental  Omega Environmental  Officer Address  1 City, State, Zip Code Hackensack, N.J. 07601  Telephone No.  201 - 329 - 7444  Omega Environmental  Omega Environmental  Other Address  1 City, State, Zip Code S. Hackensack, N.J. 07606  State Address  280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  S. Hackensack, N.J. 07606  Telephone No.  Omega Environmental  Other Address  280 Huyler St  City, State, Zip Code S. Hackensack, N.J. 07606  S. Hackensack, N.J. 07606  The Composition of Address of Normal Facility Hours  Omega Environmental  Omega Env	City State 75 0			Description of the second							
Hackensack, N.J. 07601	- J. Code			450 Sout	h Riv	er	St				
Start Date (10)  4-21-16  Scheduled Completion Date (11)  Name of OSHA Monibr  Omega Environmental  Street Address  Street Address  Street Address  280 Huyler St  CRy, State, Zip Gode  St. Hackenset Performed Outside of Normal Facility Hours  Street Address  Street Addr	Project Manager for Monitoring Simple		*								
Start Date (10)  4-21-16  Occupancy Status During Abatement (Chock only one)  Facility Closed/Vacated During Entire Period of Abatement  Abatement Performed Outside of Normal Facility Hours  Abatement Performed Outside of Normal Facility Hours  Soope of Whork (Check all that apply)  22 st of v 2 st is  12 st of v 2 st is  13 containing Material (ACM)  IN Facility  (13)  Location of Acheestee Containing Material (ACM)  IN Facility  (13)  Location of Acheestee Containing Material (ACM)  IN Facility  (13)  Location of Acheestee Containing Material (ACM)  IN Facility  (12)  Yes No N/A  Acheestee Containing Material (ACM)  IN Facility  (13)  Location  Acheestee Containing Material (ACM)  IN Facility  (13)  Location  Acheestee Containing Material (ACM)  IN Facility  (13)  Location  Acheestee Containing Material (ACM)  IN Facility  (12)  Acheestee Containing Material (ACM)  IN Facility  (13)  Acheestee Containing Material (ACM)  IN Facility  (14)  Acheestee Containing Material (ACM)  IN Facility  (15)  Acheestee Containing Material (ACM)  IN Facility  (16)  Acheestee Containing Material (ACM)  IN Facility  (17)  Acheestee Containing Material (ACM)  IN Facility  (18)  Acheestee Containing Material (ACM)  IN Facility  (19)  Acheestee Containing Material (ACM)  IN Facility  (12)  Acheestee Containing Material (ACM)  IN Facility  Acheestee Containing Material (ACM)  IN Facility  Acheestee Containing Material (ACM)  IN Facility  In Facility In Intervent In No.  Acheestee Containing Material (ACM)  IN Facility  In Facility Intervent In Intervent In Intervent In Intervent In Intervent Interven		ephone N	0.	Telephone No.	CK, N	·J.	07601				
Name of OSHA Monitor ODE 3 Environmental  Abatement (Check only one)  Street Address  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07606  S. Hackensack, N.J. 07606  S. Hackensack, N.J. 07606  S. Hackensack, N.J. 07606  Street Address  Street Address  Street Address  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07606  Street Address  Street Address  Street Address  Street Address  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07606  Street Address  Street Address  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07606  Street Address  Street Address  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07606  Street Address  Street Address  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  Street Address  Street Address  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  And Huyler St  CRy, State, Zip Code  S. Hackensack, N.J. 07601  And Huyler St  CRy, State, Zip Code  Street Address  Street Address  Street Address  And Huyler St  CRy, State, Zip Cod	Start Date (10) Schodziod Con Lin			201-329-	7444	1					
State   Packers   Packer	4-21-16	in Date (11	1)	Name of OSHA Mo	านผูบเ						
Pacific Classed Vacated During Entire Period of Abatement   280 Huyler St	The state of the s			Omega Er	iviror	lmen	tal				
City, State, Zip Code	LI POCUPLY Classical Co.	200									
S. Hackensack, N.J. 07606  S. Hackensack, N.J. 07601  S. Hackensack, N.J. 0	Other - Describe: Ann Carried Hours	eren S	F	City State 7-0	ler S	t					
Section   Sect	Scope of Work (Check all that apply)			S. Hack	e 2022	ī- 2	T -				
Demofition  Demofition  Demofition  Demofition  Demofition  Colorbag Procedure  Non-Exempted (*) and Non-Priable Procedure  Is Location of Normally Used Solely by Maintenance (Le. thermal systems insulation, Staff)  (Le. thermal systems insulation, Specify (12)  Yes No N/A  THERMAL IN Solation  Type  To great the first of Septiments (Specify SF or LF)  The first of Registered Waste Hauter  Best Removal Inc  N.DEP Waste Hauter  Disposal Date  17109  Disposal Date  1-27-16  Waynesburg, Oh, 44688  Estimator  Waynesburg, Oh, 44688  Estimator  Disposal Date  4-27-16  Waynesburg, Oh, 44688	123 sfor>3 #			2.5	CHSac	K , I	N.J. 07	760	6		
Containing Material (ACM)   Secretary   Containing Material (ACM)   Normally   Used Solely by   Maintenance/   Countries   Containing Material (ACM)   Maintenance/   Countries   Countr	= = 150 st or ≥ 260 g	Rer D Der	notation	Mini-End	itainment w Hosume	th Neg	ative Pressure	ě			
Asbestos Containing Material (ACM)  IO BE ABATED  IN Facility (13)  Yes No N/A  ASEM ENT  Best Removal Inc  Normally Used Solely by Maintenance/ Custodial (12)  Yes No N/A  THETEM AL IN Schatton  ID No.  17109  Page Waste Hauler  Best Removal Inc  NJDEP Waste Hauler  Hackensack , N. J. 07601  Estimator  Romally Description of Asbestosic Containing Material (ACM) (i.e. themas systems insulation, Specify (i.e. themas systems insulation)				Giovein	o Proceden	e		*			
Used Solely by   Description of   Amount   Type   Aspestor Containing Material (ACM)   Amount   Custodial   Cust	l continue of Non				arived (_) 9	nd Non	-Friable Proc	edure			
ASEMBLY (13)  Reality (13)  Reality (13)  Reality (12)  Residual Custodial (i.e., thremal systems insulation, surjected VAT, or other miscellaneous)  Residual VAT  Resi	Assestos-Containing Matherial (ACA) Used S	olohy hu		Description of		appendent of the second			A	Tvo	nent
(13)  Salt? (12)  Sufficient Val. or other triscellaneous)  Yes No N/A  Yes No N/A  THETAMAL IN Sciation Val. or other triscellaneous)  No N/A  THETAMAL IN Sciation Val. or other triscellaneous)  No N/A  To the triangle of Registered Landilli  Waste Hauter  Best Removal Inc  17109	Cust	nance/	Asbesto file fi	S Comming sales	el (ACM)	1	Amount		1	-	
THE PRIME TO THE ESTIMATOR THE PRIME TO SOLATION 110 LF X 125 SF X X			1 -	SEISCENC VAT OF			(Specify		70	2	1 5
THE TOTAL TO SOLATION 110 LF X  VAT 725 SF X  THE TOTAL IN SOLATION 110 LF X  725 SF X  THE TOTAL IN SOLATION 110 LF X  725 SF X  THE TOTAL IN SOLATION 110 LF X  725 SF X  THE TOTAL IN SOLATION 110 LF X  725 SF X  THE Waste Hauler Disposal Date City. State  Hackensack , N.J. 07601  Estimator  Estimator  Title  Signature  Outline Total Waynesburg, 0h, 44688			•	other miscellaneous)			SF OF LF)	_	Nom!	000	000
THE PORT IN SOLATION 110 LF X  VAT 725 SF X  THE FIRM AL IN SOLATION 110 LF X  725 SF X  THE CONTROL OF THE SECOND 110 LF X  725 SF X  THE CONTROL OF THE SECOND 110 LF X  725 SF X  THE CASHE Yards of Name of Registered Landful Waste 17109 2 1/2 YDS Minerva Enterprises , LLC  Disposal Date 4-27-16 Waynesburg, 0h, 44688  Estimator  Estimator	You !	1.02				5.5			2	1810	070
me of Registered Waste Hauter Best Removal Inc  N.DEP Waste Hauter  D.No.  17109  2'/2 YDS  Minerva Enterprises , LLC  Disposal Date 4-27-16  Waynesburg, Oh, 44688  Estimator  Cubic Yards of Name of Registered Landfill  Waste  Waste  4-27-16  Waynesburg, Oh, 44688	ASEMENT	1 1	THERM	141 110 11	Tinin		110	1-	1	-	4
Best Removal Inc    No.   Name of Registered Landing   Name of Registered Landing	ASEMENT	-	11	1- 110 SOGA	1010			4	X	1	
Best Removal Inc    Description   Descriptio	ASEMENT	-	VAT	17.L 110 SOLAT	1070				V	+	T T
Waste 17109 Waste 2'/2 /05 Minerva Enterprises ,LLC  Bisposal Date 4-27-16 Waynesburg, Oh, 44688  Estimator  ELD RAD  Estimator	ASEMENT	-	VAT	17.C 110 Solf	1070		725	SF	X	1	
Hackensack, N.J. 07601  Disposal Date City, State  V-27-16 Waynesburg, Oh, 44688  Estimator  Signature  Signature	ASEMENT  ASEMENT  THE OF Registered Waste House	X	V (A 1		The state of the s		725	SF	X		7,
Deleted by  Title  Estimator  Estimator  Figure 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	ASEMENT  ASEMENT  THE OF Registered Waste Hauter  Best Removal Inc ID No.	Waste Har	user Cu	bic Yards of Nan	ne of Regis	tered La	725	SF >>		and trade annual survivation of the support	7
ELDRAN Estimator Signature Waynesburg, Oh, 44688	ASEMENT  THE OF Registered Waste Hauter  Best Removal Inc   DNo.   17	Waste Har	Ules Cul	bic Yards of Nameste	ne of Regis	tered La	725	SF >>		T.C.	, and the second
Estimator RVODO	ASEMENT  ASEMENT  The of Registered Waste Hauter  Best Removal Inc ID No. 17  Hackensack , N.J. 07601	Waste Har	ules Cu We 2 Dis	bic Yards of Name is the Minister Minister Minister Minister City, posal Date City,	ne of Registate	Ent	725	SF Ses	,L	LC	A STATE OF THE PERSON OF THE P
	ASEMENT  ASEMENT  ASEMENT  Medical Fraction  ASEMENT  Markensack , N.J. 07601  Title	Waste Har	tiles Cu We 2 Dis	bic Yards of Name is the Minister Minister Minister Minister City, posal Date City,	ne of Registate	Ent	725	SF Ses	,L	LC	

CR# 1678

Date of Notification (1) 4/8/16				Name of Dennis I	Building O	wner/Oper	rator	(2)		EG		$\mathbb{V}$	E	M
Agencies Notified	Type Notification			Street A					HAH					HH
222 - 22 - 22 - 24 - 24 - 24 - 24 - 24				011 0017 11	44,000	64				APR	1 4	2016		9
□ EPA □ DEP	⊠ Initial		-	City Sta	te, Zip Code	Α			1				-	
□ DEP □ DOL	☐ Amended Amendment	#								005050	0.00			
⊠ DOH	☐ Emergency (i				town, NJ	08057				SBESTO			UL &	
□ DCA	justification)			Name of	Contact				L le	lephone.Ni	imberii	VG.		
	☐ Cancellation		I	Dennis I							-			
11 (5 22 124		DI (0)		FACI	LITY INFOR	RMATION		T	- (4)					
Name of Facility Where A	Abatement is Taking	Place (3)					1	Type of Facility	7 (4)					
Residence								☐ School (K-						
Street Address										er than K-1		11		
							- 1	Other (i.e. etc.)	. private	& commerc	iai buiic	ings,	nome	s,
City (5)								Square Feet	# (	of Floors	TE	Bldg. A	ge	
Moorestown								2100	2		5	0		
County (6)			-	County C	nde (7)		-	Current Use (F	rior if be	ina demolis		U		
				(STATE USE	ONLY)		_	Residence		•	4			
Burlington Name of Monitoring Firm	Hired by Building (	Dwner (8)		LASCM	I No	IN	lame	of Abatement C	ontracto	r (9)	-			-
I warne or wormtoring r iiii	Triffed by building c	owner (o)		1	1140.				ontiaoto	(5)				
		w=======						LLC						-
Street Address								Address						
								. Fleming Pik	е					
City, State, Zip Code						C	ity, S	tate, Zip Code						
						H	Iamr	nonton, NJ 08	037					
Project Manager for Mon	itoring Firm			Telephor	ne No.	T	eleph	ione No.		License I	No.			
			- 1			60	19-48	31-2122		00689				
Start Date (10)		Schedule	d Com	pletion D	ate (1 1)	N	lame	of OSHA Monito	or	100003				
4/18/16		4/23/16				A1	E:2	LLC						
Occupancy Status During			2)					Address			-			
1.07 (5)	200	25	5.)											
☐ Facility Closed/Vaca ☐ Abatement Performe				ent				. Fleming Pik tate, Zip Code	е				-	
Other – Describe:			110											
C	TL -+ A I- \					_   L	lamr	nonton, NJ 08	037					
Scope of Work (Check All	гпат Арріу)													
≥3 sf or ≥3 lf			enovat							Negative Pr	essure			
□ ≥160sf or ≥260 lf			emolitio	n			×							
								<ul><li>Glovebag Pro Non-Exempt</li></ul>			e Proce	dure		
		T <sub>a</sub>	1	ALCO									ment	
		100	Location Normall									Ту	ре	
Location Asbestos-Containing M			d Solel		Achaet	Descri		or laterial (ACM)		Amount				
TO BE ABA			ntenar					insulation,		Specify	Z		Enc	Enc
In Faci		Cust	odial St (12)	aff?	, , , , , , , , , , , , , , , , , , , ,	surfacing	g, VA	T, or		F or LF)	em	Repair	aps	Enclosure
(13)			(12)			other misc	cellan	eous)			Remova	air.	Encapsulate	лге
		Yes	No	N/A							-		CD	
		1.00			76-22 - 10			C+ 110000				1		
Basement				X	Abandor	ned pipe	insu	lation	75 11		X	-		
													10 10	
		+		-										
	W. From Phon			IDEE		0111			(D					
Name of Registered Wast	e Hauler		1.000	JDEP W auler ID		Cubic Yar	rds	Name o	of Registe	ered Landfill				
AE:2 II C				1376	140.	of Waste		TDD						
AEi2, LLC City, State						Disposal [	Date	TBD City, St	ate					
						X.	/		W10	-				
Hammonton, NJ		T:0 -				TBD	/	TBD		-	) oto	1	1	
Completed by		Title				Sign	ature/	Men-	ni-	1	Date /	10	///	4
W. Minnick		Progra	m Mg	ŗr.		U	/	10/10	ve		1	0	1.6	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		_					1	< 1			- 111	
Date of Notification (1)	11/16			Nai		ing Owner/Operato	DEMO	UITIAR 1	1 20	16	TL	9
Agencies Notified	Type Notification	n		Str	eet Address		- Han-				+	
□ <del>P</del> A	M Initial			1_	15	TOT STAT	TE SIT	-ASRESTOS C	CAL	TRO	L &	
	Amended			City	, State, Zip	Code		LICEN	SINC	7		$\equiv$
⊠ DOL	Amendment Emergency		ina		CAL	MDEN	MI.TL	08105				
Ø DOH	justification	)	" ig	Nar	ne of Conta			Telephone Num	ber		14.8	
□ DCA	☐ Cancellation				BILL							
			-			FORMATION		1				=
Name of Facility Where Al	patement is Tak	ng Pla	ce (3)				Type of Facil	ity (4)	WCW2			
	SIDENCE						School (K					
Street Address							Subchapte	er 8 (Other than K-1				
Control of the Contro						2	Other (i.e. homes, et	, private & commerc	ial bui	lding:	5,	
City (5)							Square Feet	# of Floors	TE	lldg. /	Age	_
YO'NH	DON! TI	WP					1000			Sn		
County (6)				Co	unty Code (	7) (STATE		Prior if being demoli	shed)			
('AMV)	EN				E ÓNLY)	,		ANT	01100)			
Name of Monitoring Firm H	Managhin and a second	Owner	r	ASCI	A No.	Name of Abatem						_
1 (0)	A			105053				ENIC				
Street Address	71					Street Address	VOICO _	LAIL				=
Ou cot Addiess							SSPRU	CE AUE				
City, State, Zip Code						City, State, Zip C		LE AUC				=
City, State, Zip Code							SHAY	75 ALT				
Project Manager for Monito	ning Cim		Tal	ephone	No	Telephone No.	JUNE	License No.				=
Project Mariager for Monito	xing riini		1 6	eprore	: 140.	856 - 77°	9-04177	License No.	1111			
Ot-1 D-1- (40)	101	1.1-11	1-	- ti D	ate (11)	Name of OSHA		1 _ 009	99			_
Start Date (10)	Sche	aulea (	сотрн 7 <b>С</b> -	) I	ate (11)	Name of USHA I	NOTITION ALL.A.					
			- 4	10			NIA					
Occupancy Status During A						Street Address						
☐ Abatement Performed O						0+. 0 7- 0	-1-					_
Other - Describe:	uiside of Norma	racii	ty Hou	15		City, State, Zip C	ode					
												_
Scope of Work (Check all the	nat apply)					☐ Full Con	tainment with N	egative Pressure				
≥3 sf or ≥3 lf .		□ Re	enovati	on		☐ Mini-End		egative i ressure				
∑≥160 sf or ≥260 lf		₩ De	emolitio	n			g Procedure					
		le l	Locatio	-		N MOI - EXE	impled ( ) and N	lon-Friable Procedu	T			
			omally		17			1	1 '	bate Tyr		
Location of	20 C 20 C		Soleh		l	Description of			-			
Asbestos-Containing Mate TO BE ABATED	29 De percentago en constitución por parte.		ntenan			os Containing Mate thermal systems in		Amount (Specify	-		En	m
IN Facility		5	Staff?		(1.0.,	surfacing, VAT,		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaneo	us)	100	lova	air	sula	Sur
	1	Yes	No	N/A					=		te	е
CIALIC		-			T.(	21/015175		75-05	1.1			
SIDING				X	1 90	CANSITE		2500 SÉ	X		-	
				_					-			_
		-		-					-	-	-	-
Name of Registered Waste H	lauler		IN	IDEP V	Vaste T	Cubic Yards	Name of Rec	istered Landfill				
				uler ID		of Waste	Co	A 1 1 C				
	NC		-11	790	4		_ U. K	.U.W.J.				_
City, State	A . =	-				Disposal Date	City, State		0.1			
MAPLE SHA		. }					LIVLL	7 Tour	PA			
Completed By	Title		0			Signature	10	Date	11	16		
MICHAEL KLE	MM	501	·			- Mul		_   4	11	10		_

CX 2329

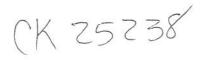
Over .			(Pu	irsuant	to NJAC	3:60 an	d 12:120	))		10	E	C	F	7	7 E	-
Date of Notification (1)	416116			Name o	f Building (		7.1	(2)				W	15	U V		
Agencies Notified	Type Notification		-	Street A	- 1010	Mil		KINI	ng TUN			APR	1 4	20	116	+
EPA DEP X DOL	Initial Amended Amendment # Emergency (in		_	ti	ate, Zip Co	de	VJ	089	618	Total	ASBE	STO	S C	ONT	BOI	. &
DOH DCA	justification) Cancellation			Eric P						l Tele	phone	INUITI	Dei			
				FACI	ILITY INFO	DRMAT	ION							_		
Name of Facility Where	Abatement is Taking	Place (3	3)						of Facility ( School (K-1							
Street Address					-				Subchapter Other (i.e. p etc.)	orivate &	comm	ercia	build	18270.00		s,
City (5)	1 ng							1(	re Feet		Floors			dg. A	ge	
County (6)	erces				Code (7) USE ONLY)			1	nt Use (Pri	_	-	olishe	ed)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCN	M No.				tement Cor stries Inc		(9)					
Street Address			N					Address Box 9								
City, State, Zip Code					-		85.00		ip Code v Jersey	08723	0	1/2				
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none No			Licens 0119					
Start Date (10)	8/16	Schedul	1 -	pletion	Date (11)		Name	of OSH	HA Monitor							
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)	1110			Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Pened Outside of Norma	eriod of A	Abatem / Hours	ent		====	City, S	State, Zi	ip Code							
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	All That Apply)		Renova Demoliti					Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure			e Proc	cedur		
		375	Location Normall						4					Abate Ty	ment pe	
Location Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) NATED lity	Use Ma	ed Solel iintenar todial S (12)	ly by nce/		tos Cor therma surfa	escription taining N Il system acing, VA miscellar	/laterial s insula tT, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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					1100	1000	, FW			10			U			
Name of Registered Wa Brick Industries Inc.			Н	JDEP V auler ID 1602		of Wa	Yards aste	4	Name of GROW	22	red Lar	ndtill				
City, State Brick, New Jersey						Dispo	sal Date		City, Stat	te						
Completed by Eric Plackis		Title Pres	ident				Signature	6	Ill			Date	e (4	1611	6	

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X		(Purs	uant to	NJAC	8:60 and	d 12:120	0)	Γ		0	P	7 7	ЛГ	= [	5
Date of Notification (1)	6116	Na	me of E	Building	Owner/C	perator 000				, 6	3		<u>V</u>		
X DOL Ame		City	151	e, Zip Co	de e	NJ	0	3730	AS	APR BEST	OS C	CON	016 ITRO	L&	שופ
	cellation	Er	ric Pla	ckis				_							
Name of Facility Where Abatement	is Taking Place (3)		FACILI	ITY INFO	ORMATI	ON	100000	of Facility			*				
Street Address	,							School (K- Subchapte Other (i.e. etc.)	r 8 (Othe				lings,	home	es,
City (5) Brelle	/						Squa	re Feet		Floors	~		ldg. A	ge D3	8
	byth	(ST		SE ONLY)	2			ent Use (Pr	nl		olishe	d)			
Name of Monitoring Firm Hired by B	uilding Owner (8)	<i>F</i>	ASCM I	No.				tement Co stries In		(9)					
Street Address						Street	Addres	ss	<u> </u>						
City, State, Zip Code						The state of the s		ip Code v Jersey	08723						
Project Manager for Monitoring Firm		Tel	ephone	e No.			one N )899-			Licens 0119					
Start Date (10)	Scheduled	Comple Z J	etion Da	ate (11)		Name	of OSI	HA Monitor							
Occupancy Status During Abatemen	t (Check Only One	)				Street	Addres	SS							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:			t			City, S	tate, Z	ip Code							
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Location of	No	ocation			De:	scription	of						Abate Ty		
Asbestos-Containing Material (A  TO BE ABATED In Facility (13)	Main Custo	Solely b itenance dial Staff (12)	Ĩ		thermal surface	aining N systems cing, VA niscellar	s insula T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler Brick Industries Inc.		100000000000000000000000000000000000000	EP Was er ID N 02		Cubic of Was		4	Name of GROW		red Lan	dfill				
City, State Brick, New Jersey			ď		Dispos	sal Date	6	City, Sta	te						
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		(P	ursuant	t to NJAC	8:60 ar	id 12:120	0)		[2]	EC			E	F
Date of Notification (1) 4/13/2016			Name o	of Building	Owner/	Operator	(2)	A STATE OF THE STA	以	5 0	<u> </u>	1 (1)	حا	
Agencies Notified Type Notification  EPA Initial				Address FRANK	E. RO	DGER	S BL	.VD		APR	14	20	16	恺
DEP   Amended     X   DOL     Amendment #	!	_		ate, Zip Co RISON, N		29			AS	SBESTO			ROL	&
□ Emergency (in justification)     □ DCA     □ Cancellation	ncluding			of Contact	AN.				Tele	phone N	mber	ING		
Name of Facility and			FAC	ILITY INFO	ORMAT	ION								
Name of Facility Where Abatement is Taking PSE&G	Place (	3)					Тур	e of Facility School (K-	8 8					-2-2-2-3
Street Address GRASSELLI STATION ROAD							×	Subchapte Other (i.e. etc.)	r 8 (Othe	er than K-	12) cial bui	ldings	, hom	es,
City (5) LINDEN		56					Squ N/A	are Feet	# of N/A	Floors		Bldg. /	Age	
County (6) UNION				Code (7) USE ONLY			Cum	ent Use (Pr	ior if beir ANT	ng demolis	shed)			
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	)	ASCI 0045	M No.			of Ab	atement Co SYSTEM	ntractor		Α.			
Street Address 64 BROAD STREET						Street	Addre							
City, State, Zip Code MATAWAN, NJ 07747						City, S	tate,	Zip Code RIVER, N.		)				
Project Manager for Monitoring Firm TOM GEIGER			Telepho	one No. 90-2217		Teleph 732-4	none N	No.	00002	License I	No.			
	Schedul 3/6/20			Date (11)		Name	of OS	HA Monitor		01111				
Occupancy Status During Abatement (Check		33.00				Street		SYSTEM	S OF A	AIVIERIC	А			
Facility Closed/Vacated During Entire Pe	eriod of	Ahaten	nent			396 V	ΛΗΙ	ΓΕΗΕΑD / Zip Code	AVE.					
X Other - Describe: OUTDOORS								RIVER, N	J 08882	2				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If		Renova Demolit				×	GI	ull Containm ini-Enclosur ovebag Pro on-Exempte	e cedure				e	
8 3		Locati										Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenar todial 8 (12)	ly by nce/	Asbest (i.e.	os Con thermal surfa	scription taining M systems cing, VAT niscelland	lateria insul T, or	ation,	(Sp	nount pecify or LF)	Remova	Repair	e Encapsulate	Enclosure
PROPANE TANK FARM	Yes	No	N/A										ate	e e
PROPANE TANK FARM		Х		FIREP	ROOF	FING IN	ISUL	LATION	926	2 SF	X			
Name of Registered Waste Hauler														
WASTE MANAGEMENT		Н	JDEP W auler ID 125		of Was		in	Name of GROW	ad The contra					
City, State ELIZABETH, NJ		1.				sal Date		City, State		Ε DΛ			×	
Completed by CAROL RAIMO	Title OFFI	CE M	GR.			ignature	a 6	2 8/1	· ·	Da	ate 13/20	)16		



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Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	700	-	YF	E.	
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Agencies Notified	Type Notifica	tion			Street	Address			A LICEN	AM	11:	23	
⊠ EPA `	Initial				32 E	Front S	Street		20100		5-0818 (157)	35	
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□ DCA	Emergeno		: ludina		Trer	nton, NJ	08625		-/1,	PING	, , ,	L	
(NJAC 5:23-8)	justificatio		3		Name	of Contact			Telephone Numb	er			
	☐ Cancellati	on			Rob	ert Zeide	ers		I				
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is T	aking	Place	(3)				Type of Facility (	4)				
Trenton Central Hig	h School							School (K-12					
Street Address									(Other than K-12) ivate and commer		ildina	c	
400 Chambers Stre	et						2	homes, etc.)	ivate and commen	olal bu	liuling	٥,	
City (5)								Square Feet	# of Floors	Blo	ig. Ag	je	
Trenton								450000	2	-	F/- 85	5	
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
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Name of Monitoring Firm	Hired by Build	ling O	wner (	8) /	ASCM	No.	Name of Abateme	ent Contractor (9)					
CB&I Government S							USA Environ	mental Manage	ement, Inc.				
Street Address					10		Street Address		- C projecter (* 1980) (* 1400) (* 1980) (* 1980)				
200 Horizon Center	Boulevard						8436 Enterpr	ise Avenue					
City, State, Zip Code							City, State, Zip Co	ode					
Trenton, NJ 08691							Philadelphia,	PA 19153					
Project Manager for Moni	toring Firm			Tele	phone I	No.	Telephone No.		License No.				
Mike Vollo				60	9-584	-8900	215-365-5810	1	001156				
Start Date (10)	S	chedu	led Co	omplet	ion Da	te (11)	Name of OSHA N	Monitor					
04 /12 /	16	_ 4	/	15	_ / _	16	2USA Enviro	nmental Manag	gement, Inc.				
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacate				200000	nent		8436 Entperp	rise Avenue					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: 7	:00_AM- <u>3:30</u> F	PM/	P	M	AM		Philadelphia,						
Scope of Work (Check all	that apply)						1-2	and the second	Name of the same o				
M . 0 . 5 0 15			П p.		200		Full Con	tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>				novation molitical				g Procedure					
		0.0		- 5					n-Friable Procedu	e			
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Location		,		Normal d Sole		Acho	Description of stos Containing Ma		Amount	Re	Re	En	m
Asbestos-Containing TO BE ABA		'	Mai	intena	nce/	(i.e	e., thermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facili	ty		Cust	todial (12)	Staff?		surfacing, VAT		SF or LF)	val		Encapsulate	sure
(13)		1	Yes	No	N/A	1	other miscellane	eous)				ate	
Center Driveway							al Insulation & M	lastic	150 LF				
Center Driveway					$\boxtimes$	Soil	1	1100	30 CY				
E&F Parking Pad						Transit	e encased Pipe		300 LF				
Name of Registered Was	te Hauler			7,0215	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Waste Managemen	t			Н	auler II	D No.	Waste 30 cu. yds	GROWS					
City, State							Disposal Date	City, State					
Morrisville Pa.							4/15/16	Morrisville	, PA				
Completed By (Print or Ty	ype)	Title					\$ignature)	1	Da	ite	_	,	
Dilip Kumarr	assettation	Pr	ogra	m Ma	nager		10 11 1/2	Dokun	W/ 4	1-12	2-1	6	

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

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2016-56 B & G proj. #: Check # 7781 1 4 2016 Date of Notification (1) Name of Building Owner/Operator (2) Rose & Tom Roberto 10 |4 |/|1 |2 |/|1 |6 | ASBESTOS CONTROL & Type Notification Agencies Notified Street Address LICENSING ☐ EPA Initial DEP City, State, Zip Code Bergenfield, NJ 07621 Amendment DOL X Telephone Number Name of Contact X DOH Cancellation ☐ DCA Rose & Tom Roberto FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Rose & Tom Roberto Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Bergen Bergenfield, NJ 07621 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) n/a B & G Restoration, Inc Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/23/2016 Street Address 04/22/2016 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure **X** Renovation Demolition Non-friable procedure X Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 If E Is location normally used solely Ε e Location of by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or C staff(12) 0 a material (ACM) a material to be p abated in facility (13) N/A Yes No X 80 If pipe insulation basement

Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. Disposal Date C.ty, State Tullytown, PA 04/23/2016 Lincoln Park, NJ Signature Gordana Luna Completed by (Print or Type) 04/12/2016 Secretary/Treasurer Gordana Luna

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASSESTED ABATEMENT Name of Building Owner/Operator (2) Date of Notification (1) 04/08/2016 Hector Campos Street Address Agencies Notified Notification Type APR 1 4 2016 51 46th St. (X) Initial Notification (X) USEPA (X) NJDEP ) Amended Certification City, State, Zip Code (X) Emergency Notification ASBESTOS CONTROL & (X) NJDOL Weehawken, NJ 07086 LICENSING (including justification) (X) NJDOH ) Cancelled ) NJDC Name of Contact Tel. Number Hector Campos **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ( ) School (K-12) Commercial Property: 765 BROAD ST ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 51 46th St. Sq. Feet: 1800 # of Floors 2 Bldg. Age 60 City (5) County Code (7) County (6) Current Use (prior if being demolished) HUDSON (State Use Only) Weehawken Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. ISES, Inc. N/A Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.) Street Address Street Address 3300 Hudson Avenue 3300 Hudson Avenue City State, ZipCode City, State, Zip Code Union City, NJ 07087 Union City, NJ Project Manager for Monitoring Firm Telephone Number Telephone Number License Number David Camacho (201) 325-0055 (201)325-0055 01124 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor ISES, Inc. 04/09/2016 04/12/2016 Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue ) Abatement Performed Outside of Normal Facility Hours -City. State. Zip Code Describe: Building is unoccupied Union City, NJ 07087 Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure  $x \ge 3$  SF or  $\ge 3$  LF x Renovation x Glove-bag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure  $x \ge 160 \text{ SF or} \ge 260 \text{ LF}$ □ Demolition ☐ Mini-Enclosure Location of Asbestos-Is Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Solely by Maint./Custodial Containing Material (ACM) in thermal systems Staff? (12) Facility (13) insulation, surfacing, VAT) Rem. Rep. Encap Enclose NA YES ~ 15 LFT X Basement X Insulation (TSI) Name of Reg. Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste ~ 1 Grows Landfill 04509 Newark Carting Disp. Date City, State City, State 369 Raymond Blvd., Newark, NJ 07105 Falls Township, PA 04/11/2016

Signature

04/08/2016

Completed by (Print or Type)

David Camacho

Title

Supervisor

Check \$ 1793

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

Name of Building Owner/Operator (2) Date of Notification (1) Edgewater Borough Hall 04 04 / 16 2016 14 Type Notification Street Address Agencies Notified ☐ EPA ☐ Initial 916 River Dr ☑ DOLWD City, State, Zip Code ASBESTOS CONTROL & Amendment # ⊠ DOH Edgewater, NJ 07020 LICENSING ☐ Emergency (including DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Gregory Franz FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) Edgewater Borough Hall Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 916 River Dr homes, etc.) Square Feet Bldg. Age # of Floors City (5) 112 Edgewater County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Hudson Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Academy Construction Inc 00012 **Detail Associates** Street Address Street Address 205 Rte 46 West Suite 14 300 Grand Ave City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Englewood, NJ 07631 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01155 201-569-6708 973-832-4244 Anthony Valintine Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) \_\_04\_\_ / \_\_18\_\_ / \_\_16\_\_ 05 / 04 / 16 Same As Above Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ☐ Mini-Enclosure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation □ Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Repair Location of Remova Encapsulate Enclosure Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A X X 50 LF  $\boxtimes$ Pipe Insulation Truck Bay 6 LF X X Pipr Insulation  $\boxtimes$ Boiler Room П Cubic Yards of Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste **GROWS Landfill** Academy Construction Inc 034422 9 Disposal Date City, State City, State TBD Tullytown, PA Totowa, NJ Completed By (Print or Type) Signature Title 4/06/16 Zlate Geleski VP

ASB-41 JAN 13

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

NOTIFICATION OF ASBESTOS ABATEMENT O LIGHT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 16 City of Camden 4 13 / Agencies Notified Type Notification Street Address X EPA ☐ Initial PO Box 95120 ⊠ DOLWD □ Amended ASBESTOS CONTROL & City, State, Zip Code ☑ DOH Amendment #1 LICENSING Camden, NJ 08101 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation John Bond **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) **BROADWAY RESIDENCE** Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) varies 50+ Camden varies County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) CAMDEN HOUSING DEEMED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Health and Safety Services 117 Controlled Environmental Systems Street Address Street Address PO Box 365 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00847 Jim Proctor C 609-839-2432 215 542 7000 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 4 / 30 / 16 3 / 11 / 16 CES Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1121 N Bethlehem Pike -Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/\_\_\_ Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
 ☐ Mini-Enclosure
 ☐ Glovebag Procedure ☐ >3 sf or >3 If ☐ Renovation ≥160 sf or ≥260 lf □ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Encapsulate Enclosure Repair Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A SEE ATTACHED EMERGENCY X П SEE ATTACHED EMERGENCY 200 YD per res  $\Box$ П П П П П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste **GROWS** Waste Management of NJ 17273 200/residenc City, State City, State Disposal Date Fairless Hills, PA 4/30/16 Tullytown PA Date Completed By (Print or Type) Title Signature Patricia Visco Office Manager

State of New Jersey

ASB-41 JAN 13