State of New Jersey NOTIFICATION OF ASBESTOS AI (Pursuant to NJAC 8:60 and 12:20/N.J.A.

BATEMENT		C		\mathbb{V}	E	F
C. 7:26-2.12)					_	

Agencies Type Notified Series Address Color Street Color	Date of Notification (1): Name of Building Owner/Ope 7/28/2017 Newark Public School												A	IJG	- 3	2017
Particular Par	Agencies	Type Notificat	tion	Stree	t Addre	ess:	JOI					had lead				
Second Content Seco	April 2000 1993 (4)	☐ Amended	1	City,	State, 2	Zip Cod	e:					A	SBE			
Sport										Telephon	e Number	t		LIUL	IIOII	vu
	(25 - 2 - 2		,	Mr. E	Benjami	n Olaga	adeyo			1						
Name of Facility Ivy Hill Elementary School																
							FACILITY INF		A SAME STATE OF THE SAME STATE	(4)						
Signature Paramus, NJ 07652 Paramus, NJ			l Eleme	entary :	School			200	n sa macak							
Newark Square Feet: # of Floors:		reet				,		8-Si	ibchapter 8 (Other than K				4		
Name of Monitoring Firm Hired by Building Owner: WHITMAN Street Address: 17 Pleasant Hill Road 658 Rutgers Place City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Street Address: Street Address: 17 Pleasant Hill Road 658 Rutgers Place City, State, Zip Code: Praramus, NJ 07652 Project Manager for Monitoring Firm: Kevin Lovely Scheduled Completion Date (11): Scheduled Completion Date (11): Manne of OSHA Monitor: Morally Classification of Malterial (Action of Abstement Performed Outside of Normal Facility Hours Describe: Other Describe: Other Describe: Street Address: 255 Wext 36th Street, Suite 203				y (6):						vate & comn				tc.)		
Name of Monitoring Firm Hired by Building Owner: WHITMAN	rewark		LISSEA			0,100		Squ	are Feet:		#	of Floo	rs:			
Name of Monitoring Firm Hired by Building Owner: WHITMAN Street Address: 17 Pleasant Hill Road City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Start Date (10): 8/7/17 Scheduled Completion Date (11): Mane of OSHA Monitor: Metro Analytical Laboratories Street Address: Telephone No.: 732-390-5858 Start Date (10): 8/7/17 Scheduled Completion Date (11): Mane of OSHA Monitor: Metro Analytical Laboratories Street Address: Street Address: Street Address: License No.: 973) 350-0101 Street Address: Street Addres										School						
Street Address: 17 Pleasant Hill Road 658 Rutgers Place City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Talephone No.: 732-390-5858 Star Date (10): 8/7/17 Star Date (10): 8/7/17 Occupancy Status During Abatement (Check only one) Pacifity Closed/wacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Describe: Other Describe: Other Describe: Cocy 2 3 If Described of Abatement Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) Yes No N/A BASEMENT CORRIDOR Name of Registered Waste Hauler: NDEP Waste Hauler ID No.: City, State: Disposal Date: Name of Registered Index Street Address: License No.: (273) 350-0101 01215 License No.: (273) 350-0101 01215 Street Address: 255 West 36° Street, Suite 203 City, State, Zip Code: New York, New York, 10018 City, State, Zip Code: New York, New York, 10018 Full Containment with Negative Pressure Full Containment with Negative Pr	Name of M	10nitoring Firm	n Hired	by Bu	ilding	Owner:	ASCM No.:				ractor (9):			+:		
Street Address:	WHITMA	N					00110	Apo	ex Develo	pment, In	ic.					
City, State, Zip Code:								_								
City, State, Zip Code:	17 Pleasa	nt Hill Road						659	Rutge	rs Place						
Project Manager for Monitoring Firm: Kevin Lovely Telephone No.: 732-390-5858 Telephone No.: (973) 350-0101 D115 Start Date (10): 872717 Start Date (11): Name of OSHA Monitor: Metro Analytical Laboratories Gocupancy 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:	Pro Colonia Co													
Project Manager for Monitoring Firm: Kevin Lovely Telephone No.: 732-390-5858 Telephone No.: (973) 350-0101 D115 Start Date (10): 872717 Start Date (11): Name of OSHA Monitor: Metro Analytical Laboratories Gocupancy Status During Abatement (Check only one) Facility Closed/vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Describe:	Cranbury.	NJ 08512						Par	amus, NJ	J 07652						
Start Date (10): 8/7/17 Scheduled Completion Date (11): 8/7/17 Start Date (10): 8/7/17 Start Street Address: Street Ad	Project Ma	nager for Mon	itoring	Firm:					The state of the s		License	e No.:		0.7.1	H1	
8/7/17 Metro Analytical Laboratories Gacility Closed/wacated During Entire Period of Abatement							The state of the s		-		01215					
Pacility Closed/vacated During Entire Period of Abatement Describe: Scope of Work (Check all that apply): Full Containment with Negative Pressure Pacility Procedure		(10):				pletion	Date (11):	100000000000000000000000000000000000000			ories					
Abatement Performed Outside of Normal Facility Hours	9271															
Describe: New York, New York, 10018							it				te 203					
Describe: Scope of Work (Check all that apply): Staff		t Performed Out	iside of f	Normal	Facility	Hours					0018					
Graph Gra	Describe:				Sat	8										
Demolition Demolition Procedure Non-Exempted (*) and Non-Friable Procedure Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Procedure Non-Exempted (*) and Non-Friable Procedure Procedu			at apply):			0.000004-0.000077			☐ Full C	ontainme	nt with	Negat	ive Pr	essure	
Location of Asbestos-Containing Material (ACM)	□ ≥ 3 sf or □ ≥ 160 sf	≥ 3 If or ≥ 260 If								Glove	bag Proce	edure	on-Fr	iable P	rocedi	ıre
Asbestos-Containing Material (ACM) (ACM) TO BE ABATED IN Facility (13) BASEMENT CORRIDOR Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING Disposal Date: Disposal Date: Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) To LF To							D									it
TO BE ABATED IN Facility (13) BASEMENT CORRIDOR Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING City, State: Bronx, NY 10474 Custodial/ Staff? (12) Yes No N/A PIPE INSULATION INCLUDING ELBOWS AND JOINTS Ramount (Specify SF or LF) PO LF * * Amount (Specify SF or LF) Amount (Specify SF or LF) PO LF * * * * * * * * * * * * *			erial	Use	lormal I Solel	ly v bv	Asbestos Cont	aining	Material	(ACM)				1	уре	
BASEMENT CORRIDOR X PIPE INSULATION INCLUDING ELBOWS AND JOINTS 70 LF * * Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING Disposal Date: City, State: Bronx, NY 10474 Completed By: Title: Signature: Date:		(ACM)	Citai	Ma	intenar	nce/	(i.e., therma	al syste icing. V	ems insula VAT. or	ition,	Amo	ount	Re	R	Enc	Enc
BASEMENT CORRIDOR X PIPE INSULATION INCLUDING ELBOWS AND JOINTS 70 LF * * Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING Disposal Date: City, State: Bronx, NY 10474 Completed By: Title: Signature: Date:				C									nov	epa	apsı	closi
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING Disposal Date:	**		-	V		NI/A					SF or	(LF)	/al	7	ılat	лге
CORRIDOR A ELBOWS AND JOINTS Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING Disposal Date: City, State: Bronx, NY 10474 Completed By: Title: Signature: Disposal Date: Date:	BASEME	BASEMENT V PIPE IN				PIPE INSULAT	TION	INCLUD	ING	70 L E		*			*	
JIMMY BYRNE TRUCKING 19551 of Waste: 30 MINERVA ENTERPRISES ASSOC, INC. City, State: Bronx, NY 10474 Completed By: Title: Signature: Date:	CORRIDOR A ELBOV				ELBOWS AND	JOIN	TS		/0 LF		-					
JIMMY BYRNE TRUCKING 19551 of Waste: 30 MINERVA ENTERPRISES ASSOC, INC. City, State: Bronx, NY 10474 Completed By: Title: Signature: Date:																
City, State: Bronx, NY 10474 Completed By: Disposal Date: City, State: Waynesburg, OH 44688 Date: Date:	Traine of registered trade frame.						of Waste: 30 MINERVA ENTERPRISES ASSOC,							SSOC,		
Completed By: Title: Signature: Date:							e:									
Chinyelu Oraegbunam Vice President 7/28/2017	Completed	By:					Desaidant		ture:		D	ate:	7			

Date of Notification (1) O7 28	Check#2840		NOT		ATIO	N OF AS nt to NJ/	BEST	S ABA	TEMENT 6)	DEG	E	7	V -[
Agencies Notified Type Notification Street Address Street Address ABBESTOS CONTROL & LICENSING	Date of Notification (1)													- 11
Agencies Notified Type Notification Single Agency Single Agency	A STATE OF THE STA	8 , 17	7				ig Ownen	Operator (,2)	II L AUG	- 3	3 20	17	
SPA						The second secon				1				
DOLVED					Suee	t Audiess				ASBESTO)S C	ONT	TROI	2
Characteristics		-			City	State 7in	Code			LIC	ENS	SING	-	
Name of Facility Where Abatement is Taking Place (3) Facility Information Facility Where Abatement is Taking Place (3) Facility Information Facility I						-25A0400000000000000000000000000000000000								
Cancellation			ncludin	3						Telephone Numb	ner	-		
School (K-12) School (K-12) School (K-12) Subchapter 8 (Other than K-1 2) Subchapter 8 (Other than										1 10.001.01.01.01.0				
Variety of Facility Where Abatsment is Taking Place (3) Type of Facility (4) School (K-12) School (K-1					-		NEORMA	ATION			_		100	
School (K-12) School (K-12	Name of Facility Where Abar	tement is Takin	g Place	(3)		.0.2,17	iti Oitili)	411011	Type of Facility	(4)				
Subchapter & (Other tins. P. 12) City (5) Nilliburn, NJ 07041 County (6) Square Feet \$rd Floors Bidg. Age										A SAME				
County (6) Square Feet Stof Floors Bidg. Age		31. 38. W. W. S.										-1002		
County (6) Millburn, NJ 07041 County (7) County (8) County (cial bu	ıildinç	gs,	
County (6) County (7) (STATE USE ONLY) Current Use (Pnor if being demolished)	City (5)						later to the second				B	dg. A	ge	
Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address Street Address Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. 973-638-1777 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours- Describe Time of Abatement: AM- PM- PM- PM- AM Renovation Demolition City, State, Zip Code Wayne, NJ 07470 License No. 973-638-1777 O1127 Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-2.1 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Scope of Work (Check all that apply) Asbestos-Containing Material (ACM) INF Facility (13) Location of Asbestos-Containing Material (ACM) INF Facility (13) Pipe insulation In Facility (13) Pipe insulation In Facility (13) Pipe insulation In Facility (13) Name of Registered Waste Hauler Normally VAT-floor tiles Normally VAT-floor tiles Normally VAT-floor tiles Normally Name of Registered Landfill T.R.R.F. Inc Disposal Date Oisposal Date Ois														
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address ST6 Valley Rd #283	County (6)				Cour	nty Code (7)	(STATE U	ISE ONLY)	Current Use (P	rior if being demolis	hed)			
Street Address										8				
Street Address City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone	Name of Monitoring Firm Hir	ed by Building (Owner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (9)				
City, State, Zip Code State, Zip Code Wayne, NJ 07470 Telephone No. Telephone							Gr Tec	h LLC						
City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Description of Asbetement (Check all that apply) Scope of Work (Check all that apply) Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACM) IN Facility (13) To Be ABATED (In Seality (12) IN Facility (13) Page 10 Asbetement (12) Removation Description of Asbestos-Containing Material (ACM) IN Facility (13) Pipe insulation Description of Sir or 250 SF No N/A Crawl space Date of Registered Waste Hauler On Telephone No. Itelephone No. License No. 973-638-1777 D1127 Name of SSH Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg .# 35E City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Mon-Exempted (1) and Non-Friable Procedure Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT. or other miscellaneous) SiF or LF) Pipe insulation SiF or LF) Name of Registered Waste Hauler NOTED Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. Inc City, State	Street Address						Street .	Address						
Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. 17	Cib. Chat. 7:- Cad													
Telephone No. Telephone No. Telephone No. Telephone No. 10127	City, State, Zip Code						1000							===1000
Start Date (10) OR / 08 / 17 Scheduled Completion Date (11) OR / 09 / 17 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM Scope of Work (Check all that apply) Scope of Work (Check all that apply) Saf or >3 sf or >3 lf Asbestos-Containing Material (ACM) IO BE ABATED IN Facility (13) IN Facility (13) Pipe insulation Normally Yes No N/A Crawl space Basement Outside of Normal Facility Hours - Describe Pair Lawn, NJ 07410 Clean up and decontamination with negative pressure Mini-Enclosure Glovebag Procedure Mini-Enclosure Glovebag Procedure Moni-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT. or other miscellaneous) Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT. or other miscellaneous) Abatement Type Abatement Type Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT. or other miscellaneous) Abatement Type Abatement Occupant	Project Manager for Monitori	na Eism		1 = 1	L	N			70					
Start Date (10) 08 / 08 / 17 Scheduled Completion Date (11) 08 / 09 / 17 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM_ AM Scope of Work (Check all that apply) Scope of	1 Toje ot Manager for Monteon	ng rinn		Tele	epnone	NO.				4				
Oscupancy Status During Abatement (Check only one) Street Address Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Scope of Work (Check al	Start Date (10)	Scher	dulad C	omnle	tion Dr	ato (11)			6	01127				
Coccupancy Status During Abatement (Check only one) Envirovision Consultants, Inc							No.		2002 C.C.F. 2011	8				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM_ AM PM_								The last two transfers of the last two trans	nsultants,Inc					
Abatement Performed Outside of Normal Facility Hours - Describle Time of Abatement: AM- PM PM AM AM AM PM AM AM AM					ment									
Time of Abatement:AMPMAM	Abatement Performed Ou	itside of Normal	I Facilit	y Houi	rs - Des	scribe				35E				
Clean up and decontamination with negative pressure Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non	Time of Abatement:	AMP	M/	PM_		_AM								
Sale of sale	Scope of Work (Check all tha	at apply)					Fair La			nation with negative	nrece	uro		
Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure	77	11.40	-	*			日	Full Con	tainment with Ne		piess	suic		
Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure	> 160 sf or >260 lf		Parental III				A			Tent with Negative	Press	ure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Crawl space Basement Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation Surfacing, VAT, or other miscellaneous) Normally Used Solely by Maintenance/ Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely by Maintenance/ Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NATIONAL STATES Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NATIONAL STATES Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NATIONAL STATES Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NATIONAL STATES Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) NATIONAL STATES Normally Description NATIONAL STATES NATIONAL STATES NORMAL STATES								Non-Exe	mpted (*) and No	on-Friable Procedur	8	1		
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Ves No N/A Crawl space Basement Dispectification Waintenance/ Custodial Staff? (12) Yes No N/A Pipe insulation VAT-floor tiles VAT-floor tiles Name of Registered Waste Hauler Outstand											Ab	atem	ent T	ype
Crawl space		erial (ACM)				Asha				0	R	D	щ	ш
Crawl space	TO BE ABATE		550000								emc	epa	ıcap	nclo
Yes No N/A Crawl space □ □ ≥ Pipe insulation 15 LF □ □ □ Basement □ □ ≥ VAT-floor tiles 750 SF □ □ □ □ □ □ □ □ □ □ □ Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State			Cus		Starr?					SIF or LF)	oval	=	Sula	sure
Crawl space	(1.5)		Ves	No	I NI/A	1	other	miscellane	ous)				ate	
Basement	Crawl space		17	140			1	-			N 2			
Name of Registered Waste Hauler Or Tech LLC Oity, State NUDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. Inc Disposal Date City, State					+	1				15 LF		Ц	Ш	Ш
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State	Basement			Ш	-	VAT-flo	or tiles			750 SF	M			
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State														
Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State	ANALOG MANAGEMENT AND ANALOG MANAGEMENT ANALOG MANAGEMENT AND ANALOG MANAGEMENT AND ANALOG MANAGEMENT ANALOG MANAG										П	П	П	П
Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State	Name of Registered Waste H	lauler		NJI	DEP Wast	e Hauler ID No.	Cubic Ya	ards of Wast	e Name of Regi	stered Landfill			<u></u>	
City, State Disposal Date City, State	Gr Tech LLC													
Wayna NI 07470	City, State						-		-				DESCRIPTION OF	
Wayne, NJ 0/4/0 TBD Tullytown, PA	Wayne, NJ 07470								Tullytown P	A				
Completed By (Print or Type) Title Signature / Date		Title	9						J to Wii, 1		e			
N.Jevtic Owner Heule Wenad 07/28/17	N.Jevtic	Owi	ner					He	Se wens	0				
ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.			9.0	1100 1	bio for	u for a-t-	ton Is-	1/		10772	0111			

Check#2841		NOT		ATIO	N OF AS	BEST	S ABA	TEMENT 6)	MEC	E		V (5 1
Date of Notification (1)				Name	of Buildin	a Owner	Operator ((2)	15				
					ca Castan		Operator (,4,	III AU	G - 3	3 20	117	
Agencies Notified EPA	Type Notificati	on		Stree	t Address								+
☑ DOLWD									ASBEST	ros c	ONT	ROI	
⊠ DHSS	Amendmen	it#		City,	State, Zip	Code				ICEN			
DCA	☐ Emergency	(including		_	de, NJ 07								
(NJAC 5:23-8)	justification			Name	of Contac	t			Telephone Nur	mber			
	Cancellatio	n		Moni	ca Castan	0							
				FA	CILITY IN	VFORM/	NOITA			-			
Name of Facility Where	Abatement is Tal	king Place	(3)					Type of Facility	(4)	7-1-11-1-1-1		1975	
Private house								School (K-1					
Street Address			040-1-193					Subchapter Other (i.e.	8 (Other than K-1 private and comm	2) ercial h	uilding		
								homes, etc.)	SI Ciai Di	anung	13.	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Hillside, NJ 07205													
County (6)				Cour	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being demo	lished)			
Union	alliand by D. St. W.												
Name of Monitoring Firm	n mirea by Bullair	ig Owner	(8)	ASCM	No.	Name	of Abateme	ent Contractor (9)				
Street Address						Gr Tec							
Street Address						Street .	Address						
City, State, Zip Code							lley Rd#						
ony, otato, zip oodo						E.	ate, Zip Ci						
Project Manager for Mor	nitorina Firm		Tale	phone	No	Teleph	, NJ 0747	70	17: 3			-	
			1010	priorie	NO.	*			License No.				
Start Date (10)	Sc	heduled C	omple	tion Da	te (11)	973-63 Name (of OSHA N	Ionitor	01127				
08/10/	_17	08 /											
Occupancy Status Durin							Address	nsultants,Inc					
Facility Closed/Vacat				ment				David Dille #	255				
Abatement Performed	d Outside of Norr	nal Facilit	v Hour	s - Des	cribe		wagaraw ate, Zip Co	Road, Bldg .#	33E		-		
Time of Abatement:		_PM/	PM_		AM		wn, NJ 0						
Scope of Work (Check al	II that apply)							The state of the last of the l	nation with negative	ve pres	sure	-	
☑ >3 sf or >3 If		M Pa	novati	n is		H	Full Cont Mini-Enc	tainment with Ne	gative Pressure				
>3 sf or >3 If > 160 sf or >260 If			molitic			\boxtimes			Tent with Negativ	re Press	sure		
						L	Non-Exe	mpted (*) and No	n-Friable Proced	ure	्र		
Location	of	10 00	Locat Norma				CANCEL COMMISSION AND ADDRESS OF THE PARTY O	-		Ab	ateme	ent Ty	уре
Asbestos-Containing	Material (ACM)	Use	d Sole	ly by	Asbe:		scription c	terial (ACM)	Amount	Re	Re	Ε̈́n	En
TO BE ABA			intena todial			., therma	l systems i	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
(13)	ity	0.00	(12)	Juli.			cing, VAT, miscellane		SIF or LF)	val		sula	ure
		Yes	No	N/A	1	00.101	moodiland	cusi				ė	
Basement		П	П	\boxtimes	Pipe inst	lation			10 LF	×		П	
		15			i ipe iiise	nanon			TO LF			_	
		+=-									Ш	Ц	Ш
								11111-1111 Pro				П	
Name of Registered Was	ste Hauler		NUE	EP Waste	Hauler ID No.	Cubic Ya	rds of Wast	Name of Regis	stered Landfill				
Gr Tech LLC			(03378	5	TBI)	T.R.R.F. Inc			33		
City, State						Disposa		City, State				-	\neg
Vayne, NJ 07470	-1100					TBI)	Tullytown, P.	A				
Completed By (Print or T	ype) T	itle				Sig	nature /		In	ate			
J.Jevtic	lo	wner					Her	Ac Wenas	03	7/28/17	7		
SB-41									10,	01 1 1			

Chub	240		NOTI	FICATIO	N OF AS	BESTOS	ABATE	MENT	• E		<u>E</u> C	; <u>E</u>		<u> </u>			
Date of Notification (1) 7/28/17					of Buildin Crest H			r (2)			AU	G - :	3 20)17			
Agencies Notified	Type Notification	n			Address	911 001					1				laste		
⊠ EPA	X Initial			1824	Dr. De	nnis Fo	rman [Drive			ASBES	TOS C	001	-001	٦		
DEP	Amended			City, S	tate, Zip	Code				1		ICEN:			_ O(
⊠ DOL	Amendmer			Mays	s Landir	ng NJ 0	8330					-					
☑ DOH	Emergency justification)	g		of Contac					Te	lephone I	lumber	_				
☐ DCA	Cancellatio	n		Thon	nas Gro	ossi											
Name of Facility Where A	hatament is Tabi	DI	(0)	FAC	ILITY IN	FORMAT	ION							(1000000			
Oak Crest High Sch	apatement is Taki	ng Place	(3)					Туре	of Facility	(4)							
Street Address	1001								School (K-	12)							
1824 Dr. Dennis Fo	rman Driva								Subchapte Other (i.e.	r 8 (Oth	ner than K	-12)	عدادا:		015161		
City (5)	illiali Diive							\boxtimes	etc.)	private	& Comme	rciai bu	llaing:	s, non	ies,		
Mays Landing NJ 0	8330								re Feet 00 +	# 0	f Floors		Bldg. 35+	Age			
County (6)				County	Code (7)	ř.		No.	ent Use (Pri		ina demo	liched)	337				
Atlantic				(STATE	USE ONL	.y)			ise & gar		ing demo	isileu)					
Name of Monitoring Firm			3)	ASCI	M No.		Name		tement Co		(9)						
Coastal Environmen	ntal Compliand	ce					-1	naco I			(-)						
Street Address							Street	Addres	ss								
PO Box 167							POI	Вох 3	29								
City, State, Zip Code							City, S	tate, Z	ip Code								
Hammonton NJ 080							Wes	t Berl	in NJ 080	091							
Project Manager for Monit	toring Firm			Telepho			Teleph	none No	0.		License	No.					
Cathy Ledden					85-998		856-	753-9	008		00727						
Start Date (10) 8/14/17		Schedu 8/18/		mpletion	Date (11))	I manus Ale		A Monitor								
Occupancy Status During	Abatement (Chec					Sam											
				- 5			Street	Addres	SS	4							
Abatement Performe	d Outside of Norr	period of nal Facilit	Abater y Hour	nent s			City S	tate 7i	p Code								
Other – Describe: _							ony, o	tato, 21	p oodc								
Scope of Work (Check All	That Apply)	Acces A		100.00													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renova Demoli	0.70(0.00)				Min	Containme i-Enclosure vebag Prod								
							X	Nor	1-Exempted	d (*) and	d Non-Fria	able Pro	cedu	е			
			Locat											ement	t		
Location of			Norma ed Sole			Des	scription	of					Ty	ре			
Asbestos-Containing N TO BE ABAT	faterial (ACM)	111	aintena	3 3	Asbes	stos Cont . thermal	aining M	aterial	(ACM)		mount			Ш	_		
In Facility		Cus	todial ((12)	Staff?	0.0		cing, VA		tion,		pecify or LF)	Rem	Re	ncap	ncl		
(13)			(12)				niscellan			3%		Removal	Repair	Encapsulate	Enclosure		
	Yes											-		ate	-G		
Old Tec Ro		х		Floor T	ile & m	nastic		95	0 SF	х							
100																	
												+					
												-					
Name of Registered Waste	Hauler		LNI	JDEP W	lacto	Cubic	Vaud-			-							
Pernaco Inc.				auler ID		Cubic of Was			Name of F	kegistei	red Landfi	II.					
			2	1787		4			ACCA								
City, State							al _, Date		City, State			-					
West Berlin NJ						8/18	117		Egg Ha	rbor T	WP NJ	08234	1				
Completed by		Title		PARTITION OF			gnature	2			D	ate,	1				
Anthony T Perna		Pres	ident				(1				slac	1,-	7			

Print Form

Jul 28 2017 08:54AM NJ Asbestos Control 609.633.0664 07/28/2017 09:15AM 2013297440 BEST REMOVAL INC PAGE 82/84 AUG - 3 2017 Size of Nov Jerry NOTIFICATION OF ASSESTED ABATEMENT (Persuant to NJAC 8460 and 12:128) ASBESTOS CONTROL & Name of Building Owner (2) TITAN BARTON MR. MICHAEL Type Nothbeatles Tokkel City, State, Zip Code D DOL American deposit S LV. BERGENFIELD Beargery (motoring DCA MR. BARRON Meday of Pares Type of Pacility (4) Name of Pasility Wasse Abstract is Teleting Floor (3) MICHAEL BARRON School (X-12) D Scheinper 8 (Color dam K-17)
D Oder (Le private & conservate buildings, honor, str.) Sport Address of Flags HALL ASP CHY (3) 1800 1935 BERGEFIELD Carrier Use (Prior & Issues of County Code (7) GEATE LEE CHILD TRESIDENCE BELGEN Name of Manhering Page Hand by Building Owner (6) ARCM NO. Best Removal Inc Street Addings 450 South River Street City, State, Elp Code Hackensack, NJ 07601 Tolomberon No. Lincons No. Project Manager for Municiple Pitte Tetaphown No. 201-329-7444 88800 Name of CEPLA Manual Schnelaled Completion Date (11) .8/2/17 Company to the American Control 8/3/17 Omega. Euvironmental Street Address 280 Huyler Street ☐ Peoplity Consol/Vectoral Carring Station Period of Allestonaux Alexand Parker of Opinio of Normal Facility Hamilton City, State, Zip Code South Hacksneack, NJ 07606 Suppo of West (Case All The Apply) A Puli Correlation with Registre Parameter Co. Mari-Bushners

Claveley Provides D Sixesix Demelbloo Non-Department (*) and Non-Printin Process Abstract le Location Type Magaziny Lines Sololy by Description of Asimatas Constitutes (ACM)

(i.e. thermal systems involving, surfacing, Looping of Adjusted-Canadalog Massriel (ACM) TORRADATED VAT, OF (12) (13) ober Sissifemens) 3005F X KITCHEN ノなて Name of Ingitated London Here of Registered Wests Header NULL WEST es Winte 2 1207 Hade ID Ha Minverva Emergrison, LLC Best Removal Inc 17109 ed Charles 13/17 Hackensok, NJ 07601 Waynesburg, OH 44688 Commission by 7/28/17 ممرصونه J. Majorano Estimatos A De pot use his from the spinotes biometric company and religions. A63-41 (0.46-06)

RECEIVED 07/28/2017 09:22AM 2013297440

BEST REMOVAL INC

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:88 and 12:128)

01A ch#. 4075

- Li								- 1-)	
Date of Notification (1) 7 17 17	<u> </u>		2	e of Building Owns		r (2)	EGEIN			1
Agencies Notified Type Notification	าก		S. Difetermental Assessments	d Address						+#+
N/			1		S	1117				111
DEP Amended		4	1 20	4 Spring St	treet		AUG - 3 20	17		111
				State, Zip Code		tod bu			- Louisian	7
DOL Amendme	Territoria (Control and Control and Contro	····	E1	izabeth, N.	0720)1				
Emergence	y (including	9	-	of Contact			BEST Délection	DAL	_	-
D DCA iustification			41/	SAN	TAS A	MAGA	DEC'S GENERALISM	Let 1204 134 32		
LI Cauceman	0n		45		-	NAM	, 9	-0	- 2	
Alexander Control of the Control of		-	FA	CALITY INFORMA	TION					
Name of Facility Where Abatement is Tak	ing Place (3)				Type of Facil	ity (4)			
						☐ School	07.403			
Street Address							pter 8 (Other than I	(42)		
					1		e. private & comme		uddin	ees f
						stc.)	w. g		and and a	٠ (~ي
City (5) (5) (7) (7)	. 1 .	`				Square Feet	# of Floors	1	Bido	J. Ag
ELI ZABETT	101-) .			stoudile	2 000	1 2			30
County (8)	-		Maznah	/ Code (7)		03,000		Sale : I) (
UNION		- 1		Code (1)	1	Current USS (Prior if being demo	rsned)		
	the office the state of the sta	- 1		-		Managara	HOUSE			c grown over
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.	Name	of Abatement (Centractor (9)			
						ATECH	IWC			
Street Address		-			Daniel Property respective and security of	THE RESERVE THE PARTY OF THE PA	INC	well-ways war-	-	*opto-vise
					SUBBIT	Address	Dill			
					11.0	. 150X	717			
City, State, Zip Code				and the second s	City, St	ate, Zip Code		7		-
· ·					010	Bride	2 NO 09	385	7	
Project Manager for Monitoring Firm			Y-lank.	one No.		And the same of th	and the contract of the contra	-))	-
The state of the s			eadanc	me No.	Telepho	Market No.	License			
		1		<u></u>	1754	ナメンとん	500 1008	06		
Start Date (10) 19 12	Schedule	d Com	pietion	Date (11)	Name o	OSHA Monito	N .			-
7/17/1+		119	117	-	non	ATECO	1100			
Occupancy Status During Abatement (Chec	Sc. Ossler Oss	11	1-1	***************************************	- International Control	- marine in the same in the sa	1200			
			1		Street A	1 3	6.6			
Facility Closed/Vacated During Entire F	eriod of At	oatema	ent	,	I Y.U.	130x 81	4			
U Abatement Performed Outside of Norm	at Facility I	Hours			City, Sta	te, Zip Gode	Na ay 100 from the burning of the party of t			
Other - Describe:	-		-		OID		N.D. 088	42		
Scope of Work (Check All That Apply)			Committee of the sale			DENOTE	1012.000	~ .		-
						9				
日 x3sforx3#		novatic			JAL		nent with Negative i	19384	re.	
其 ≥160 sl or ≥280 ll	A De	mellib	n		(IA)	Mini-Enclosus	(T.A)			
•					12	Glovebag Pro	ocedure	are aucur	ora de a	
	7				<u> </u>	Non-Exemple	ed (*) and Non-Frial		-	-
	Ista	ocation							Abah	
Location of		rmally	1	Min. 10	and the same wife				1.3	pe
Asbestos-Containing Material (ACM)	Used	Solely i	by I		cription of		Amount			1
TO BE ABATED		enanci		Asbestos Conta (i.e. thermal:	many man ni sekalane	orieni(ACAR)	(Specify	27		1
In Facility	Custod		#7	SUFER	ing, VAT, s	origination is	SF or LF)	egn	Re	14
(13)	(12)	-	other mi	scellaneo	is)		Removal	Repair	PARTINO CHENTAN
	V I	- T	A					20. 1	1	6
	Yes 1	No.	N/A		uses parameters					
BASEMENT			XT	PIPE 1	march 1	MOITA	45041	X		
The state of the s			4		2000	711012	- Commence of the Commence of	LY	-	-
EXTERIOR	***	-	X	SIDING		· ·	2700's	-X	-	
			T	AND THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRE	*		Name of the Party			-
										-
		-				and the state of t		-	Appropriate	
Name of Registered Waste Hauter	(ATTACHER CONTRACTOR AND CONTRACTOR	MUCH	EP Was	ite. Cubic Y		Name of	Registered Landfill	Anna Control Control Control		
Mart I		Hauje	er JD: No	o. of Waste	3. 10					
NOVALECTO INC		18	501		6	16.R.) W.S.			
City, State				Dispésai	Date	City, State	710	-		manufact.
SID Bridge N.D. 08	857			1077	1112			and and		
				1010	VII	Hoggs		1	-	
	Title	~ /m	_	Sign	tafura()	1/2/	Date		17	
CANOS HYEIDA	MESIC	SENT			al	14 Miles	2- 17	17	1 8	
					-			7		_

								7		
		NO.	TIFICAT	State of New Je ION OF ASBEST	rsey Os arati	eastait	UIA FAX	<u> </u>		
		7.5350	(Pursu	ent to NJAC 8:66	and 12:1:	20)	CATELO	16	居「	Tanks.
Date of Notification (1)			Nam	e of Building Own	er/Operato	of (2)		711		
711711+	-		MR		70N1					
Agencies Notified Type Notification	3		Stree	et Address	9 0 7 0 0 - 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4		017		
D DEP D Amended Amended Amended			City,	State, Zip Code	1				\exists	-
DOL Amendment Emergency	*SANGARANCON	ina	0	PLANFOR	19	AUE A	SBESTOS CON	TRO)L &	
DOH Justification)	2.2	Nam	e of Contact	20	L				
D DCA D Cancellation	3		A	CILITY INFORMA	ATION				200	
Name of Facility Where Abatement is Takin	g Place	e (3)		etriaminal maumiliana himpiona di un branton un vertiga nome accusivo	anne de la company de la compa	Type of Facili	ty (4)			
Street Address	**************************************				~~~	School ((K-12) oter 8 (Other than K-	421		
Guest Pariness				1		Other (i.	a, private & commer		ulidin	js,
Olty (5)		·		Title trians private meneralistic edition i titalini televisioni pelitermingo especialis		Square Feet	# of Floors		Bidg	.A
CRANFORD A	0,0	*				2,000	3		-	0
County (6)				y Code (7) EUSE-OMLY)		Current Use (Prior If being demoil	shed)		
Name of Monitoring Firm Hired by Building (Owner ((8)	ASC	CM No.	Name	of Abatement C		<u> </u>		
					100)ATECh	inc			-
Street Address					Street	Address OUX	214			
City, State, Zip Code			_		City, Si	ate, Zip Code	OF			
*					OID	11 . 1	20.09	385	7	
Project Manager for Monitoring Firm			Teleph	one No.	Teleph	one No.	License I			Province
tart Date (10)	Schools	Heri (În	midiar	Date (11)	Name of	ようなべて、 of OSHA Monito	200 1008	06		Carryon,
子/18/17		8/13	7/13	}		atedo	IN			
occupancy Status During Abatement (Check	Only C	ne)	7	teriore en la composition de la composition della composition dell	Street A	todress	(F			Market and Market
Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal	eriod of	Aloeter	nant		F.U	130x 81	4			
Other - Describe:	IL FOUR	rh emer		productive and the second seco	OID	ROLL CODE	080 CIN	57		
cope of Work (Check All That Apply)			Andrick and and the state	esterplace de particular de la compressión de la ciplación de compressión de la compressión de la compressión	1010	5		***************************************		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli			是	Full Containn Mini-Enclosu	nent with Negative F	70'3SU	80	
2100 31 01 2200 11	Smeth 1	64 64 5 64 5 E	ijot i		T)	Glovebao Pro	cedure	12. Ph.2	in a dec	ė.a.
	,,	s Locati		T		-NOT-EXEMPE	ed (*) and Non-Friab	T	Abst	
Location of		Normal	ly.	De De	scription o	ŕ	T-country soleting		T)	pe
Asbestos-Containing Material (ACM) TO BE ABATED		ad Sole aintenar		Asbestos Coni (i.e. thermal	taining Ma	terial (ACM)	Amount (Specify	æ		Series and
In Facility	Cus	todial S (12)	teff?	surfac	cing, VAT, niscellane	or	SF or LF)	Removal	Repair	another ferre
(13)	Yes	No	N/A	OBST II	necessie	HIS)		12	·	idia
	105	140	NUM.					-		-
SI Elma & BASCHONT				Buck i	N10:11	ATTON	€1004F	V		_
FLOOR & BASEMENT			\triangle	DUCK 1	NOUL	71100	- 100 /F	Δ		-
										-
ne of Registered Weste Hauler			DEPW			Name of	Registered Landfill			Austral .
VOVATECHO INC		He	uler/ID:1	No. of Was	3	16R	3.W.S.			
, State o	0.00		000	Dispes	aLDate _	City, State		\	-	manufact.
	<u>855</u>	<u>t </u>		1811	ě/J+	140001	Symple F.F		1-	adolese
ANOS ALYEIDA	TNO Miz	SIDE	OT.		gnature (5 Alan	17	117	417	
	111	J. 6-7C. 1		1	100	1		' t		-
-41 (R-06-08)					Do not us	so this forte for	asbestos licensure (inemp	nted a	d

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuent to NJAC 8:50 and 12:120)

Chit. 4092

						-				
Date of Notification (1) 7 28 12	_		1 11	ne of Building Owns	/	/1///	EGEI	\mathbb{V}		Th
Agencies Notified Type Notificati	on		the state of the same of	YS. Cave. 1 et Address 1	Lap.	zeroTtu				
EPA Initial Amended			City	State, Zip Code		性	AUG - 3	2017	7	
DOL Amendme	int #	ina	-1.6	BAYVILLE	Ni	0. 087	2/			
DOH justification	n)	m 19		e of Contact	1	11:	ASSESTIONAL	P. Landon	21 8	
			110	O Caro / A	anzer	6/1/				_
Name of Facility Where Abatement is Tak	ting Plac	e (3)	1			Type of Fadil	5 67			
Strest Address			en er en en en en en en e			School (D. Subchar Other (L.	oter 8 (Other than K	-12)	20	
0%, (6)						/ etc.)	e, private & commer	cíaí b		
CAY (5) BAY VILLE NO),					Square Feet	# of Floors	day of the same of	/ 1	Ag O
County (6)				ly Code (7) E USE-ONLY)			Prior If being demoil	shed)		
Name of Monitoring Firm Hired by Building	Owner	(8)	1	CM No.	Nama	of Abatement C	HOUSE			-
						ATECH	IWC			
Street Address					Street	Address OUX	814			
City, State, Zip Code			-	the second secon	City, St	ate, Zip Code	OLI			-
Desired Share was far the Barton Piter		water and the control of		The state of the s	010			Sand Party	7	
Project Manager for Monitoring Firm			leleph	one No.	1732	238x7	300 DOS			
Start Date (10) US 06: 17	Sched		mpletion 29/1-	Date (11)		of OSHA Monito				-
Occupancy Status During Abatement (Cher	de Only (Special Co.	<u> </u>	The second secon	Street A	IALECH	1111			
Facility Closed/Vacated During Entire I	eriod of	Abate	ment	(F	14.0.	130x 81	F			
Abatement Performed Outside of Norm Other – Describe:	181 Macu	ry Hou	rs	politica de la constanta de la	CRY, Sta	ROVACO	0,0 089	57		
Scope of Work (Check All That Apply)			-	emispisamativalarsis virinava, antides juganoj	10.0	25.00	101000			
		Renova Demoii				Full Containm Mini-Enclosus	ent with Negative F e	16885	re.	
	2 \				9	Glovebag Pro Non-Exempts	icedure id (*) and Non-Friab	le Pro	codu	lite
	(1981) (15-2)	s Locat	3.00001		7			1	Abat	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	sty by	Des Asbestos Contr	cription of		Amount		1	T
TO BE ABATED In Facility		intena fodial l		(i.e. thermal:	systems in ing, VAT,	nsulation,	(Specify SF or LF)	Removal	Repair	and the office of the
(13)		(12)	Т	other m	iscellanec	us)		ligvo	N.	DISTRE
CT-CinC	Yes	No	N/A	G I SIM	7		S. S. O. C.	FV	-	-
EXTERIOR			X	SIDIN	0		5505			H
не Лингийн Арабай от Авгайн осурган дан Абрат оширдиу жана осурган хана барауда абран араба арабан жана осурган араба		********	\vdash		one (se Pijalju rodni nahabyke)					
				***************************************		The second second				
lame of Registered Weste Hauler			JOEP WA aujer JO:1			1	Registered Landfill			
NOVATECH INC			1850	Dispess	+	G.R.(3605			
	855	1		1812	1017	Honort			1	
Ompleted by SANOS ALYEIDA	Title		NT	Sig	nature	Nail	Dete	1001	17	
CHILLY TITEINH	VIE	SIDE	NI		ty)	& DYTHUCK	U I	120		

State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

	1				ESTOS ABATEM 8:60 and 12:12		DE C	; [\mathbb{V}	E
Date of Notification (1) 7/28/17				ne of Buildi ke Alban	ng Owner/Operator	r (2)		G -	3	201	7
Agencies Notified Type N	otification I		Stre	et Address	3		THE AU	U	<u> </u>	CUL	
DEP Ame	ended endment #	_		, State, Zip erry Hill	Code NJ 08034		ASBES	OS			OL
☑ DOH _ just	ergency (includi ificaton) cellation	ng	Nar	ne of Cor e Albane	ntact			_			
					FORMATION			7		_	
Name of Facility Where Abatemer Residence	t is Taking Plac	ce (3)	78.00			Type of Facilit					
Street Address						Subchapter Other (i.e.,	r 8 (Other than K-1 private 8 commerc		ldings	5,	
City (s) Cherry Hill, NJ 08034	- W					Square Feet 1800 SF	# of Floors		Bldg.		ę,
County (6) Camden, NJ			Cot	unty Code E ONLY)	(7) (STATE	Current Use (F	Prior if being demol		25yrs	•	_
Name of Monitoring Firm Hired by	Building Owner	_	ASCN		Name of Abatem	Residence	9)				_
(8)	The state of the s				AEi2, LLC						
Street Address					Street Address 361 E. Flemin	g Pike					
City, State, Zip Code					City, State, Zip Hammonton, I	Code					_
Project Manager for Monitoring	Firm	Tel	ephone	No.	Telephone No. 609-481-212		License No. 00689				_
Start Date (10)	Scheduled 0	Comple	etion Da	ate (11)	Name of OSHA N						_
8/10/17 Occupancy Status During Abatem	8/17/17	(ono)			AEi2, LLC						
Facility Closed/Vacated During			tement		Street Address 361 E. Flemin	ng Pike					
Abatement Performed Outside of Other - Describe:	of Normal Facility	ty Hou	ırs		City, State, Zip Co Hammonton,	ode					
Scope of Work (Check all that app	y)					legative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X Re	enovat emolitic	ion on		Mini-End Gloveba						
		_ocati				empted () and N	on-mable Froceu	_	Abate		
Location of Asbestos-Containing Material (AC	Used	l Solel	y by	Achaet	Description of os Containing Mate	arial (ACM)	Amount	-	Тур	E	Ε
TO BE ABATED IN Facility	Ci	ustodia Staff?			thermal systems in surfacing, VAT,	sulation,	(Specify SF or LF)	R e m	Re	n c	n c 1
(13)	-	(12)			other miscellaneou		01 01 21 7	o v a	p a i r	p u 1	o s u
Attic	Yes	No	N/A X	Vermica	ılite		600 sf	X		a t	e
			21					Λ			
Name of Registered Waste Hauler			15551		6.11.1/						
AEi2, LLC		H	JDEP V auler ID	2000 D	Cubic Yards of Waste	Name of Regis	stered Landfill				
City, State	-12	1376		4 Disposal Date	City, State	/				=	
Hammonton, NJ 08037 Completed By	ITH.				TBD Signaturé	TBD					
Wm. Minnick	Title Program	Mgr		Date 7/28/17	allines-o-		-				

		NO	TIEI	CATIO	State of	New Jer	sey						
Check#2836		14.0)	Pursu	ant to NJ	SBEST IAC 8:6	OS ABA 0 and 5:	TEMENT	In Er	E		V	
Date of Notification (1)			-		ne of Buildi								7
07 /	_271	7				ng Owne	r/Operator	(2)	8110	- 3	2 20	117	
Agencies Notified	Type Notificatio		(8) (8)		sh Sule				IU L. AUC	1) 20	117	
⊠ EPA	Initial	13.		Stre	et Address								+
□ DOLWD	Amended								ASBEST				_&
☑ DHSS	Amendment		_		State, Zip				L	CEN	SING		
DCA (NJAC 5:23-8)	Emergency (includi	ng	Map	lewood, 1	VJ 07040	0	SECTION AND ADMINISTRATION OF THE PARTY OF T					
(110/10/3.23*6)	justification) Cancellation				ne of Conta	ct			Telephone Nu	mber			
				-	h Sule								
Name of Facility Whore	lhet l' T l'	-		F.	ACILITY	NFORM	ATION						
Name of Facility Where A	spatement is Takii	ng Plac	ce (3)					Type of Facilit	y (4)				
Private house Street Address								School (K-	12)				
Street Address								Subchapter	8 (Other than K-1 private and comm	2)	100.00		
City (5)								homes, etc	c)	erciai i	buildir	igs.	
								Square Feet	# of Floors	- 11	Bldg.	Age	
Maplewood, NJ 07040 County (6)													
The state of the s				Cou	nty Code (7)	(STATE	JSE ONLY)	Current Use (F	Prior if being demo	lished)			
Essex	Ulead by D. 7.1	-											
Name of Monitoring Firm	nirea by Building	Owner	(8)	ASCM	No.	Name	of Abatem	ent Contractor (9	9)				
Street Address						Gr Tec	h LLC						
otreet Address						Street	Address						
City, State, Zip Code						576 Va	alley Rd#	£283					
on, orato, zip code						City, S	tate, Zip C	ode					
Project Manager for Monit	orina Eirm		-				, NJ 0747	70					
reject manager for Mishit	Offing Fifth		Te	lephone	No.	Teleph	one No.		License No.				
Start Date (10)	Caha	4. (. (.					8-1777		01127				
08/06/				etion Di 18	ate (11)		of OSHA N						
Occupancy Status During		is only	,			Enviro	vision Co	nsultants,Inc					
Facility Closed/Vacated	d Durina Entire Pe	rind o	one) f Abati	amant			Address						
	Outside of Norma	Facili	tv Hor	irs - De	scribe	20-21 V	Wagaraw	Road, Bldg .#	35E				
Time of Abatement:	AMP	M/	PM		_AM		ate, Zip Co						
Scope of Work (Check all t	hat apply)					Fair La	wn, NJ 0						
	*****					H	Full Cont	and decontami ainment with Ne	nation with negative	e pres	sure		
>3 sf or >3 If ≥ 160 sf or >260 If			enovai emoliti			×	Mini-Enc	osure					
			SITIOITE	1011		Н	Glovebag Non-Exe	Procedure	Tent with Negativen-Friable Procedu	e Pres	sure		
			s Loca		-			7,000	ATT THEORY TO COUL	-	1		
Location o Asbestos-Containing M		110	Norma	ally ely by		De	scription o	f			T	ent T	ype
TO BE ABAT		Ma	sinten:	ance/	Asbes	stos Cont	aining Mat	erial (ACM)	Amount	Remova	Repair	Enc	Enc
IN Facility		Cus		Staff?	(1.6	surfa.	l systems i cing, VAT,	nsulation, or	(Specify SIF or LF)	Nov	pair	Encapsula	Enclosure
(13)		-	(12) T		-	other r	niscellane	ous)	On or Ery	<u>n</u>		ulat	lre
A CONTRACTOR OF THE CONTRACTOR		Yes	No		-							CD	
Sunroom-ceiling&walls		Ш		\boxtimes	Transite	paneling	3		550 SF	\boxtimes	П	П	П
		П	П									Ц	ᆜ
] [-						Ш		Ш
Name of Registered Waste	Haulas	Ш	14		L								
	nauler		NJ	UEP Waste	Hauler ID No.	Cubic Yar	rds of Waste	Name of Regis	tered Landfill		-		
ir Tech LLC			(003378	35	TBL)	T.R.R.F. Inc					
City, State						Disposal	Date	City, State					-
Vayne, NJ 07470						TBE)	Tullytown, PA	4				
Completed By (Print or Type	e) Title		Description.				nature /	1	Da	te			
.Jevtic	Owr	ier					H	wic Wena	0	27/17			
SB-41		227					//*	- wana	9 10//	4//1/			

CK1190

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

	1110		1,5				20/11.3.71.0. 7.20-2	.12)							
Date of No. 7/27/2017	otification (1):	N: Fo	ame of l	Building are Churc	Owner/Operator (2)	US			AII	· -	3 21	117			
Agencies	Type Notification		reet Ad						AU	U	0 21	<i>j\1</i>			
Notified	☑ Initial		Morto:												
□ EPA	☐ Amended			e, Zip Co				AS	BES	OS	CON	THOL 8			
□ DEP	Amendment#:			ge, NJ 07	017						ISING				
₽DOT	☐ Emergency (including		ame of (Contact:				(a-ba-0)7880	Market Market	Programme to	Same of the same				
□DOH	justification)	Ch	nrist				_								
□ DCA	☐ Cancellation							4/		•					
Name of F	F. C	01			FACILITY IN	FOR	MATION								
	acility Four Squa	re Churc	ch				ype of Facility (4):								
30 Morton	Street						School (K-12) Subchapter 8 (Other tha	n K-12)							
City/ (5)	Co	unty (6)):	Cour	nty Code (7):	$\exists \bar{a}$	Other (i.e., private & co	mmercial buildings.	homes	etc.)					
East Orang	e Ess	sex		0701											
	97.					50	quare Feet:	# of Flo	ors:						
							ldg. Age urrent Use: Church								
Name of M	onitoring Firm H	ired by l	Buildin	g Owner:	ASCM No.:		ame of Abatement Co	antractor (0):		-					
McGriff A	ir Assessment, LI	.C	Account Accounts	-	10392										
Street Addr	12001		-				pex Development,	Inc.							
	nes Avenue 2A					St	reet Address:								
2001 Hugh	ies Avenue 2A						50 D								
City, State,	Zin Code:						8 Rutgers Plac	e							
	2					21	ty, State, Zip Code:								
Bronx, NY							ramus, NJ 07652								
Project Mar	Project Manager for Monitoring Firm: Telephor Monique McGriff 718-584-						lephone No.:	License No.:							
	CONTRACTOR				718-584-7800	(97	73) 350-0101	01215							
Start Date (17/28/17	10):	Schedu 8/01/1		mpletion	Date (11):	Na	me of OSHA Monito	r:							
	totus During Alasta					_	etro Analytical Labora	atories							
☐ Facility Clo	atus During Abaten sed/vacated During	Entire P	eriod of	Abatemen	t		eet Address: 5 West 36th Street, S	uite 203							
☐ Abatement	Performed Outside	of Norma	al Facilit	y Hours	•	-	y, State, Zip Code:	200	-						
Describe:							w York, New York,	10018							
☐ Other						10010									
Describe:															
Scope of Worl	k (Check all that ap	oly):													
$\square \ge 3$ sf or \ge	3 If			E Renov	ation		□ Full	Containment with i-Enclosure	Nega	tive P	essure	e			
□ ≥ 160 sf or	· ≥ 260 lf			□ Demo	lition		D Glov	ebag Procedure							
							□ Non-	Exempted (*) and	Non-Fr	iable I	roced	ure			
1			Locat		D.					Aba	temer	nt			
	ation of ntaining Material		Normal ed Sole		Asbestos Conta	script	ion of g Material (ACM)			Т	ype	1			
	ACM)	Ma	aintena	nce/	(i.e., therma	I syst	ems insulation.		l ac ar		-	-			
	ABATED		Custodi		surfac	Surfacing, VAT, or ther miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF)									
IN	Facility		Staff?	,	other r	surfacing, VAT, or ther miscellaneous) Amount (Specify SF or LF) Amount Sulfacing, VAT, or Spair Repair									
(13)								SF or LF)	val	Ħ.	sula	Enclosure			
BASEMENT Yes No N/A PIPE ELF					DIDE EL DOMO						TT.	CD.			
					PIPE ELBOWS			8 LF	*			*			
			X												
Name of Rea	istered Waste Hau	ıları	X	MIDER	Waste Hauler ID N	T	01: 11								
IIMMY BYR	NE TRUCKING	ner;		19551	waste Hauler ID N	D No.: Cubic Yards of Waste: 30 Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.									
City, State: Bronx, NY 10)474		Dispo	sal Date:			City, State:								
Completed By: Title:							Waynesburg, OH 44688 Signature: Date:								
Chinyelu Ora				Vice Pr	esident	Signa	ture.	Date: 7/27/2017	7						

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

	r			to NJAC					k #	- (10	25			
Date of Notification (1) 7/27/17		1 1		f Building (Operator	(2)			EC	E		\mathbb{V}	E	1
Agencies Notified Type Notification			Street A	ddress										-	
EPA X Initial			1 Park	ker Pl			98			ALIC		3 3	2017		11
DEP Amended			- Company	ite, Zip Co					1.	AUU	,		_ 0 1 1		-
X DOL Amendment # Emergency (ir		— L		ee, NJ 0	7024			a de la companya de l					-		
	iciduling	1.		f Contact				1	Tel	Beer	A CHAPT	901	VTR	OL 8	×.
DOH justification Cancellation			Joe Al	1						LI	CEN	1511	10		
AL AF WARAN ALAMAN TALLA	Diago /		FACI	LITY INFO	DRMAT	ION	Tu	pe of Facility	(4)						
Name of Facility Where Abatement is Taking	Place (3))					i y								
Apartment Bldg Street Address	-						H	School (K- Subchapte		er than k	(-12)				
							K	Other (i.e.				build	ings,	home	es,
1 Boston Way							_	etc.) uare Feet	# 0	f Floors		RI	dg. A	70	
City (5) Asbury Park								0,000	7	1 110013		0.00	0+	ye	
County (6)			County (Code (7)				rrent Use (Pr	or if bei	na demo	olished	- 000			
Monmouth				USE ONLY)				partment B				-,			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCN	I No.		Name		batement Co		(9)					
n/a			n/a			Harr	mor	y Contract	ing Ind	3					
Street Address						Street	Add	ress							
n/a						360	Pal	isade Ave							
City, State, Zip Code			W-1					, Zip Code						L. Oberes	
n/a						2000		, NJ 07026	3						
Project Manager for Monitoring Firm			relephor	ne No.		Teleph				Licens					
n/a			n/a	5 / ///				.6026		0125	5				ger les
Start Date (10) 8/7/17	8/30/1		pletion l	Date (11)				SHA Monitor y Contract							
Occupancy Status During Abatement (Check		5)				Street	_	<u> </u>	ing me						
								isade Ave							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma						City, S	state	, Zip Code						-	
Other - Describe: Scheduled for Demo					_	Gar	field	I, NJ 07026	3						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf	OCTOR DE	Renovat						Full Containm		Negativ	e Pre	ssur	е		
≥160 sf or ≥260 lf		Demoliti	on					Mini-Enclosur Glovebag Pro							
	,					12		Non-Exempte		d Non-F	riable	Prod	edur	9	
	Is	Location	on										Abate Ty	ment	
Location of		Normall d Solei				scription					-		1 9	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		intenar				taining N		rial (ACM)	1000	mount Specify		R	200	En	ш
In Facility	Cus	todial S (12)	taff?	(1.0.	surfa	acing, VA	T, o	r		or LF)		Remova	Repair	aps	Enclosure
(13)		(12)			other	miscella	neou	s)				val	air	Encapsulate	sure
	Yes	No	N/A											Ф	
Bldg 1 Stairwell, Landings, Lobby			Х			VAT			23	60 SF		ζ			
Bldg 2 Stairwell, Landings, Lobby			х			VAT			86	60 SF		ζ			
Bldg 3 Stairwell, Landings, Lobby			Х			VAT			8	30 SF		K			
Bldg 4 Stairwell, Landings, Lobby			Х			VAT			7.50	60 SF		ζ.			
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic of Wa	Yards		Name of	100		dfill				
Rovic Transport			auici ID	110.	TBD	1		GROV		ndfill					
City, State					1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	sal Date	•	City, Sta		۸.					
Rivedale, NJ	1				TBD	100000000000000000000000000000000000000	_	Morris	ville, F	A	D-4-				
Completed by	Title	oton:			-	Signatur Line C	e)				Date	7/17	7		
Tina Caporino	Seci	etary			1	ane c	602	SNO CNO			112	// 1/			

CKINO	1				ESTOS ABA 8:60 and 12:		√T		EC	E			4	
Date of Notification (1)	a district the second		Name of	Building (Owner/Opera	tor (2)		n		10	2			
Agencies Notified Type Notification	n		Street Ad	ddress				TH L	AU	16 -	0	ZUI	1	Loren
EPA Initial Amended Amendme	nt#		City, Sta	te, Zip Co	de			/					ROL	. &
	y (including		Name of	Contact				Tele	phone N	STATE OF THE PARTY OF				
DCA Cancellati														
Name of Facility Where Abatement is Tal	ing Place (3	3)	FACI	LITY INFO	DRMATION	Ty	pe of Facility (4)						
Street Address							School (K-1 Subchapter	8 (Othe	er than K	-12)				
							etc.)			rcial bu				s,
City (5)						So	quare Feet	# of	Floors		Bld	2017 NTROL NG ngs, home g. Age		
County (6)			County C	Code (7) JSE ONLY		Ci	urrent Use (Pri	or if bei	ng demol	lished)				
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	1 No.			Abatement Cor ny Contracti							
Street Address						eet Add	dress lisade Ave							
City, State, Zip Code							e, Zip Code							
only, onato, Esp obser						HAR GALLANDERS	d, NJ 07026							
Project Manager for Monitoring Firm			Telephor	ne No.	97		0.6026		License 01255					
Start Date (10)	Schedul	ed Com	npletion (Date (11)			OSHA Monitor ny Contracti	na Inc						
Occupancy Status During Abatement (Ch	eck Only Or	ne)				eet Ado		ing into						
Facility Closed/Vacated During Entire	e Period of	Abatem	nent			- Anna Contract	lisade Ave							
Abatement Performed Outside of No Other – Describe:	ormal Facility	y Hours			100	100	e, Zip Code d, NJ 07026	5						
Scope of Work (Check All That Apply)					<u> </u>	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure					è	
		s Locati									A			Š
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole aintenar stodial S (12)	ly by nce/		Descrip tos Containir thermal syst surfacing, other misce	ems in VAT, o	sulation, or	(5	mount Specify or LF)	Kemoval	Domonia			Enclosure
	Yes	No	N/A								-		Ф	
Bldg 5 Stairwell, Landings, Lobb			X		VA				60 SF	K	4			
Bldg 6 Stairwell, Landings, Lobb	у		X		VA				60 SF	K	+			
Bldg 7 Stairwell, Landings, Lobb	у		X		VA	T		86	60 SF	K	+			
No de la		l N	JDEP W	lasta	Cubic Yard	de	Name of	Registe	ered Land	dfill				
Name of Registered Waste Hauler		10000	lauler ID		of Waste	10	Traine or	rtogiote	,, 04 24					
City, State					Disposal D	ate	City, Sta	te						
Completed by	Title				Signa	iture				Date				

State of New Jersey

(W# Hot	129						,					
Date of Notification	(1)	,	Name	of Bu	ilding	Owner/Operator	The state of the s	SEP	E I	M	E	[10]
7/28/2017			Mi	chae	1 Sc	anlan	ALTERNATION OF THE PROPERTY OF) 5 6		W		A COLOR
Agencies Notified	Type Notifica	tion	Stree	et Addı	ress			11		000	-	
[]EPA	[X]Initial						medicana	LI AUG	- 3 5	2017	T. sebasti	1
[]DEP	Notifica	ation	City,	State	e, Zip	Code					1	
[X]DOL	[]Amended	tion	So	uth	Oran	ge,NJ,070	79	AGRECTO	162 MM	mar) R	
[X]DOH			Name	of Cor	ntact		m-7				/ 24 68	
[]DCA	[X] EMERGENCY		Mi	chae	l Sc	anlan						
	[]Cancellat	ion					L					
Name of Facility Who	re Thatement	ia Maki	ne Di			INFORMATION	I m					
Michael Scanla		is Taki	ng Pi	ace (3)	Scanlan AUG -3 2017 AUG -3 2017 ASBESTOS CONTROL & Scanlan Type of Facility (4) [School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet \$ of Floors Bldg. Age Square Feet \$ of Floors Bldg. Age Current Use (Prior if being demolished) Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Telephone Number (973) 744-8800 O0371						
Name and the same		Name of Building Owner/Operator (2) Michael Scanlan Street Address South Orange, NJ, 07079 Name of Contact Michael Scanlan FACILITY INFORMATION tement is Taking Place (3) County (6) Essex County (6) County (6) County Code (7) Essex County (6) County Code (7) Essex County (6) County Code (7) Essex County (6) AZTECH MANNAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 relephone Number (973) 744-8800 Street Address City, State, Zip Code Mini-Enclosure [X] Glove-bag Procedure [X] Glove-bag Procedure Staff (12) Staff (12) Staff (12) Yes No N/A or other miscellaneous) Legation Street Address Street Address Street Address Street Address Street Address Address Address Address Address Address Address Address Abatement Type Abatement Type Abatement Type Street Address Street Address										
Street Address						Type of Facility (4) [] School (K-12) [[] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Per Telephone Number (973) 744-8800 00371 (11) Name of OSHA Monitor N/A Street Address Y City, State, Zip Code []Full Containment with Negative Pressure []Mini-Enclosure [X] Glove-bag Procedure []Non-Friable Procedure [] Non-Friable Procedure Description of E E E						
City (5)	k	County	(6)		Cou	inty Code (7)	Square Feet	# of Floo	ors Bl	.dg.	Age	
South Orange	I	Essex			D 2300 1 1 1	45명 계약 55명도 교육하면 여러 전에 보고 있었다. 이번에 하다고 그리	Current Use (Prior if be	ing der	nolis	hed)
									•			Ď.
Name of Monitoring F. Owner (8)	irm hired by F	Buildin	g AS	CM No.		Name of Abate	ment Contracto	r (9)				
N/A						AZTECH M	IANAGEMENT	, Inc.				
Street Address							T.					
						86 Chris	topher St	•				
City, State, Zip Code	е			E-0-11 WIII.0018				42				
Project Manager for 1	Monitoring Fir	m Te	lephor	ne Numb	per	Telephone Num	ber	E.	icense	Numb	er	
		N	'A			(973) 744	-8800		0037	1		
Scheduled Start Date	(10) Sched	i. Compi	letion	Date	(11)	Name of OSHA	Monitor					
07- 29- 17		S	30	-17		N/A						
					2	Stroot Address	~					
[X]Facility Clos	ed/Vacated Du					Street Address	5					
of Abatement []Abatement Per		e of No	rmal	Facili	tv	City State	Zin Code					
Hours - Descr	ibe: «OffHours	Descri	pt»		-	orey, sease, .	arp code					
Scope of Work (Check				zzp c»						100000		
		- 000	202000					th Negative	Pressu	ire		
[X]>3 sf or [[]>160 sf or		170	(50)									
100 to			1. T									
Location	of		ocati			Descriptio	n of		Aba	teme		
Asbestos-Cont		ł	Used			Asbestos-Cont	taining	Amount			N	N
Material (TO BE ABA		By Ma	ainten	ance/				100000	M	P	A	L
In Facili						sulation, surfa	acing, VAT,		V		S	S
(13)		Yes	No	N/A	1	or other miscel	llaneous)			R		R
Basement				X	Pipe	Insulation	on	110 L	F X		•	E
Name of Registered Wa AZTECH MANAGE		На		ID No.	1000000	oic Yards Waste 1.25	Name of Regi	stered Land Enterp		TNC		
City, State		1	7040)	D:-	sposal Date					-	
Montclair, NJ	07042				10000	7/31/17	Waynesb	urg, Ohi	LO 44	688	3	
Completed By (Print o	or Type) Titl	.e				Signature	1-1-	1/	Date			
Constantine Vi	200000000000000000000000000000000000000	eside	nt			10	Tallar)	/~-	7/28/	2017		

				State of New J	ersey						
NICY				N OF ASBEST				П	n /r	-	-
Date of Notification (1)			Name	of Building Ow	ner/Onerato	r (2)) ECE		W	E	100
7/28/2017			PSE				331				
Agencies Notified Type Notification	on			Address		Ш	W AUG -	3 2	017	1	Ш
EPA Initial				HADLEY R	OAD			0 -	011	1	\neg
DEP Amended Amendme	ent# /			tate, Zip Code TH PLAINF	EID NI	77080	ASBESTOS /	10000	200		
Emergence	y (includin	9	2	of Contact	LLD, NO	37000	LICEN	Chic	1101	_ čx	-
DOH justificatio				AKE	REI	^					- 1
				CILITY INFORM		J	_				W.
Name of Facility Where Abatement is Tal	king Place	(3)				Type of Facility	(4)				
PSE+G Street Address						School (K	-12)				
344 NORFOLK	. 67	-0.	~			Other (i.e.	er 8 (Other than K-	12) cial bu	ildings	s. hon	nes,
City (5)	- 51	REE	:/		- Harriston	etc.) Square Feet	# of Floors		Bldg.	Age	
NEWARK						24000	3			_	442
		10 7		Code (7)		Current Use (P.	rior if being demolis	shed)		- / /	72
ESSEX Name of Monitoring Firm Hired by Buildin	0 "			USE ONLY) _		Su	B STA	Tio	N		
ENVIRONMENTAL TACTICS	g Owner (8	3)	ASC 004	M No.		of Abatement Co	ontractor (9) IS OF AMERIC				
Street Address			1004			Address	IS OF AWERIC	,A			
64 BROAD STREET						WHITEHEAD	AVE.				
City, State, Zip Code						State, Zip Code					-
MATAWAN, NJ 07747						ITH RIVER, N	J 08882				
Project Manager for Monitoring Firm TOM GEIGER				one No. 190-2217		none No.	License	Vo.			
Start Date (10)	Schedu	led Cor		Date (11)		432-8350 of OSHA Monitor	01111				
7/31/17		8/	///	of Care (11)			r 1S OF AMERIC	Α			
Occupancy Status During Abatement (Che	eck Only O	ne)		/		Address					
Facility Closed/Vacated During Entire	Period of	Abaten	nent			WHITEHEAD	AVE.				
Abatement Performed Outside of No Other – Describe:	rmal Facilit	y Hours		el.		tate, Zip Code	Nas Ut				
Scope of Work (Check All That Apply)	1 1			7	800	TH RIVER, N	J 08882				
≥3 sf or ≥3 If		Donova	tion		-	1					
≥160 sf or ≥260 lf		Renova Demolit				Full Containm Mini-Enclosur	nent with Negat <mark>i</mark> ve I	Pressu	ire		
					×	Glovebag Pro	cedure d (*) and Non-Friat	nie Dro	code		
	l:	s Locati	on			- Trail Excilipte	d () and Noti-i flat	1		ement	t
Location of	100	Normal			Description	of			Ty	уре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole aintenar	nce/	Asbestos (Containing M	laterial (ACM)	Amount			Ш	_
In Facility	Cus	todial S (12)	Staff?	St	mal systems urfacing, VA	T, or	(Specify SF or LF)	Remova	Repair	ncap	nck
(13)	-			oth	er miscellan	eous)		loval	pair	Encapsulate	Enclosure
	Yes	No	N/A							le	tb
MEZZAN; NE		X		TRANSI	TE DO	OR PANELS	635F	X			
N									<u> </u>		
Name of Registered Waste Hauler			JDEP W		bic Yards	Name of	Registered Landfill		L		
VEOLIA		100000	auler ID 8063		Waste Ø≽ / 6	GROW	S NORTH				
City, State		1-		The state of the s	posal Date	City, Stat	e				
ELIZABETH, NJ					TBD	MORRI	SVILLE, PA				
Completed by CAROL RAIMO	Title	CE 14	ANAG	ED	Signature	. 1	. Da	te 7/2	/	1	
	1 OFFI	UE IVI	AIVAG	CK	Car	al Xa	ime	1/3	78	11:	7

CK # 8323

Print Form

NOCK			NOT	FICATI (Pursua	State of N ON OF AS ant to NJA	BESTOS	ABATEN	ENT [D]	EGE		\mathbb{V}	E		The second secon
Date of Notification (1) Agencies Notified	2017 Type Notification			PSE		g Owner/	Operator (2)	AUG	- 3 2	2017	7	U	
EPA DEP X DOL	Initial Amended Amendmen	t #		400 City,	t Address 0 HADLE State, Zip (JTH PLA	Code		7080	ASSESTON LICE	S CON ENSIN		OL 8	ž.	-
Ĭ DOH DCA	Emergency justification Cancellation) n		Name	of Contact	t R	EID		Telepho	one Nun	nher		_	V
Name of Facility Where A PSE+G Street Address	7		10 1000		CILITY IN	TURMAI		Type of Facility School (I) Subchap	K-12) ter 8 (Other th	ian K-12	!)	Island		
344 No City (5) NEWA		57	REE	ε/		F		Other (i.e etc.) Square Feet	# of Floo			Bldg.	-2	nes,
County (6) ESS (Name of Monitoring Firm	£×	Ourses (2)	(STAT	y Code (7) E USE ONL	Y)	-	Current Use (F	Prior if being d			N N	77	rye
ENVIRONMENTAL Street Address	TACTICS	Owner (a		004	CM No. 15		Name of UNIQU Street A	Abatement C JE SYSTEI	ontractor (9) MS OF AME	OXIEST TELES				
64 BROAD STREET City, State, Zip Code MATAWAN, NJ 077							396 W City, Sta	HITEHEAD te, Zip Code						
Project Manager for Monit TOM GEIGER					one No. 290-2217		Telephor	H RIVER, No. 12-8350	Lice	ense No		.		
Start Date (10) 7/3:1 Occupancy Status During	Z Abstamant (Cha-		8/	mpletion	Date (11)			OSHA Monito						
Facility Closed/Vacat Abatement Performe	ed During Entire F	Period of	Abater					ldress HITEHEAD e, Zip Code	AVE.					
Scope of Work (Check All	necoesary	ape	extens	00	rly	_		H RIVER, N	IJ 08882					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolii				X	Mini-Enclosu Glovebag Pro	nent with Nega re ocedure ed (*) and Non					
Location of	f		Locati Normal ed Sole	ly		Des	cription of		() and Hon	- Habie		13/25	ment	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Ma Cus	intenar todial S (12)	taff?	Asbes (i.e.	thermal s surfaci	nining Mate systems in ing, VAT, d iscellaneou	or	Amount (Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
MEZZAN; N	E	Yes	No X	N/A	TRAN	SITE	Door	PANels	633		<u> </u>		ate	e)
													-	
Name of Registered Waste			Ha	JDEP W	100000000000000000000000000000000000000	Cubic Y			Registered La	andfill				
City, State ELIZABETH, NJ			1	125		APPY Disposa		City, Stat	S NORTH e SVILLE, PA	Λ				
Completed by CAROL RAIMO		Title OFFI	CE M	ANAG	ER		nature Mrs	1	ilma	Date	1/,	91	1,5	9

NOTIFICATION OF ASBESTOS ABATEMENT Check#2833 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 27 17 Rafael Souza Agencies Notified Type Notification Street Address □ EPA ☐ Initial DOLWD. Amended City, State, Zip Code X DHSS Amendment # ASBESTOS CONTROL & □ DCA Emergency (including Elizabeth, NJ 07206 LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Numbe Rafael Souza **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Elizabeth, NJ 07206 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 28 / 17 07 / 29 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM___AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If ≥ 160 sf or ≥260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Remova Repair Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Pipe insulation 50 LF П П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner entic Wenad 07/27/17 ASB-41

State of New Jersey

State of New Jersey E NOTIFICATION ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 7/24/17 Cheryl Jamieson AUG - 3 2017 Agencies Notified Type Notification Street Address ☐ EPA | Initial DEP Amended City, State, Zip Code X DOL Amendment #_ LICENSING Haddonfield, NJ 08033 Emergency (including X DOH DCA justification) Name of Contact Cancellation Cheryl Jamieson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private 8 commercial buildings, homes, etc. City (s) Square Feet # of Floors Bldg. Age Haddonfield, NJ 08033 2300 SF 65yrs County (6) County Code(7) (STATE USE ONLY) Current Use (Prior if being demolished) Camden. NJ Residence Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. AEi2, LLC Street Address Street Address 361 E. Fleming Pike City, State, Zip Code City, State, Zip Code Hammonton, NJ 08037 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 00689 609-481-2122 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/3/17 8/12/17 AEi2, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 361 E. Fleming Pike Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hammonton, NJ 08037 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 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount Custodial TO BE ABATED (i.e., thermal systems insulation, (Specify e m o IN Facility Staff? surfacing, VAT, or SF or LF) p p s u ı (13)(12)other miscellaneous) a 1 Yes No N/A Basement Floor Tile 800 sf X Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards Hauler ID No. of Waste AEi2, LLC TBD 21376 City, State City, State Disposal Date Hammonton, NJ 08037 TBD TBD Completed By Title Signature Date Wm. Minnick Program Mgr. 7/24/17

-		-	
- 12	mot	-	YEN
-	rint		11 1 1

Or# 106	239	N		CATION		STOS	TOS ABATEMENT (0 and 12:120) mer/Operator (2) ione Private Home MATION Type of Facility (4) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 1000+ House & garage Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 00727 Name of OSHA Monitor Same Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of Containing Material (ACM) Commal systems insulation, surfacing, VAT, or ther miscellaneous) Exterior siding 2700 SF x Name of Registered Landfill Cubic Yards Name of Registered Landfill								
Date of Notification (1) 7/28/17	*								meJ	AU(3 - 3	2017	And the same of th	圳	
Agencies Notified	Type Notification			Street A	ddress										
EPA DEP DOL	Initial Amended Amendment #				te, Zip Co				LAS				Lä		
☑ DOH	Emergency (ir justification)		- h	Name of	Contact				A	-			_		
☐ DCA	Cancellation			Dom	I ITV INEC	DMAT	ION					er .			
	e Abatement is Taking	533	3)	FAGII	LITTINFC	KIVIAT	ION	Туре	of Facility	(4)		y.			
	one Private Home			-								40)			
Street Address									Other (i.e.)				dings,	home	es,
City (5) Surf City NJ 0800	08							September 1		# of	Floors	1 1 1 2 2 2		ge	
County (6) Ocean	***************************************			County C	Code (7) USE ONLY)						ng demoli	shed)			
Name of Monitoring Fi	rm Hired by Building O	wner (8)		ASCM	1 No.		112.000	of Aba	atement Cor	7,35%	(9)				
N/A Street Address							2,A0 = 818)		27.7.7.7		-				-
City, State, Zip Code							100000000000000000000000000000000000000			091					
Project Manager for M	onitoring Firm			Telephor	ne No.		119					No.			
Start Date (10)	127			pletion [Date (11)				HA Monitor		<u> </u>				
8/10/17	ing Abatement (Check	8/18/1					0.000	350							
	acated During Entire Pe	1/2		ent			Street	Addre	:55	4					
	rmed Outside of Norma						City, S	State, 2	Zip Code						
Scope of Work (Check	All That Apply)										¥				
≥3 sf or ≥3 lf ≥160 sf or ≥260 li	F		Renova Demoliti				2	Mi Gl	ini-Enclosur lovebag Pro	e cedure				2	
		Is	Locati	on			<u> </u>	21 100	or-exempte	u () and	a NON-1 III	DICTIO	Abate	ement	
Locat		1	Normall ed Solel	y	U 28	De	scription	of	10 = 12 =			-	Ту	ре	
Asbestos-Containi TO BE A		Ma	intenar	nce/	Asbest (i.e.	os Con therma	taining N I system	Materia s insul	al (ACM) lation,	5100	2015 2010 2010	R	71	Enc	回
In Fa	cility	Cus	todial S (12)	otan?	(A))			vome	epai	apsu	closu
	-,	Yes	No	N/A				•				<u>a</u>		ate	Ге
exterio	rsiding			х		exte	erior sid	ding		27	00 SF	х			
												+			
Name of Registered V	Vaste Hauler	1	711	JDEP W	6000 to 1000	100000000000000000000000000000000000000			Name of	Registe	red Landf	ill			
United Roll Off			11	auler ID 2459	No.	6			_						
City, State Elm NJ						Dispo 8/18	sal Date /17		City, Star		A 19 <mark>0</mark> 67	ë.			
Completed by		Title					Signature	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 1 /		Date			
Anthony T Perna		Pres	ident				(l				7/28/1	7		

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

Date of Notification (1) 07/27/2017				Name Fort L	of Building Lee Boroug	Owner/Op gh Hall	perator		eck#	4817 (1)	cl	neck	(#485	3 (2	.)
Agencies Notified	Type Notificatio	n			Address Main Street			r,				Emocione E F		- 104	manus mening
⊠ DEP ⊠ DOL	X Amended Amendmen				State, Zip Co Lee, NJ 070			STATE OF THE PROPERTY OF THE P		E C			ildings, hor Bldg. Age 2017 CONTROL & Control of the Control of	Story wheels	1
☑ DOH 図 DCA	Emergency justification) □ Cancellation				of Contact ony Lione			The same of the sa					7		圳
				FAC	CILITY INFO	RMATIO	N		- 1			ONTROL & SING 2) all buildings, hor Bldg. Age Bldg. Age SCONTROL SCONTROL ENSING D. ressure Italinment e Procedure Abatemer Type	_		
Name of Facility Where Borough Hall	Abatement is Tak	ing Place (3	3)		OILITT IN C	JINIA 110	/14	1		110	SO	ON	HOL	. &	- Contraction of the Contraction
Street Address 309 Main Street	•					SII		☐ School ☑ Subchap ☐ Other (i.e.	ter 8	Other than	K-12	()		hom	nes
City (5) Fort Lee		111111111111111111111111111111111111111						etc.) Square Feet		# of Floors			35%		
County (6) Bergen				County (STATE	Code (7) USE ONLY)	4		Current Use (I	Prior if	being den	iolish	ed)		7 [5	1 1
Name of Monitoring Fire Detail Associates, In-	m Hired by Building C	Owner (8)		ASC	CM No.		Name Lilich	of Abatement C	1 1	1 posenson		- 100EL (1	<u> </u>		The same
Street Address 300 Grand Ave						- ;	Street	Address cBride Ave	A COLUMN	4 A	UG	- 3	20	17	-
City, State, Zip Code Englewood, NJ 0763	1						City, St	ate, Zip Code and Park, Ne	- Constitution of the Cons					TOL	1
Project Manager for Mo Nadine Bello	nitoring Firm		T	Telepho	one No 69-6078		Teleph	one No.	wiper	Licen	se No	*********	ING		
Start Date (10) 08-05-2017		Schedule 08-06-2	ed Cor		Date (11)	1	Name (25-8400 of OSHA Monito	or	0110					
Occupancy Status Durin	ng Abatement (Che	200000000000000000000000000000000000000						vironmental L	abora	atories, LL	_C				
☐ Facility Closed/Vac ☐ Abatement Perform	cated During Entire	Period of	haten	nent		2	2333 F	Route 22 Wes	t	6					
Other - Describe: Scope of Work (Check A		8 am				-	Únio	n, NJ 07083							
≥3 sf or ≥3 lf	гластрріу)	⊠ R	enova	tion				Full Contains	mont	with Nagati	D.				
□ ≥160 sf or ≥260 lf		□ D	emolit	ion				Mini-Enclose Glovebag Pro	ire ocedu	re / Limited	d Con	tainn	nent		
11.5			Locati					Non-Exempt	ed (*)	and Non-F	riable	Pro			t
Location Asbestos-Containing		Used	ormal d Sole	ly by	Ashesto	Descr S Contain	iption o	of aterial (ACM)		A	1		Ту	ре	Ι
TO BE AB In Faci (13)	lity		ntenar odial S (12)	20-7-5222	(i.e. th	hermal sy surfacing other miso	stems g, VAT	insulation, , or		Amount (Specify SF or LF)		Remov	Repa	Encapsu	Enclosure
		Yes	No	N/A				,				/al	Ť	ilate	ure
1st floor lobby				X	TSI pipe	insulati	on		24 1	LF		X			
3/11															
4	4														
Name of Registered Was	ste Hauler		N.	JDEP W	/aste	Cubic Ya	rds	Name	Rogi	stered Lan	4611				
Lilich Corporation			H	auler ID 18724		of Waste		G.R.O.V			uiili				
City, State Woodland Park, N	ew Jersey					Disposal I	Date	City, Sta	te	orrisville,	PA	-			
Completed by Momo Glavatovic	**	Title Proj	ect m	anager		Sign	ature	AA			Date		2017		
											011	-112	.017		

D	_
Print	Form
1 11116	I OIIII

OK#14E	587			ICATIO	tate of Nev N OF ASBI t to NJAC	ESTOS	ABATE		Comment of the Comment	0)區	C	E		
Date of Notification (1) AUGUST 1, 2017				Name of BURI	of Building (LING FAI	Owner/9	Operator TRUST	r (2) 7/BURLIN	G ASSO	IATES ,	NUG .	- 3	201	17
Agencies Notified	Type Notification X Initial				Address SPRINGF	FIELD	AVEN	UE						9
X DEP X DOL	Amended Amendment					de				ASSEC	LICE	DS CONTACENSING a) buildings, home 50 YEARS ed) ent Corp., Inc.	OL,	
DOH DCA	Emergency (i justification) Cancellation	ncluding				OSBIE	=					-	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	
				FAC	200 SF 2 50 YEARS Code (7) Current Use (Prior if being demolished) RETAIL M No. Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc. Street Address 17 Thompson Street City, State, Zip Code West Long Branch, NJ 07764 One No. Telephone No. 732.222.8372 License No. 00040 Date (11) Name of OSHA Monitor N/A Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Abatement Type									
Name of Facility Where A	Abatement is Taking E	Place (3	3)						ASSESSIOS CONTROL ASSESSIOS CONTROL L CENSING f Facility (4) chool (K-12) ubchapter 8 (Other than K-12) ther (i.e. private & commercial buildings, homes. c.) Feet # of Floors Bldg. Age 50 YEARS t Use (Prior if being demolished) AIL ment Contractor (9) buch Asbestos Abatement Corp., Inc. on Street Code Branch, NJ 07764 The containment with Negative Pressure Enclosure Enclosure Exempted (*) and Non-Friable Procedure ACM) Amount (Specify SF or LF) Rem No. Repair Finclosure Accompany Amount (Specify SF or LF) Rem No. Repair Finclosure Rem No. Repair Finclosure Finclosure Abatement Type Amount (Specify SF or LF) Finclosure Finclosure Amount (Specify SF or LF) Finclosure Finclos					
Street Address 319 SPRINGFIELD	AVENUE							X Other				ldings	, hom	es,
City (5) SUMMIT									2000	of Floors		Duildings, home Bldg. Age 50 YEARS Type Repair Repair Repair	S	
County (6) UNION									e (Prior if be	eing demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building O	wner (8)		ASCN	M No.		Name Finis	of Abateme shing Touc	nt Contracto ch Asbesto	r (9) os Abater	nent (Corp	, Inc	*)
Street Address							10.000.000.000.000		Street					
City, State, Zip Code										07764				
Project Manager for Mon N/A	itoring Firm			Telepho	ne No.						No.			
Start Date (10) AUGUST 15, 2017		Schedule AUGU	ed Con ST 15	pletion 5, 2017	Date (11)			of OSHA Mo	onitor	1				
Occupancy Status During	Abatement (Check	Only On	e)				Street	Address						-
Facility Closed/Vaca Abatement Performe Other – Describe:	ited During Entire Pe ed Outside of Norma	eriod of A	Abatem Hours	ent			City, S	tate, Zip Co	de					
Scope of Work (Check Al	That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					Mini-End Gloveba	losure g Procedure	5::5401 (0049471)			e	
		Is	Location	on										
Location			lormall d Solel		222 1 (Pro. 1972)							Ту	ре	$\overline{}$
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Mai	ntenar odial S (12)	ice/	(i.e. t	hermal surfac		insulation, T, or	(3	Specify	Removal	Repair	Encapsulate	Enclosure
BASEME	NIT	res	INU				TOL							
DASEIVIE	INI			X			TSI			18LF	X			
Name of Registered Wast	e Hauler		N	JDEP W	acto T	Cubic '	Varda	I NICO	o of Parist	red I and Pl				
Finishing Touch Asbe		Corp.,	I Ha	auler ID 2058	The second secon	of Was		1	ne of Registe IRLESS L					
City, State WEST LONG BRAN	CH, NJ	~				Dispos 8/16/	al Date 17		State ORRISVIL	LE, PA				
Completed by JOSEPH P. MILLER		Title PRES	SIDE	VT		Si	ignature MM	hPhil	ι		ate /1/17			

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

(V) # QAAA		Pu	revent to NJ	AC 8:60 an	d 12:120)	August 1		C-1779CC7 4400	-	Taken Treat	manage of the
Date of Notification (1)		The state of	lame of Build		-50%	IN	TE.C.E	IW	E	Tr	1
7/27/17		The second secon		ne gi	NTE C	euny				711	
Agencies Notified Type Hotification		nements.	itreet Addres	dh	59 5	. 11	ROAUG -	- 201	19	1	
I EPA DIME	2 1	-	39 (Jily, State, Zir		and a fight	Ustil !	AUG -	3 44	1	lunicas Lunicas	4
EPA Commended Amended Amendment	25	ounderes.		HOUT	, N. U.	10152	- England				
[Emergency		Service And	lame of Cont			The Street Second	ASHISHES	erioe I	ROI.	&	
DOH justification) DCA Cancellation		etitifaetitis	Dan	ib L	SSEL	<u></u>				period	
0.000 0	a Diego (2)		FACILITY	NFORMAT		of Facility (4	11				
Name of Facility Where Abatement is Takin						se: saamy (School (K-1)					
Street Address						Subchauler	8 (Other than K-1	12)			
Z-12 SOUTH	S					Other (i.e. p stc.)	rivale & commerc	ial build	ngs, i	nomes	à,
City (5)	-			14 12	Squar	e Feet	# of Floors	- 1	dg. Aq		
PASSAIC						600			+57	ì	
County (6)		10	County Code	(7) NLY)	Curre		or if being demolis	aeu)			
Name of Monitoring Firm Hired by Building	Owner (8)	-	ASCM No.		Name of Abai		EHSUSE tracks (9)				
reme of monthly i and i mod by busing	Denior (O)		7500(c) 1 to.		A.MAC Co						
Street Address					Street Addres						
URI Colorina					185 Vreela		2				
City, State, Zip Code					City, State, Zi Midland Pa		7432		-		5.77
Project Manager for Monitoring Firm		W - Total	elephone No	h. 🔍 🚬	Telephone No	0.	License	No.			
and the second s		Section 1		1.1	(201)262-5		00156				
Start Date (10) 7/21/17	Scheduled G / S /		pletion Date ((11)	Name of OSI Omega En		ntal Services I	nc.			٠.
Occupancy Status During Abatement (Che	7 7 7	5 6			Street Addres 280 Huyle						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of Aba	item:	ent		City, State, Zi			-			
Other – Describe:	mos s county 4 s				Hackensa		606				
Scope of Work (Check All That Apply)	1										
☐ ≥3 sf or ≥3 ff	TOTAL CONT.	ovati				l Containm ni-Enclosure	ent with Negative	Pressui	e		
≥160 sf or ≥260 lf	TI Des	noliti	22.1		Z/Gk	webag Prox	cedure				
			1		Mon No.	n-Exempled	i (*) and Non-Fris	ible rto	Abate		
		ncatio math				(LD) (ADSTERNATION		- North	79		
Location of Asbestos-Containing Material (ACM)	Used 9	Solet	y by A		escription of staining Material	(ACM)	Amount	Applications		100	_
TO BE ABATED in Facility	Maint Custod		ce/	(i.e. therma	l systems insula acing, VAT, or		(Specify	Ren	Repair	ncar	ind
in Faciny (13)	(12)	DEC MARKETANA		miscellaneous)	VICTOR CONTROL	0. 4.2)	Remova	pair	Encapsulate	Enclosura
seawild repr	Yes	No	N/A			P. C.		rapi sidophu		0	
ELEVADL SHAFT	The state of the s	- t ₂	1	PIPE IA	SULAT 101	٥	150 UF	1		arrelled/Los	
BUSEMENT	ed before constant		4	VAT		and the second	2,200SF	No.		enjawine)	
Basê Mehir	- string		20	4	NSULATIO	اد	40se	Bound		2000/01/01	
EXTELOL	de la contraction de la contra	- F.	- 4		ow awu		2,8106	15/			
EXTENAL	The same of the sa		V	WNDO	The state of the s	LING	4,200 4	No grande	Acceptance	The Children	
Name of Registered Waste Hauler			IDEP Waste	Cubic of Wa	Yards	Name of	Registered Landf				
Newark Carting Inc.		4	509	de la secola	150		Central Sanita	ry Lan	dtill		
City, State Newark, NJ 07105	3.	-	THE PERSON NAMED OF THE PERSON NAMED OF	Dispo	sal Date 7/2/17 On	City, State Pen Arc	e gyl, PA 08702				
Completed by	Title			1	Signature	10		ate ,	_ (
Joseph Vocaturo	Vice Pr	esic	lent	The state of the s	1-1	1 ocella)	7/2	7 /	-	
A LOW TO THE PARTY OF THE PARTY				1	- 100 tank deser 1	TENS SCHOOL OF N	aspessos acensu	ne exen	meu	ECTIVITE	des.

87/21/2017 10:52 2012628321

AMAC

- PAGE 82/83

							-		COLUMN TO SERVICE	for mi	SQ	150
Data of Northbullon (1),		BIOT	fa.náæ(i	non of as eacto NJA	low Jarsey INESTOS ABAT C 8:60 and 12:1	196)		D(The	A A
7/2//10			Nan	a of Buildin	Owner/Operat	07 (2)			111	Λ.Τ.	701	agaylan
Agencies Notified Type No	dication		3		TONE GO		un	لم،	UL	2	[20]	¥.
			Street	Address		See as	-	Pay Shirt		1-	1/	-
DEP P	this Benedated		Par	State, Zip (86 RT	59	Sine	CON	ED.	R Fay	V COL	115
1 11791 12	Paridereces &	ALL PROPERTY OF THE PARTY OF TH	Lauy,		44 .		11 - 3	TIET	(A)			
The state of the s	legistcy (Includ Sostion)	ing .	Minn	of Come	Mout ,	<u>v.4</u>	10952	p======	U	L,	<u>II \</u>	
	colition			DAVID	Leise	Page P	Teb	100mm		- Contract to the	Water of the last	ation ca.
Name of Facility Whate Absternant	im Turbin a Pita	Sheet was	P#	CUIVIN	ORMATION	b	\rightarrow		111.			- Allena
1.1485	HOUSE	ত দৈ			- Compagning	Type of Fee	20y (d)		UU	-	20	9 9
Street Address	<u> </u>	-	-	forther two areas and the second	-	School	186-120					
2-12 Sout	n st					I II il Bullecin	maked & Atherus	HIMEP	SIZO	SO	THO	AC
41.7		T-Therman	******				l.o. private &	Charles Control		rid (14PD	mes
PASSAIC COUNTY (8)						Square Feet	§ 34 mm ;	Floore			- Age	-
		T	Counc	y Gode (7) E UND ONLY		Current Use	(State It has	T		4	70	
PASSAIC Name of Monthsring Firm Hired by B	alding Fi					(A)	A ELLIAN IS	zf.				
transmit a marriage nã to	menig Lymin	(2)	ASC	AN NO.	Maryon	the Authorities thereof	Charlemonios 6	8)		-		
Breck Address		oonera phianena.	<u> 1 :</u>		AN	VC Contract	ling Inc.	- * ○				
						Address President Av		The Passacine	-		w- to-	
City, Steels, Zip Code			100			ista, Zip Code		-				
Contact Manager					Midis	ind Park, N.	i 07432			*Challeng and		
rojeci Manager for Montesting Plant			Totoph	one No.		one No.		losnee	1 -1	-	-	
Start Dely (10),					(201)	262-5841		10456	MO.			
7/2//17	Shadil Shadil	2 MA 1 1 1 1	pletton	Date (11)	Name	HON AHEO H	Mir			***********	OR MATERIAL PROPERTY.	
Occupancy Status During Abatement	(Chase Only C	ay	17	1	Omer	ja Environn	nental Sen	vices I	MG.	200		
Facility Closed/Vacated During E Absternant Performed Outside of Other - Description	Miles Period of	. Elembanno			Street /	Vidreas Luylar Stree		- Wante	-	-	- Constitution of	
Other - Describe:	Normal Facili	y House	ser,			HE, Zip Code	l	- Control of the last of the l				
cupe of Work (Check All This Apply)					- Hack	enseck, NJ	07806				0-2/100	-0.00
					The second second			-		- The second	-	
23 For 23 F 2160 St or 2260 K		Renovati Demotific	04) 17			Full Contain	Larea .	igathau i	PRESER	TD.		
						Glovebag Pr Non-Example	1008Gurs ted (") and sa	in-Frist	da Sve	erminde se	100.	
Location of	to to	Locotion Normally	1		Y		- Sunneighbur		1		MAGU	
PARTORISTAN CONTRIBUTION BANKSHING AN PRO	#\ Lide	HI BEDIDON	iay	Ash ans	Description o	*	www		£ -	7)	796	
TO BE ABATED	Cust	intenano Iodini Sta		Q.e. B	Containing Ma armiti systems i	maulatten	Amou (Spec			ACTUAL DE LA COMPANIA	m	print
(13)		(12)	Personal		aurieding, VAT, ther miscellanes	de	SFor	Ur)	Bennes	Regul	Office	ind.
/14/	8 7	No	NIA		The second second	rway		*	E	-	Emalphile.	Endlagura
Politica and the second	Yes			Tr.	<u> </u>						0	
Politica and the second	Yes		-						E 405		1	
Politica and the second	Yes		4		RE INDUCA	maj	800	E_	V		CONTRACTOR OF THE PERSONS	- PERSONAL PROPERTY.
Politica and the second	Yes		1		E INJUGA	The J	800	E_	-			
Elevane Shage	Yes		1		E INNE	nay	800	E,	-			l-earn.
ELEVADE SHAFT THE OF Registered Westle Hander	Yes		V								1	
ELEVADE SHAFT THE OF Registered Westle Hander	Yes	Maud	EP Wa	ale] c	ublic Yards	Name of	Registered L	andilij			- Annahaman - Anna	
ELEVANCE SHAFT THE OF Registered Wests Hauter Wark Carting Inc. , Sunto	Yes	MUD	EP Wa	ale C	uble Yards ! Waste \$	Name of		andilij		fill		
THE VAIDS SHAFT THE OF Registered Wests Hauter Wark Carting Inc. 1, State Wark, NJ 07105	Yes	Maud	EP Wa	ale C	ubic Yards / Weste § Spose Date	Name of Grand	Registered L Central Se	andilii		inu inu		
ELEVARDE SHAFT THE OF Registered Wests Harder Wark Carting Inc. V. State Nark, NJ 07105 Inpleted by	Yes	Maud	EP Wa	ale C	ubic Yards 'Weste 'S Sposal Date 7/2//7	Name of Grand	Registered L Central Se	andilii		fill		Committee of the Commit
The of Registered Wests Hauter Wark Carting Inc. 7, State Nark, NJ 07105	Title	Maud	EP Wa e: ID N	ale C	ubic Yards / Weste § Spose Date	Name of Grand	Registered L Central Se	andfill initery 702	Lanc			A Commission of the Commission



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

County (6) County (6) County (7) County (8) Cou	ι (-			(Pi	ursuai	nt to NJ/	AC 8:60 and 5:1	6)		00	#:	32	44		
Agencies Notified EPA DOLVD	Date of Notification (1)									T IS		C	parent of		
DOLWD	7 / 25	/ _	17		Pri	nceton (Iniversity-Office	of Design and	Construction	=	W	E	4		
DOLWD Amended	Agencies Notified Typ	e Notifica	ation		Street	Address		SCA STATE	Ul	THE PERSON NAMED IN COLUMN					
Princeton, NJ 08544					200	Elm Dr.		1		_	วกร	7			
	— · · · · · · — ·				City, S	State, Zip	Code	1	THE AUG	- 3	CUI	<u> </u>	-		
Mame of Facility Where Abatement is Taking Place (3)				-	Pri	nceton, l	NJ 08544	a gridentii					1		
				g	Name	of Contac	ot		Telephone Numb	per C (TVIC	106	8		
Name of Facility Where Abstement is Taking Place (3)					Rol	bert Orte	go	3	1 22-0711 11 13			> _	S. Daring		
Sched (K-12) Street Address Street					FA	CILITY IN	NFORMATION		∰.			_			
Subchalper 8 (Other than K-12) Subchalper 8 (Other (i.e., pithager 4 of Poincer 5 to Horizon) Subchalper 8 (Other (i.e., pithager 4 of Poincer 5 to Horizon) Subchalper 8 (Other (i.e., pithager 8 (Other than K-12) Subchalper 8 (Other (i.e., pithager 8 (Other (i.e., pithager 8 (Other than K-12) Subchalper 8 (Other (i.e., pithager 8 (Other than K-12) Subchalper 8 (Other (i.e., pithager 8 (Other than K-12) Subchalper 8 (Other 4 to the K-12	Name of Facility Where Abate	ment is 7	Taking Place	e (3)				Type of Facility (4)		4				
City (6)	Princeton University - N	/lcCarte	r Theatre												
University Place	Street Address										ulding	10			
Princeton County (6) MERCER County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address Street Address H123 BEAVER STREET State Zip Code BRISTOL, PA 19007 City, State, Zip Code BRISTOL, PA 19007 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) State Call Code (Prior if Deing Call Call Code (Prior if Deing Call Call Code (Prior if Deing Call Call Call Call Call Call Call Cal	University Place								ivate and comme	Siai bi	anding	٥,			
County (6) MERCER County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) MERCER Mame of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address Stre	City (5)							Square Feet	# of Floors	BI	dg. A	ge			
MERCER Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 1123 BEAVER STREET															
Name of Monitoring Firm Hired by Building Owner (8)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)					
Street Address Street Address Street Address 1123 BEAVER STREET															
Street Address Bromley Corporate Center-Three Terri Lane			ding Owner	(8)	ASCM	No.	Name of Abateme	me of Abatement Contractor (9)							
Bromley Corporate Center-Three Terri Lane	ATC Group Services LL	.C					BRISTOL EN								
City, State, Zip Code	Street Address						Street Address								
Burlington, NJ 08016	Bromley Corporate Cen	ter-Thr	ee Terri L	ane			1123 BEAVE	ER STREET							
Project Manager for Monitoring Firm Mini-Facility Closed No. 215-788-6040 215-788-6040 00509	City, State, Zip Code						City, State, Zip Co	ode			-11				
Michael Keehn							BRISTOL, PA	19007							
Start Date (10)		g Firm		Tele	ephone	No.	Telephone No.		License No.			77 2-5-7			
T					74 T.L. (78 TA)		215-788-6040		00509						
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PW							Name of OSHA M	lonitor							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM- AM City, State, Zip Code BRISTOL, PA 19007	7 /26 /17		_7_ /	_ 28	3_ / .	17_	BRISTOL EN	VIRONMENTAL	., INC.						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/PM-AM City, State, Zip Code BRISTOL, PA 19007	Occupancy Status During Aba	tement (0	Check only	one)											
Time of Abatement: 7:00 AM-3:30 PM PM AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sop of Work (ACM) Sop of Work (1123 BEAVE	R STREET							
Scope of Work (Check all that apply) Scope of Work (Check all that apply) Stope of Work (Ch						cribe	City, State, Zip Co	ode							
Sal for ≥3 if Demolition Description of Normally Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A Normally Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Normally Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Normally Description of Normally Secrity SF or LF SECRITY SECRIT			IVI/F	IVI	Aivi		BRISTOL, PA	19007							
Saf or ≥3 if Senovation Demolition	Scope of Work (Check all that	apply)					Пешо								
Second	☐ >3 sf or >3 lf		⊠ Re	enovat	ion		☐ Full Cont	tainment with Neg losure	ative Pressure						
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13) Room 033							☐ Glovebag	g Procedure							
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A						T-	⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedur	_					
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Room 033 Security (12) Yes No N/A N/A	Location of		100	United States	30.500		Di-ti			Ab	_	ent T	ype		
Room 033 Room 0		rial (ACM) Use	ed Sol	ely by	Asbe			Amount	Rer	Rep	Enc	Enc		
Room 033 No N/A Floor tile 240 SF		***************************************	1 001,000				e., thermal systems	insulation,		von	air	aps	losi		
Room 033 No N/A Floor tile 240 SF			Ous						SF or LF)	<u>a</u>		ulat	lre		
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007 Completed By (Print or Type) Title NJDEP Waste Hauler ID No. 18706 Disposal Date City, State MORRISVILLE, PA 19067 Completed By (Print or Type) Date	(1.5)		Yes	No	N/A		other missenane	040)				6			
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007 Completed By (Print or Type) Title NJDEP Waste Hauler ID No. 18706 Disposal Date City, State MORRISVILLE, PA 19067 Completed By (Print or Type) Date	Room 033			×		Floor ti	ile		240 SF		П	П	П		
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007 Completed By (Print or Type) Title Cubic Yards of Waste Hauler ID No. 18706 Disposal Date City, State MORRISVILLE, PA 19067 Completed By (Print or Type) Completed By (Print or Type) Date				-	-										
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007 Completed By (Print or Type) Title NJDEP Waste Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste City, State City, State Disposal Date City, State MORRISVILLE, PA 19067 Date			$ \parallel$ \perp	=			· · · ·						닏		
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC. City, State BRISTOL, PA 19007 Completed By (Print or Type) NJDEP Waste Hauler ID No. 18706 Name of Registered Landfill Waste Cubic Yards of Waste Cubic Yards of Waste City, State Disposal Date City, State MORRISVILLE, PA 19067 Campleted By (Print or Type) Title Date							fr: v								
BRISTOL ENVIRONMENTAL, INC. Hauler ID No. 18706 City, State BRISTOL, PA 19007 Completed By (Print or Type) Title Hauler ID No. 18706 Disposal Date City, State MORRISVILLE, PA 19067 Date															
City, State BRISTOL, PA 19007 Completed By (Print or Type) Title BRISTOL Signature City, State MORRISVILLE, PA 19067	Name of Registered Waste Ha		1000			:	s of Name of Registered Landfill								
City, State BRISTOL, PA 19007 Completed By (Print or Type) Title Disposal Date City, State MORRISVILLE, PA 19067 Signature Date	BRISTOL ENVIRONMEN	IC.	F			Waste	G.R.O.W.S. NORTH LANDFILL								
BRISTOL, PA 19007 Completed By (Print or Type) Title Signature Date	City, State			10700	,	Disposal Date	City, State								
Completed By (Print or Type) Title Signature 5 Date	BRISTOL, PA 19007														
Brian Scafiro Estimator Brians Scalino Me 7-25-17	Completed By (Print or Type) Title						Signature		6 Da	te	- 1				
			Estima	Brian	4 Sighi	0/M =	1-7	25-	-1	7					

NO CK			ICATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE		(1)	100	lL_	16	7.4	PF	_
Date of Notification (1) 7/27/17			Name o	of Building vello	Owner/0	Operator	(2)	TIÑ	E	CE	1		I	1
Agencies Notified EPA DEP SIDEN DOL Amended Amendment Emergency				Address ate, Zip Co ville NJ						AUG -	3 20	17	And Company and Andrews and An	1
DOH justification) Cancellation	inolading		Name o	of Contact				L	2		-mhas.	- A. /	Ž.	The same of the sa
Name of Facility Where Abatement is Takin	g Place (3)	FAC	ILITY INF	ORMAT	ION	Туре	of Facility	(4)	3 3 S			-,	
house Street Address								School (K- Subchapte Other (i.e.	r 8 (Oth			dinas	. hom	es.
City (5) Belleville							Squa	etc.) are Feet	# 0	f Floors	E	Bldg. A		
County (6)				Code (7)			180 Curre	0 ent Use (Pr	2 ior if bei	ng demoli		90		
Essex Name of Monitoring Firm Hired by Building (Owner (8		ASC	USE ONLY,		Name	hou of Abs	se atement Co	ntractor	(0)				
	owner (o		7,00	vi 140.		ABS	Envi	ronmenta		(3)(3)	С			
Street Address					Street PO E		ss 83, 4 E 0	Sate D	rive					
City, State, Zip Code							Zip Code d, NJ 074	418						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph		lo.		License 703	No.				
Start Date (10) 8/5/17	Schedul 9/15/1		npletion	Date (11)		Name	of OS	HA Monitor						
Occupancy Status During Abatement (Chec						Street	Addre	SS						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: basement	eriod of all Facility	Abatem / Hours	City, State, Zip Code											
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	Mir Glo	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	-			e	
		Locati										Abate	ement pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel intenar todial S (12)	ly by nce/	Asbesi (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	lateria s insula T, or	I (ACM) ation,	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
hacament	Yes	No	N/A							0.15			(D)	
basement		X		pipe	insulat	lion		2	0 LF	X				
Name of Registered Waste Hauler Freehold Cartage		H	JDEP W auler ID		Cubic of Was				NG 05000	red Landfi ks Landf				
City, State		15	5939		TBD Dispos	sal Date		City, Stat		vo Latiul				
Freehold NJ	Levi				TBD	TBD Birdsboro, PA								
Completed by Title A. Scott Higgins Presidnet						ignature	Date 7/27/17							

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

Date of Notification (1)				Name of Building Owner/Operator (2) AUG - 3 2017											
8/		17			Asl	nley & Ra	ndall Zapaloski	/ Job	#1707-2212		#475		-		
Agencies Notified	Type Notifica	ation			Street	Address			ASBES1	05.00	NITE	201	8		
⊠ EPA										ICENSI		IUL	α		
□ DOLWD □	☐ Amended				City, S	State, Zip C	ode		A STATE OF THE PARTY OF THE PAR		-		and the sale		
□ DHSS	Amendm		-leading		Tre	nton, NJ	08619								
DCA (NJAC 5:23-8)	☐ Emergen justification		luaing		Name	of Contact	t		Telephone Nu	mber					
(110710 0.20 0)	☐ Cancellat				Asl	nley			1						
					FA	CILITY IN	FORMATION				***				
Name of Facility Where A	batement is 7	aking	Place	(3)				Type of Facility	(4)		72				
Residential								School (K-12		Marie and a second					
Street Address								Other (i.e., p	8 (Other than K- private and comn		uilding	S,			
City (5)								homes, etc.	# of Floors	DI	da A		110000		
City (5) Trenton								Square Feet	67.650	21	dg. Ag	je			
							VOTATE LIGE OF 1	1832 SF	5		46				
County (6)					Cour	ity Code (/)(STATE USE ONLY)		rior if being demo	olisnea)					
Mercer		Residential Abatement Contractor (9)													
Name of Monitoring Firm		ding O	wner (8)	ASCM	No.									
Horizon Environme	ntal						Asbestos and	es, Corp.							
Street Address							Street Address								
PO Box 316							3859 Sylon B								
City, State, Zip Code	20						City, State, Zip Co								
Thorofare, NJ 08086				T			Hainesport, N	1J 08036							
Project Manager for Monit	toring Firm			1000	ephone		Telephone No.		License No.						
Steve Flanigan		Note at	1-10		56-848	MERCHANICA	609-702-0400		00862						
Start Date (10) 8 / 14 /					etion Da 6 /		Name of OSHA N EMSL Analyt								
Occupancy Status During			- 3-	200	Street Address										
☐ Facility Closed/Vacate					ment										
☐ Abatement Performed	_					cribe									
Time of Abatement:							City, State, Zip Co								
Scope of Work (Check all	that apply)		-13829-1011	1				¥1-		-wells					
☐ >3 sf or >3 lf			⊠ Re	novat	ion		⊠ □ Mini-Enc	Ne losure	gative Pressure	Enclw	ure	,			
≥160 sf or ≥260 lf				moliti			☐ Glovebag	g Procedure							
							Non-Exe	mpted (*) and No	n-Friable Proce	dure					
			1856	Loca						Ab	ateme	ent Ty	уре		
Location (Asbestos-Containing N	50	ıx		lorma d Sol	ely by	Acho	Description o stos Containing Ma		Amount	Re	Re	E	m		
TO BE ABA		7	Mai	inten	ance/	(i.e	, thermal systems	insulation.	(Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facilit	у		Cust	odial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Val	-	Ins	sure		
(13)			Yes	No.	N/A	1	other miscellane	ous)				ate			
Main Area, Landing, F	Hall, Utility I	Rm				Floor Ti	ile & Mastic		370 SF	\boxtimes					
Bedroom						Floor Ti	ile & Mastic		180 SF		П	П	П		
	$\overline{\Box}$	П							П						
		\Box	+-												
Name of Registered Wast			JDEP \	Masto	Cubic Yards of	Name of Regis	stored Landfill			Ш	Ш				
Waste Management	689	Hauler II		Waste	Grand Cer										
					17273	3	5		ıuaı						
City, State							Disposal Date	City, State							
Lafayette, NJ							8/16/17	Penn Argy	le, PA						
Completed By (Print or Ty	a constant	Title					Signatûre			Date	02 02	,			
Kimberly A. Trumbe	tti	Of	fice C	oor	dinato	r	OK /		8-1-2017						

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 30 17 Somerville Fidelco / Job #1706-2200 Chk. #NA Agencies Notified Type Notification Street Address ASBESTOS CONTROL & **⊠** EPA ☐ Initial 520 ROute 22 / PO Box 6872 LICENSING **⊠** DOLWD City, State, Zip Code ☑ DHSS Amendment #1 Bridgewater, NJ 08807 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Barry Ages, KRE Group **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial Property School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 60 Fourth Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Somerville 15,000 1 35 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Criterion Laborotories Asbestos and Mold Services, Corp. Street Address Street Address 400 Street Road 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Bensalem, PA 19020 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Panepresso 215-244-1300 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 / 17 / 17 8 / 4 / 17 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: PM/ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Renovation □ Demolition ☐ >3 sf or >3 lf ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE ATTACHED SURVEY \boxtimes ATTACHED X П X X П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management Grand Central 17273 5 City, State Disposal Date City, State Lafayette, NJ 8/4/17 Penn Argyle, PA

ASB-41 MAY 11

Completed By (Print or Type)

Kimberly A. Trumbetti

Title

Office Coordinator

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

Signature

JOMERNI JOW

Hillingaria Consulting LLC

AUG - 3 2017

(Certified Proficient by New Jersey Department of Environmental Protection [NJDEP] Laboratory ID #20037). The method of analysis was polarized light microscopy (PLM) with dispersion staining, as required by the USEPA. Additionally, a total of thirteen (13) representative sample No. were further analyzed via transmission electron microscopy (1LM), as per the New Jersey Labor and Workforce Division (NJLWD) 12:120-3.2, by the same Hillmann laboratory. ACM is defined by federal regulations as any material or product containing more than one percent asbestos.

The laboratory was instructed to stop analysis after the first positive result in any homogeneous group of samples. In accordance with USEPA protocol, a positive result indicates that the homogeneous group is considered to be asbestos-containing, and further analysis is not necessary. A total of fifty seven (57) PLM samples were collected but not analyzed due to this method.

The laboratory analysis indicated that the following materials were identified as ACM, as listed in the table below:

Location	Material	Quantity	Friable (Y/N)	Condition
	Beige 12"x12" Floor Tile and Mastic	250 SF	N	Good
1º Floor, Lab 1	Cove Base Mastic	65 LF	N	Good
	Putty Sealant (on Light Fixtures)	1 SF (6)	N	Good
	Sink Undercoating	7 SF	N	Good
	Insulated Pipe Fitting	8	Y	Good
	Debris, Brown	1 SF	N	Good
18 Floor, Lab 2	Putty Sealant (on Light Fixtures)	1/2 SF (1)	N	Good
	Cove Base Mastic	45 LF	N	Good
	Insulated Pipe Fittings	3	Y	Good
1º Floor, Lab 3	Putty Sealant (on Light Fixtures)	½ SF (2)	N	Good
	Cove Base Mastic	40 LF	N	Good
L ^a Floor, Lab 4	Tan 9"x9" Floor Tile and Mastic. Patches near Ceramic Wall	1 SF	N	Good
1 1001. Latt 4	Cove Base Mastic	95 LF	N	Good
	Insulated Pipe Fittings	37	Y	Good
	Putty Sealant (on Light Fixtures)	1½ SF (8)	N	Good
	12"x12" Pink Floor Tile and Mastic, Beige 12"x12" Floor Tile and Mastic	250 SF	\	Good
1st Floor, Lab 5	Tan 9"x9" Floor Tile and Mastic, beneath Wall Partition	Included	N	Good
Times Europe	Wallboard and Joint Compound*	715 SF	Y	Good
	Transite Hood	50 SF	N	Good
	Insulated Pipe Fittings	8	Y	Good
	Putty Sealant on Light Fixtures	1 SF (6)	N	Good

Patie 3 - Somerville SOW

Hilly Consulting 110

AUG - 3 2017

				AUG - 3
Location	Material	Quantity	Friable (Y/N)S	Condition SESTOS CO
	Cove Base Mastic	30 SF	Y	Loodeds
ls Floor Lab 6	Putty Sealant (on Light Fixtures)	½ SF (1)	N	Good
Location 1st Floor, Lab 6 1st Floor, Lab 7 1st Floor, Lab Suite 1st Floor, Corridor from Labs to Storage Area 1st Floor, Application Lab 1st Floor, Break Room 1st Floor, Break Room Storage Rm 1st Floor, Corridor 1st Floor, Corridor	Wallboard and Joint Compound*	650 SI	Y	Good
	Beige 12"x12" Floor Tile and Underlayment	250 SF	N	Good
1st Floor, Lab 7	Insulated Pipe Fittings	7	Y	Good
	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	LSF (6)	N	Good
	Pink 12"x12" Floor Tile and Mastic beneath Carpet Mastic*	100 SF	N	Crood
	Cove Base Mastic	50 SF	\	Good
ls Floor, Lab Suite	Insulated Pipe Fittings	8	Y	Good
	Putty Sealant (on Light Fixtures)	1/2 SF (2)	N	Good
	Wallboard and Joint Compound*	275 SF	Y	Good
	Cove Base Mastic	60 SF	N	Good
	Insulated Pipe Fittings	2	Y	Good
norage Area	Putty Sealant (on Light Fixtures)	1 SF (6)	· ·	Good
	Carpet Mastic. Pink Mottled 12"x12" Floor Tile and Mastic*	180 SE	N	Good
⁴ Floor, Application Lab	Wallboard and Joint Compound*	650 SF	Y	Good
	Cove Base Mastic	55 SF	N	Good
	Putty Sealant (on Light Fixtures)	½ SF (2)	N	Good
Floor, Break Room	Pink 12"x12" Floor Tile and Associated Mastic, Orange 9"x9" Floor Tile and Mastic	310 SF	N	Good
	Cove Base Mastic	70 SF	N	C1
* Floor Break Room Storage	Pink 12"x12" Floor Tile and Associated Mastic, Orange	130 SF	N	Good
	9"x9" Floor Tile and Mastic			Cinod
	Cove Base Mastic	50 SF	N	Good
	Beige Mottled 12"x12" Floor Tile and Mastic	800 SF	N	Good
Floor, Corridor	Wallboard and Joint Compound*	135 SF	Y	Good
	Cove Base Mastic	215 SF	N	Good
	Putty Sealant (on Light Fixtures)	1½ SF (9)	N	Good
	Insulated Pipe Fittings	66	Y	Good
	Pink 12"x12" Floor Tile and Mastic	380 SF	N	Good
S Claar Staman D.	Cove Base Mastic	70 SF	N	Good
Floor, Storage Room #1	Putty Sealant (on Light Fixtures)	1½ SF (8)	N	Good
	Insulated Pipe Fittings	60	Y	Good
	Pipe Insulation	401.1	Y	Good

Pane 4 - Somerville SOW

Hillmenn Consulting LLC

Friable Location Material Quantity Condition (Y/N)S Beige 12"x12" Floor Life and Mastic, Beige 9"x9" Floor Tile 340 SF 1 Good and Mastie Г¹ Floor, Storage Room #2 Cove Base Mastic 105 SF Good 21/2 SF Putty Sealant (on Light Fixtures) N Good (14) Insulated Pipe Fittings 21 Good Window Glazing 10 LF Good Beige Streaked 9"x9" Floor Tile 240 ST 1 Good and Mastic 1º Floor, Storage Room #3 Cove Base Mastic 60 SF 1 Good Putty Sealant (on Light Fixtures) 2 SF (10) Good Insulated Pipe Fittings Y Good Residual Mastic, Leveling 1.560 SE 1 Good Compound Window Glazine 40 LF Good 1º Floor, Storage Room #4 Cove Base Mastic 200 SF N Good 41/2 SF Putty Sealant (on Light Fixtures) V Good (27)Insulated Pipe Fittings Good Cove Base Mastic 15 SF N Good 1st Floor, Storage Room #5 Putty Sealant (on Light Fixtures) 2 SF (12) 1 Good Insulated Pipe Fittings Good 1st Floor, Storage Room #6 Insulated Pipe Fittings Y Good 1st Floor, Storage Loft Room Insulated Pipe Fittings 30 Good Beige 9 x9 Floor Tile and 400 SF Good Mastic 1st Floor, Office Storage Room Cove Base Mastic 80 SF Good Putty Sealant (on Light Fixtures) 1½ SF (7) Good Insulated Pipe Fittings Good Grav 12"x12" Floor Tile and 95 SF N Good Visitie 1st Floor, Office #1 Cove Base Mastic 30 SF N Good Putty Sealant (on Light Fixtures) 3 SF-(17) Good Insulated Pipe Fitting 6 Good Carpet Mastic, Pink 12"x13" Floor Tile and Mastic, Beige 290 SF Good 12"x12" Floor Tile and Mastic* Cove Base Mastic 65 SF Good Floor, Office #2 Putty Sealant (on Light Fixtures) 1 SF (6) Good Insulated Pipe Fittings Good Wallboard and Joint 760 SE

AMS will not be performing office removal.

Page 5 - Somerville Sow

Hillminn Consulting LLC
AUG = 3 2

Exclude

Location	Material	Quantity	Friable	Condition STOS CON
	Carpet Mastic, Pink 12"x12" Floor Tile and Mastic, Leveling Compound*	180 SF	N	LICENSIN Good
IN Floor, Office #3	Cove Base Mastic	60 SF	N	Good
	Putty Sealant (on Light Fixtures)	1/2 SF (3)	N	Good
	Wallboard and Joint Compound*	670 SI	Y	Good
l' Floor, Warehouse	Insulated Pipe Fittings	43	Y	Good
	Duct Sealant	25 LF	N	Good
1st Floor, Mechanical Room	Flange Gasket	16 SF (16)	N	Good
	Insulated Pipe Fittings	3	Y	Good
	Exterior Transite Panel	970 SF	N	Good
* Floor Boiler Room	Insulated Pipe Fittings	17	Y	Good
Took Done Noon	Built-up Roofing*	160 SF	N	Good
Floor, Office #3	Pitch Pockets	3 SF	N	Good

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

B & G proj. #:

2017-102

Check # 8510

							Cited	K # 851	U								
Date of Notification (1)		Name of E	Building Ow	/ner/Operator (2	2)												
0 8 / 10 1 / 11 7	<u>7_</u> I	TOTAL PER SECTION	de-Gasa		3.6			EC	E	1	W						
	otification	Street Add	Iress				- 			U	U						
	nitial							27000		_							
□ DEP □		City, State	, Zip Code				1 Ld La	AU(3 51	117	j lean					
X DOL A	mendment	Glen F	Ridge, N.	J 07028								-					
▼ DOH	21010000 18 00 0	Name of C	ontact	/ / / / / / / / / / / / / / / / / / / /			Telephi	one Numb	ers C	ON.	RU	Lă					
□ DCA □ Ca	ancellation	Erin II	nde				1	L	CEN:	SING	·						
***************************************		-	FAC	CILITY INFORM	IATIC	DN											
Name of facility where abater	ment is taking	place (3)				T	Type of Facility	r (4)				-					
Erin Ihde-Gasak							=	ool (K - 1	80								
Street Address								hapter 8 r (Private/									
							Bldgs	./Homes,	etc.								
City (5)	To	ounty (6)			Co	ounty Code (7)	Square Feet	# of Flo	ors	В	Bldg. A	∤ge					
Glen Ridge, NJ 07028						tate use only)	Current Use (I	Prior if be	ing der	nolish	ied)						
		Essex					residential										
Name of Monitoring Firm Hire	a by Blag. O	wner (8)		ASCM No.		Name of Abatement (
Street Address				n/a	_	B & G Restoration	on, Inc.										
Street Address						Street Address 105 Ryerson Ro	oad										
City, State, Zip Code					-	City, State, Zip Code					-						
						Lincoln Park, N	J 07035										
Project Manager for Monitoring	Firm	P	hone Numb	per		Telephone Number		Licens		ber							
						(973)696-6869		0	0378								
Scheduled Start Date (10)	Sch	ed. Complet	ion Date (1	1)		Name of OSHA Monitor											
08/14/2017		8/15/2017	NAME OF TAXABLE PARTY.			Street Address	211, 1110.										
Occupancy Status During Abate						105 Ryerson Ro	Road										
Facility closed/vacated du Abatement performed out	uring entire p tside of norm	eriod of abate al facility hou	ement.			City, State, Zip Code											
Describe: Other-Describe:		,			-1	Lincoln Park, NJ	07035										
Scope of Work (check all that a	apply)				-					_							
Demolition	Renova	tion			П	Full Containment w/nega	tive pressure	V 01	1		VI. 2. V						
	_	or ≥260 If			_	Mini-enclosure	ilive pressure	Glove	riable i								
Location of		ion normally	used solely	/	<u></u>		<u>-</u>	14011-1	TR	R		_					
asbestos-containing		ntenance/cus			n of a	sbestos-containing	Amount		е	е	E n	E					
material to be abated in facility (13)	Yes		Τ	material (A			(Specify S	SF or	m o	p a	c	C					
	165	No	N/A						v e	i	р	L					
Basement			×	pipe insula	tion		8 lf		X								
		#			-Donaston		-										
		#							-	밁	님	부					
Registered Waste Hauler	NJI	DEP Hauler I	D# Ci	Lubic Yards of W						Ш	Ш	Ш					
B & G Restoration, Inc.		19563	Diopassis	1/4 yd		Tullytown R	esource & Re	covery	Cent	er							
City, State Lincoln Park, NJ			Disposal D 08/1	^{ate} 5/2017		City, State Tullytown, P	Α					occurrent medic					
Completed by (Print or Type)	Signature		1		Date												
Gordana Luna	Secret	ary/Treasu	rer		Gordana Luna 08/01/2017												

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

B & G proj. #: 2017-103A

*** NON Sub 8 ***

Check # 8511

												-	
Date of Notification (1)	Na	me of Build	ling Owne	er/Operator (2)) F 6		П	0.7	
10 18 1/10 11 1/	/ <u> 1 7 </u>		Tenafly P	ublic Sc	hools			Ш) E C		1	\mathbb{W}_{-}	
Agencies Notified	Type Notification	on St	eet Addres	S		-		Maria Maria	3				111
☐ EPA	X Initial		500 Tena	fly Roa	d			7	II ALL	n	2 0	O47	1
☐ DEP		Ci	ty, State, Zi	p Code				and	W 710	0	J	UTT	
X DOL	☐ Amendm		Tenafly,		70			and the same of th					1
X DOH	224	Na	me of Cont	act				Telep	none Numbe	OS C			L&
☐ DCA	Cancella	tion	Tom Lep	ore							-	_	_
				FACI	LITY INFORMA	ATION							
Name of facility when	e abatement is	taking pla	ce (3)					Type of Facil	ity (4) hool (K - 12)				
Tenafly Middle	School (Nor	n-sub 8)							ochapter 8 (C		an K-	-12)	
Street Address								☐ Oth	er (Private/C	omme			
10 Sunset Lane	Э							Square Fee	gs./Homes, e		Blo	dg. Ag	e
		Coun	ty (6)		T	Cour	nty Code (7)	- Cquair-se					
							e use only)	Current Use	(Prior if beir	ng dem	olishe	ed)	
Tenafly, NJ 076		Ber						non-sub 8	3				
Name of Monitoring I	Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatement						
							B & G Restorat	tion, Inc.					
Street Address							Street Address 105 Ryerson F	Road					
						_	City, State, Zip Code				mounted to	-	
City, State, Zip Code							Lincoln Park,						
Project Manager for N	Monitoring Firm		Pho	ne Numb	er	-	Telephone Number		License		er		
,	3						(973)696-686		0	0378			
Scheduled Start Date	(10)	Sched	Completion	n Date (1	()		Name of OSHA Mor						
08/14/2017	(/	2000	7/2017				B & G Restora Street Address	tion, inc.					
Occupancy Status Du	-i Abetomon						105 Ryerson F	Road					
Facility closed/v				nent.			City, State, Zip Code						_
Abatement perf	formed outside	of normal f	acility hours	S-			Oity, Otato, Zip Oode	f.					
Describe: Other-Describe						-11	LincolnPark, N	IJ 07035					
Scope of Work (chec)											
Demolition	[X]	Renovatio	n			□F	ull Containment w/ne	gative pressure	Glove	bag pr	ocedu	ıre	
		>160 sf or	>260 If			\square N	Mini-enclosure		X Non-	friable	огосе	dure	
			normally u	sed solely	/					IR	R	E	-
Location of asbestos-conta	inina	by mainte	nance/cust	odial	1	on of a	sbestos-containing	Amou		e m	e	n	E n
material to be		staff(12)			material ((Spec	ify SF or	0	a	a	C
abated in facilit	ry (13)	Yes	No	N/A						v e	r	р	
Kitchen Office				X	VAT & m	nastic		72 sf		X			1
Examination Roo	om			×	VAT & m	nastic		72 sf		X			부
						-				-1-			H
											님		11
						Mests	Name of Registere	d Landfill			Ш	Ш	
Registered Waste Har B & G Restoration	uler on, Inc.	NJD	P Hauler II 19563		Cubic Yards of \ 4	vastė	Tullytown	n Resource 8	Recovery	/ Cen	ter		
City, State Lincoln Park, NJ Disposal Date 08/17/2017							City, State Tullytown	, PA				1	
Completed by (Print or Type) Title Signature							CO, CO		Date				
Gordana Luna Secretary/Treasurer							Gordana Luna			1/201	17		

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

B & G proj. #: 2017-103

*** NON Sub 8 ***

Check # 8512

Date of Notification	(1)		Name of	Building Ou	ner/Operator (2	Λ.							
10 18 1/10 11				y Public S)		E	E	G E	3 1	7\//	E
Agencies Notified	Type Notific	ation	Street Ad					[] [] [] [] [] [] [] [] [] [] [] [] [] [. []	V	<u>15</u>
☐ EPA	X Initial		500 T	enafly Ro	ad				Ì				-
☐ DEP			City, State	e, Zip Code					A	10	3	2017	-
X DOL	Amen	dment	Tenat	ly, NJ 076	670			A STATE OF THE STA	İ				i
X DOH	□ c====	- 11	Name of C	Contact				Telepho	A SNUME	eros	CO	VTRO	OL &
☐ DCA	☐ Cance	llation	Tom	Lepore						LICE	(IGIA	I <u>G</u>	
			No.	FAC	CILITY INFORM	IATIC	N						
Name of facility wh	ere abatement	t is taking p	lace (3)					Type of Facility		27			
MacKay Elem	entary Scho	ool (Non-	sub 8)						ol (K - 1	SW.	than !	< 10\	
Street Address								<u> </u>	hapter 8 (Private			-07 -070 5 (/)	
111 Jefferson	Avenue							Bldgs	./Homes	etc.			
City (5)		Co	unty (6)			Co	ounty Code (7)	Square Feet	# of Flo	ors		lldg. A	ige
Tenafly, NJ 0	7670	B	ergen				tate use only)	Current Use (F	Prior if be	ing der	nolish	ed)	
Name of Monitoring	7/10/50/00/00/2				T 400444	L,	INC. of Abote and A	non-sub 8					
Name of Montoning	g Fillii Miled by	blug. Owl	lei (o)		ASCM No.		Name of Abatement	200					
Street Address						-	B & G Restorati	on, Inc.					
							105 Ryerson R	oad					
City, State, Zip Code)						City, State, Zip Code				PROVINCE		
Delet Manager	Manikasian Ein		Т.				Lincoln Park, I	NJ 07035					
Project Manager for	Monitoring Firi	m	'	Phone Numb	per		Telephone Number (973)696-6869	9		e Num 0378	ber		
Scheduled Start Date	e (10)	Sche	d. Comple	tion Date (1	1)	-	Name of OSHA Monit						
08/14/2017		08/	17/2017	8888			B & G Restorati	on, Inc.	-				
Occupancy Status D	uring Abateme	ent (Check	only one)			-	105 Ryerson Ro	oad					
Facility closed/ Abatement per							City, State, Zip Code						
Describe:		e oi norma	nacility no	urs-		_	LincolnPark, NJ	107025					
Scope of Work (che		lv)				-	Ellicolli alk, No						
Scope of Work (che	K all triat app	Renovati	on			П	Full Containment w/neg	ative pressure	Clave	ebag pr	oood	150	
>3 sf or >3 If		≥160 sf or				_	Mini-enclosure	7//	✓ Non-				
Location of				used solely	/	_				TR	R	E	Т
asbestos-conta	aining	by maint staff(12)	enance/cu	stodial			asbestos-containing	Amount	_	e m	e	n	E n
material to be abated in facili	ty (13)	Yes	No	N/A	material (ACM)		(Specify S	or or	0	a	а	C
Nurses Office				X	1 1/4 = 0	- 11				е	· ·	p	
Room 202				X	VAT & m			185 sf 400 sf		X		H	ዙ
7.00111 202				1	VAI & III	asuc	<i>-</i>	400 51		+	H	H	H
						~~~							T
Registered Waste Hauler   NJDEP Hauler ID#   C B & G Restoration, Inc.   19563					ubic Yards of W 6	/aste		andfill Resource & Re	coverv	Cent	er		
City, State Disposal D					ate /17/2017	-	City, State Tullytown, F						
Completed by (Print or Type) Title Sig					Signature		1		Date			-	
Gordana Luna Secretary/Treasurer						Gordana Luna 08/01/2017							

## State of NJ

2017-86 B & G proj. #:

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

Date of Notification	(4)					Sub	8 ***	Ch	eck # 850	8						
			Name o	of Building C	wner/Operator	(2)										
0   8   / 10   1			Bloo	msbury B	oard of Educ	catio	n	The same	E C	E	П	nn	P			
Agencies Notified   EPA	Type Not	ification	Street A					111 A	<u> </u>	E	U	W				
□ DEP	X Ini	tial	20 N	lain Stree	t											
X DOL	Π A			ite, Zip Cod					- AUG	-	3 2	117	_ 19			
_	LI Am	endment	Bloo	msbury, I	NJ 08804			and b.	7.00		-		1.4			
▼ DOH			Name of	Contact				II Telen	hone Numb	000	* * * * * * * * * * * * * * * * * * *	*17F******	11			
☐ DCA	☐ Car	ncellation	Tim	Mantz				1.000	110	SIST LIME	own Simi	n	IIL 88			
				F.A	CILITY INFORI	MATI	ON						HI TOWN THE PARTY			
Name of facility when	e abateme	ent is takin	g place (3)					Type of Facil	4. (4)							
Bloomsbury Ele	mentary	School	(Sub 8)						nool (K - 12	2)						
Street Address								☐ Sub	chapter 8 (	Othe	than	K-12	2)			
20 Main Street								Oth	er (Private/o gs./Homes,	Comm	nercia	I				
City (5)		[ C	ounty (6)			Lo		Square Feet			I	3ldg.	Age			
Bloomsbury, N.	J 08804	١,	Hunterdor	_		(S	ounty Code (7) tate use only)	Current Use	/Dring if hai		1_					
Name of Monitoring F				1				Sub 8	(Prior ii bei	ng de	molisi	ned)				
RK Occupation	al & Env	rironmen	wner (6) tal Analys	sis	ASCM No. 0090		Name of Abatement									
Street Address					0090		B & G Restorat	on, Inc.								
401 St James A	Avenue						Street Address 105 Ryerson R	and								
City, State, Zip Code							City, State, Zip Code	uau .								
Phillipsburg, NJ							Lincoln Park, N	NJ 07035								
Project Manager for Mo	nitoring Fi	rm		Phone Numi		_	Telephone Number		License	Num	her					
Jon Gilbert				73-949-3			(973)696-6869			378						
Scheduled Start Date (1	0)			tion Date (1	1)		Name of OSHA Monit B & G Restoration									
08/11/2017			3/12/2017													
Occupancy Status Durin	g Abatem	ent (Check	only one)				Street Address 105 Ryerson Ro	ad								
Facility closed/vac	ated durin	g entire pe	riod of abat	ement.			City, State, Zip Code									
Describe: Other-Describe:		o or mornie	a racinty flot	112-		_	74.									
Scope of Work (check a		di A				-	LincolnPark, NJ	07035								
Demolition	in triat app	ranananan a	ion													
>3 sf or >3 If							ull Containment w/nega	tive pressure		ag pro	cedu	re				
		≥160 sf o	A CONTRACTOR	used solely		X N	lini-enclosure		Non-fria	ble p	roced	ure				
Location of asbestos-containin	ıg	by maint	tenance/cus	used solely todial						R	R	E	T_			
material to be abated in facility (1	3/	staff(12)	_		Description material (A	of as	bestos-containing	Amount (Specify S	Eor	e m	e p	n c	n E			
abated in racinty (1	3)	Yes	No	N/A	,	,		LF)	or or	0	a	а	C			
litchen meter close				X	pipe fittings					е	r	р				
ym (next to kitcher	1)			X	pipe fittings			10 fittings		X	4					
lym Closet				X	pipe insulati			2 fittings 25 lf		X	<u> </u>					
*							2011		X [	+!!	4	ᆜ				
									L	=  -		=	부			
egistered Waste Hauler & G Restoration, I	NJDI	EP Hauler II 19563	O# Cui	bic Yards of Wa	ste	Name of Registered La	ndfill			_     L		<u> </u>				
ty, State		[0	Disposal Da		-	Tullytown Re	source & Re	covery C	ente	r	i					
incoin Park, NJ 08/					4/2017											
Sordana Luna		Title Secretar	y/Treasu	rer T	Signature Gordana Luna Date							1				
		- Corcial	ny/Treasurer				Yordana Zuna 08/01/2017									

EDS17-110

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

Page 1 of 1

		140			to NJAC					eck :	# 3135				
Date of Notification (1) 7-28-2017					f Building ston-W				ted School	Distr	ici E	G	5 [	$\mathbb{V}$	E
Agencies Notified Ty	pe Notification			Street A	ddress	0					NI.				
X EPA X DEP	Initial Amended				ate, Zip C						L'	AUG	- 3	2017	7
X DOL	Amendment #				1, NJ 07					- Probability	Ĺ				
▼ DOH ▼ DCA	Emergency (inclu justification)	uding	- 1		f Contact					Те	lephone 1	lambét	CO		OL 8
X DCA	Cancellation		,		Postas	00111				25				IG	
Name of Facility Where Abat	ement is Taking Pla	ace (3)		FACI	LITY INF	ORMAT	ON	Тур	e of Facility (	4)		-			
Sandyston-Walpack Co	onsolidated Sch	nool					I in the contract of	×	School (K-1						
Street Address 100 Route 560									Subchapter Other (i.e. p etc.)	8 (Oth			ildings	, hom	es,
City (5) Layton								100000 BC	are Feet 000 +	# 0	f Floors		Bldg. 50+	Age	
County (6) Sussex					Code (7) JSE ONLY	)			rent Use (Prid 1001	or if be	ing demol	ished)			
Name of Monitoring Firm Hire Westchester Environm		er (8)		ASCN 0012					patement Con p, Inc	tractor	(9)				
Street Address 307 North Walnut Street	et						Street 140 l		ess burg Tpke						
City, State, Zip Code West Chester, PA 1938	30								Zip Code gdale, NJ 0	7403					
Project Manager for Monitorin Philip Conteh	ng Firm			elephor 310-43	ne No. 31-7545		Teleph (201)		No. -9725		License 01084	No.			
Start Date (10) 8/21/2017		eduled 0		pletion [	Date (11)		Section of the second		SHA Monitor o, Inc						
Occupancy Status During Ab	atement (Check On	ly One)					Street								
Facility Closed/Vacated				tement 140 Hamburg Tp											
Facility Closed/Vacated Abatement Performed C Other – Describe:	utside of Normal Fa	acility Ho	ours	City, State, Zip Code Bloomingdale, NJ 07403											
Scope of Work (Check All Tha	at Apply)	- 10	.6 46												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Rend Dem					×	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				re	
		Is Loc	catio	n T				,	on Exempted	( ) air	0 11011111		Abat	ement	t
Location of		Norr Used S					scription					_	T	уре	Г
Asbestos-Containing Mate <u>TO BE ABATED</u> In Facility (13)		Mainte Custodia	nand	ce/	Asbestos Containing (i.e. thermal syste surfacing, \			taining Material (ACM) I systems insulation, ucing, VAT, or miscellaneous)			mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		es N	lo	N/A										te	
ROOM C-7 CRAWL		X	Asl	pestos	Pipe Ir	sula	ation	6	0 LF	X					
ROOM C-7 CRAWL		X	Asbe	stos C	ontami	nate	ed Soil	60	00 SF	X					
Name of Registered Waste Ha GL Group, Inc	На	DEP Wa uler ID 1 33034	No.	of Was			Name of R Minerva	egiste	red Landf	ill					
City, State Bloomingdale, NJ						Dispos TBD	al Date		City, State Waynes		ОН				
Completed by Elena Solakov	ident Signature Date 7-28-2017						01	017							

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Q # 3246

Date of Notification	(1) 8/1/17						Owner / Operato		MEGELVE						
Agencies Notified	Type Notific	ation		Stree			MUNICATION	3			W L	ם ע	U		
⊠ EPA	1) po 11011110	ation					Road								
☐ DEP		ĺ	Ī			& Zip (					AUG	- 3	2017		
□ DOL	Ame	nded					lew Jersey			Ired hou	HUU	U	CU11	Ì	
□ DOH	☐ Eme	rgency				ontact					Teleph	one N	lumb	er	
☐ DCA	Cano	ellation		ALE)	(BA	YLOR				AE-					
					CILIT	Y INF	ORMATION				LIUI	MOIN	1(7		
Name of Facility Wh			lace (	3)			Type of Faci	lity (4)							
Bernardsville Cer	ntral Office						School (	(K-12)							
Street Address									Other than K-						
147 Morristown F	Road						Other (i.			rcial buildin	gs, hor	nes, e	etc.)		
							Square Feet		# of Floors	E	Bldg. A	ge			
City (5)		County (6)	Co	unty (	Code	(7)	25500	)	3			70			
Bernardsville		Somerset					Current Use	(Prior if	being demo	lished)					
							COMMUNIC	CATIO	NS						
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	CM No	. Name of Aba	tement	Contractor (	9)					
USA ENVIRONMI	ENTAL MA	NAGEMENT	, INC			0.00	BRISTOL E								
Street Address	treet Address 436 ENTERPRISE AVE						Street Address								
					1123 BEAVER STREET City, State & Zip Code										
City, State & Zip Coo															
PHILADELPHIA P		i enne	T-1	hone	NI.			ISTOL, PA 19007							
MARK JENKINS								Telephone Number License Number							
Scheduled Start Date	e (10)	Scheduled Cor		365-5		١	215-788-6040 00509  Name of OSHA Monitor								
August 15, 2			just 1			,	BRISTOL E			INC					
Occupancy Status D	uring Abater	ment (Check or	nly one	e)			Street Addres			. 1110					
Facility Close	ed/Vacated [	During Entire P	eriod	of Aba			1123 BEAV		REET						
Abatement P	erformed Ou	utside of Norma	al Ho	urs – 7	7am t	o 3pm	City, State &	Zip Cod	e						
Describe: (							BRISTOL, PA 19007								
Facility Occu															
Scope of Work (Che	ck all that ap	ply)													
≥3 sf or ≥3 lf				D		2020	Full Containment with Negative Pres  Mini-Enclosure							8	
≥3 sf or ≥3 lf ≥160 sf ≥260	16		X		ovatio					915.					
	310			Den	nolitio	n			Glove Bag P			-	- 53		
100	cation of		lo l	onati			Danadatia		Non-Exempte						
	s-Containing	,		Locati nally U			Description Asbestos-Con			Amount (Specify	Ab	ateme	ent I	ype	
	rial (ACM)	1		olely b			Material (A			SF or LF)			Ш		
	EABATED			tenan			(i.e., thermal s			51	Re	70	nca	Enc	
in	Facility		Custo	odial S	staff?	i	nsulation, surfac				Remova	Repair	psu	Enclsoure	
	(13)		Yes	(12) No	N/A	-	or other miscell	aneous)			/al	=	Encapsulate	ure	
Power Room Stor	e Room						Vat/Mast	io		40.05					
TOWER ROOM OLOR	C INCOM		H	H	H		Vaulviasi	.IC		40 SF		-	H	H	
			H	H							ᆛH	H	님	H	
											ㅡ⊢	+++	님	H	
	H	H	H						ᆜ님	-	뭐	井			
	H	H	H						ᆛ片	+++	H	H			
Name of Registered \		NII	)FP \	Nasta	Cubic Yards	Name	of Registere	d Landfill				Ш			
	, radio i la dic						of Waste	Ivaille	oi Negistere	u Lanuilli					
SERVICE TRANSP	ORT GRO	UP, INC.		209			2	MINE	RVA LAND	FILL					
City, State			- William	-	-277	Disposal Date City, State					H-10-day				
NEW CASTLE, DE 19720									NESBURG,	OH 4468	8				
	Completed By (Print or Type)						Signature Date								
PATRICK T. DeCA	RO						tor Patrick J. O'Caro/ of 8/1//2017					2017			
	TRICK T. DeCARU						I wrick.	1.6	uno	1 /					

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cle# 3245

Date of Notification (1)					of B	uilding	Owner / Operato	or (2)	Г	Name of Building Owner / Operator (2)								
8/1/17					ngto	n Coa	t Factory	* *		MEC		$\mathbb{W}$	E					
Agencies Notified Type Notification						ress	100 N 11		1									
☐ DEP ☐ Initial						AU SISSIN-W DO ALCHE	130 North		1	<u> </u>				1111				
☐ DEP ☐ Initial ☐ Amended						& Zip ( on <b>NJ (</b>			į	II L AUG	3 - 3	2017	1	1				
□ DOH    □ Emergency						ontact	76010		- 1	· ·	Teleph	one N	umb	er				
DCA Cancellation				Mike						ASBES.	8							
	ORMATION	LIPENING																
Name of Facility Wh	Type of Facil	ity (4)																
<b>Burlington Coat</b>	School (K-12)																	
Street Address							Subchapter 8 (Other than K-12)											
651 Route 17 Suite 2							Other (i.e. private & commercial buildings, homes, etc.)											
				2001			Square Feet	e Feet # of Floors Bldg. Age										
City (5)	County (6)				(7)	72500	1 50											
Paramus	Bergen	Bergen					se (Prior if being demolished)											
								Retail										
Name of Monitoring Firm Hired by Building Owner (8)  WCD Group LLC  ASCM No.							Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC											
Street Address							Street Address											
1350 Broadway, Suite 1904								1123 BEAVER STREET										
City, State & Zip Code New York, NY								City, State & Zip Code										
Project Manager for Monitoring Firm Telephone Number								BRISTOL, PA 19007 Telephone Number License Number										
				12-631-9000			215-788-604			2.001.00	005							
Scheduled Start Date (10) Scheduled Complet							Name of OSH		itor									
August 14, 2017 August 30, 2017							BRISTOL ENVIRONMENTAL INC											
Occupancy Status During Abatement (Check only one)								Street Address										
Facility Closed/Vacated During Entire Period of Abatement								1123 BEAVER STREET										
Abatement Performed Outside of Normal Hours – 7am to 3pm								City, State & Zip Code BRISTOL, PA 19007										
Describe: (10:00 PM – 6:00 AM)  Facility Occupied During Abatement							BRISTOL, F	A 190	07									
Scope of Work (Che																		
osspo or tronk (orlook all trial apply)								Full Containment with Negative Pressure										
≥3 sf or ≥3 lf			$\boxtimes$	Renovation				Mini-Enclosure										
≥160 sf ≥260 lf				] Demolition				Glove Bag Procedures										
								Non-Exempted and Nor  Description of Amount										
Location of Asbestos-Containing				Locati				Description of			Ab	Abatement Type						
Material (ACM)				nally tolely b			Asbestos-Containing Material (ACM)			(Specify SF or LF)			ш					
TO BE ABATED			Maintenance or				(i.e., thermal s	(i.e., thermal systems			Rer	N.	nca	Enc				
							sulation, surfacing, VAT				Remova	Repair	Encapsulate	Enclsoure				
(13) Ye				(12) No	N/A		or other miscell	or other miscellaneous)			<u>n</u>	"	late	9				
Phase 3 (see atta	ched nhaei	na nlan)				-												
Phase 3 (see attached phasing plan)  Register Area							Floor Ti	Floor Tile				H	H					
South Area Rear							Floor Tile			3,000 SF 16,420 SI		Ħ	H	H				
			Ħ				11001 1110			10,120 01		H	H	H				
			Ħ	Ħ	Ī							T	Ħ	Ħ				
				Ī	Ī				75-7-1-1-1-1			Ħ	Ī	П				
Name of Registered Waste Hauler							Cubic Yards	Name	of Regi	stered Landfil	l '							
CEDVICE TRANSPORT ORGAN						ID No.	of Waste											
SERVICE TRANSPORT GROUP, INC.					990		 			ANDFILL								
City, State NEW CASTLE, DE 19720							Disposal Date TBD	5. 아이는 ^^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ 이 ^ ^ ^ 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이										
Completed By (Print or Type)							Signature				Date							
PATRICK T. DeCARO				Estimator			Patrick	1	104	1.0	8/1/							
							Patrick	1.	NO	10/1								