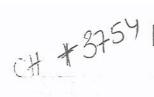


Agencies Notified    SPA	Date of Notification (1) 08/25/2015	Name of Building Owner/Operator (2)  JPMORGAN CHASE BANK																	
DEP   C   DOL	Agencies Notified						nue												
B DOH	□ DEP	☐ Amended	#	_	City, Stat	e, Zip Conford NJ	de							V 19 1 5 7 0 1					
Street Address   Stre		justification)		-			1				Tele	phone i	Numb	er					
Street Address 24 Park Avenue 25 Street Address 25 Street Address 25 Columbia Road 27 Street Address 26 Columbia Road 27 Street Address 27	M DON				FACIL	ITY INFO	RMATIO	ON											
24 Park Avenue		Abatement is Takin	g Place (3)						□ S	chool (K-1	2)	er than k	(-12)						
County (6)   Estate   S, 0.00   1								1	Ø O et	ther (i.e. p	rivate &	comme					s,		
Name of Monitoring Firm Hired by Building Owner (8) Arcadia US Inc  Street Address 35 Columbia Road  Street Address 35 Columbia Road  Street Address 37 Columbia Road  Street Address 38 Columbia Road  Street Address 39 Columbia Road  City, State, Zip Code Branchburg, NJ 08876  Project Manager for Monitoring Firm David Hillinski  Star Date (10) 9/1/2015  Star Date (10) 9/1/2015  Street Address 11-02 QUIBINS PLAZA SOUTH  City, State, Zip Code LONG ISLAND CITY, NY 11101  License No.  Name of OSHA Monitor MARTIN MCREA  Street Address 714 KRNNDDY BLVD  City, State, Zip Code Branchburg, NJ 08876  Facility Closed/Vacated During Entire Period of Abstement Abstement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  Basement  Stope Address 11-02 QUIBINS PLAZA SOUTH  License No.  MARTIN MCREA  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code BrayONNS, NJ 07002  Street Address 714 KRNNDDY BLVD  City, State, Zip Code Br									5,000 1										
Arcadis US Inc  Street Address 35 Columbia Road  City, State, Zip Code Branchburg, NJ 08876  Project Manager for Monitoring Firm David Hilinski  Start Date (10) 9/2/2015  Start Date (10) 9/2/2015  Start Date (10) 9/2/2015  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  City, State, Zip Code BAYONNE, NJ 07002  Street Address 714 KENNEDY BLVD  City, State, Zip Code BAYONNE, NJ 07002  Street Address 714 KENNEDY BLVD  City, State, Zip Code BAYONNE, NJ 07002  Scope of Work (Check All That Appty)  Asbestos-Containing Material (ACM) In Facility (13)  In Facility (13)  Basement  In Facility Closed/Vacated During Entire Period of Abatement Asbestos-Containing Material (ACM) Maintenance Cliv, State, Zip Code BAYONNE, NJ 07002  Pull Containment with Negative Pressure Glovebag Procedure    Pull Containment with Negative Pressure   Glovebag Procedure   Asbestos-Containing Material (ACM) Maintenance   Cliv, State, Zip Code BAYONNE, NJ 07002    Pull Containment with Negative Pressure   Glovebag Procedure   Asbestos-Containing Material (ACM) In Facility (13)    Asbestos-Containing Material (ACM) In Facility (13)    Asbestos-Containing Material (ACM) In Facility (13)    Asbestos-Containing Material (ACM) (14)   Amount (Specify SF or LF)   Security   SF or LF)   SF or	County (6) Bergen							01 3											
City, State, Zip Code Branchburg, NJ 08876  Project Manager for Monitoring Firm David Hillinski  Scheduled Completion Date (11) Scheduled Completion Date (11) Solar Date (10) Solar Da	Name of Monitoring Fire Arcadis US Inc	m Hired by Building	Owner (8)		ASCM	No.													
Branchburg, NJ 08876  Project Manager for Monitoring Firm David H1/1 inski  Start Date (10) 9/1/2015  Scheduled Completion Date (11) 9/2/2015  Scheduled Completion Date (11) 9/2/2015  Scheduled Completion Date (11) 9/2/2015  Occupency Status During Abstement (Check Only One)  Facility Closed/Vacated During Entire Period of Abstement Other - Describe:  Stope of Work (Check All That Apply)  Stope of Work (Check									ZA S	DUTH									
Project Manager for Monitoring Firm David #11inski  Telephone No. 908 526-1000  Scheduled Completion Date (11)  9/2/2015  Scheduled Completion Date (11)  9/2/2015  Occupency Status During Abatement (Check Only One)  ### Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code   BAYONNE, NJ 07002    Street Address 714 KENNEDY BLVD									, NY	11101	L								
Scope of Work (Check All That Apply)	Project Manager for Mo					Telephone No. License No.													
## Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   City, State, Zip Code   BAYONNE, NJ 07002					npletion [	Date (11)													
Other - Describe:		1771 VIV	19 <b>7</b> 07		714 KENNEDY BLV														
Sality   Second   Procedure	☐ Abatement Perform	med Outside of Norr	Period of Al nal Facility	Hour	urs City, State, Zip Code														
Sality   Second   Procedure				_															
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Basement  Nome of Registered Waste Hauler ATC/TST  Name of Registered Waste Hauler Hauler ID No. 24310/19551  Disposal Date 08/27/2015  Disposal Date 08/27/2015  Signature  Date  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Amount (Specify SF or LF)  Rep 100 201 100 100 100 100 100 100 100 100	≥3 sf or ≥3 lf							ď	Mini	-Enclosure rebag Prod	e cedure	-				0			
Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A			lal		ion			Non-Exempted ( ) and Non-Friable P					1 10			ŧ			
Name of Registered Waste Hauler ATC/TST  Name of Registered Waste Hauler ATC/TST  Disposal Date SHIRLEY, NY 11967/BRONX, NY 10464  Completed by  Thermal Systems Insulation  Thermal Systems Insulation  Systems Insulation  Cubic Yards of Waste 30 MINERVA ENTERPRISES  City, State WAYNESBURG, OH 44688  Completed by  Signature  Date	Asbestos-Containin TO BE At In Fac	g Material (ACM) BATED cility	Used Mair	orma Sole ntena odial	lly ely by nce/ Staff?		tos Cont thermal surfa	taining Ma systems cing, VAT	aterial insulat , or		(5	Specify		Remova		Γ	Enclosur		
Name of Registered Waste Hauler ATC/TST  NJDEP Waste Hauler ID No. 24310/19551  City, State SHIRLEY, NY 11967/BRONX, NY 10464  Completed by  Thermal Systems Insulation  A A A A A A A A A A A A A A A A A A A			Yes	No	N/A											te	CD .		
Name of Registered Waste Hauler  ATC/TST  NJDEP Waste Hauler ID No. 24310/19551  City, State SHIRLEY, NY 11967/BRONX, NY 10464  Completed by  NJDEP Waste Hauler ID No. 24310/19551  Name of Registered Landfill MINERVA ENTERPRISES  City, State WAYNESBURG, OH 44688  Completed by  Signature  Date	Basement	1000 HH-4				Ther	mal Sy	stems I	Insula	ation				Х	х				
Name of Registered Waste Hauler ATC/TST  NJDEP Waste Hauler ID No. 24310/19551  City, State SHIRLEY, NY 11967/BRONX, NY 10464  Completed by  NJDEP Waste Hauler ID No. 24310/19551  Disposal Date 08/27/2015  City, State WAYNESBURG, OH 44688  Completed by  Date DM  Date				X															
Name of Registered Waste Hauler ATC/TST  NJDEP Waste Hauler ID No. 24310/19551  City, State SHIRLEY, NY 11967/BRONX, NY 10464  Completed by  NJDEP Waste Hauler ID No. 24310/19551  Disposal Date 08/27/2015  City, State WAYNESBURG, OH 44688  Completed by  Date DM  Date																			
ATC/TST  Hauler ID No. 24310/19551  City, State SHIRLEY, NY 11967/BRONX, NY 10464  Completed by  Hauler ID No. 24310/19551  Disposal Date 08/27/2015  WAYNESBURG, OH 44688  Date DM  Date 0/05/15																			
SHIRLEY, NY 11967/BRONX, NY 10464 08/27/2015 WAYNESBURG, OH 44688  Completed by Title Signature Date					lauler ID	No.	of Wa												
DM 0/05/15					Disposal Date				/			, ОН 4	4468	8					
V 12 -	Completed by Title						5	Signature			/				5/15				

Print Form



Date of Notification (1) 08/24/2015					Name of Building Owner/Operator (2) Linda Maguire Librizzi									12.4					
Agencies Notified	Type Notification			Street A	Address						AU	9	2 3		5				
EPA  DEP  DOL	Initial Amended Amendment	#		City, Sta	shing Ava ate, Zip Co n, NJ 07	de				552									
⊠ DOH	Emergency (		-		of Contact	030				Tele	ephone !	Numl	oer						
☐ DCA	Cancellation				Maguire					]									
Name of Facility Where	Abatement is Takin	n Place (	3)	FAC	ILITY INFO	DRMAT	ON	Type	of Facility	(4)	4)								
Residence		9 1 1000 (1	5)					П	School (K-										
Street Address 9 Pershing Ave									Subchapte Other (i.e.   etc.)	r 8 (Othe				dings.	home	es,			
City (5) Califon, NJ 07830								Squa	are Feet	# of	# of Floors Bldg. Age								
County (6) Hunterdon					Code (7) USE ONLY	-		Curr	ent Use (Pri	ior if bei	r if being demolished)								
Name of Monitoring Firm Environmental Des		Owner (8)	)	ASC	M No.				atement Co poration	ntractor (9)									
Street Address 5434 King Avenue,	King Avenue, Suite 101						Street 606		ess ride Aven	ue									
City, State, Zip Code Pennsauken, New	, State, Zip Code nnsauken, New Jersey 08109								Zip Code d Park,NJ	07424	4								
Project Manager for Mor Tom Pruno	roject Manager for Monitoring Firm				ne No. 06-4545		Telephone No. License No. 973-255-8400 01104												
Start Date (10) 09/03/15		Schedul 09/0		Completion Date (11) Name of OSHA Monit							LLC	P.							
Occupancy Status Durin	g Abatement (Chec			Street Address															
× Facility Closed/Vac Abatement Perform	ated During Entire F	Period of	Abaten	ement 2333 Route West  City, State, Zip Code															
Other - Describe:		arr aciiri	y i tour.	•		_			ew Jersey	0708	3								
Scope of Work (Check A	II That Apply)						Pro-	-		ment with Negative Pressure									
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	5			molition Mini-E Glove						e cedure	Negativ				Α.				
		Is	Locat	ion					ni Exempte	u ( ) une	3 1101111			Abate	ement	t			
Location			Norma ed Sole				scription					1		Ту	pe				
Asbestos-Containing TO BE AB, In Facil (13)	ATED '	Ma Cus	intena todial ( (12)	nce/ Staff?		thermal surfa	aining N systems cing, VA niscellar	s insul T, or	ense enset	(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure			
Basem	ont	Yes	No	N/A	D	-1 -6 -	-14-				040	4							
Daseill		-		X	Remov	al of a	spesio	s cen	ling tiles		240	-	x						
		-		-								-							
										$\dashv$	-								
Name of Registered Waste Hauler				JDEP W	/aste	Cubic	Yards		Name of	Registe	red Land	dfill							
Lilich Corporation				lauler ID	No.	of Was	ste		G.R.O.	W.S La	andfild								
City, State Woodland Park, NJ 07424								City, Stat Morrisv		nsilvar	nia								
Completed by Title Momo Glavatovic Vice P				dent	S	Signature Date 08/24/20				015	15								

CK 4355

Date of Notification (1)		√ \	Building Owner/C	37 S. S. S. S.	20	<i>A</i> ,UG 2	5 7	115		
Agencies Notified Type Notifica	tion	Street Ad	dress		W1+2				-28	
☐ EPA ☑ Initial			93 Me	elvo:	se Pla	C C				
DEP Amende		and the second second	e, Zip Code	- 0	107					
DOL Amendr	ncy (including	Name of	Oran	Ex.	710	Tolonhara M.	L			_
DOH justificat	200000		agne M	1110						
	2001		ITY INFORMATI	ON		1	=			
Name of Facility Where Abatement is T	aking Place (3)			T	ype of Facility (4	(4)				
Kesidence					School (K-12	0 (Other than K 12)				
Street Address	0				Other (i.e. pr	rivate & commercia	l build	ings, l	nomes	3,
393 Melrose City (5)	Place			10000	etc.)	# of Floors		dg. Ag		-
S 3 2 2 2 2					4-5-1	2				
County (6)		County C				or if being demolish				
ESSEX		*************	ISE ONLY)			cupie	<u>d</u> _			
Name of Monitoring Firm Hired by Build	ding Owner (8)	ASCM	No.	Name of	Abatement Con		1	0	41.	
Ct A Add				Street Ac		COVIDAVA	للا		04	4
Street Address				0.24(0.5)(0.5)(0.5)	0 m+ (	John Rd				
City, State, Zip Code				City, Star	te, Zip Code	^ ^				
January 1 - Standard Conference C				la	he Ari	el PAI	84:	36		
Project Manager for Monitoring Firm		Telephor	ne No.	Telephor		License No	ο.			
			D=t= (11)		383 41° OSHA Monitor	51				_
Start Date (10)	Scheduled C	ompletion t	Sale (11)		· ·	elez				
Occupancy Status During Abatement (		7 \	3	Street Ad	ddress		1			
Facility Closed/Vacated During Er		ement		138	10 mt	C066 R	7			
Abatement Performed Outside of Other – Describe:	Normal Facility Hou	irs "	2	City, Sta	te, Zip Code	ielPA	191	12	1	
	1107 000	- C  - 1C		LO	M 141	(Z) YH	10	1 3	9	
Scope of Work (Check All That Apply)		0.000			5 " O . I .					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Commenced Commen	vation olition			Mini-Enclosure		162201	е		
	ii			H	Glovebag Prod	cedure d (*) and Non-Friab	le Pro	cedure	Э	
	Is Loc	estion		Lauret	14011-Excitiptos	3 ( ) and real rate		Abate	ement	
Location of	Norm	nally	De	escription o	f			Ту	pe	
Asbestos-Containing Material (ACI	M) Used So Mainter		Asbestos Cor (i.e. therma			Amount (Specify	D Z	_	Enc	Щ
TO BE ABATED In Facility	Custodia (1)		surfa	acing, VAT,	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	(1.	2)	other	miscellane	ous)		val	Ħ	ulate	ure
	Yes N									
garage & baseme	nt 1		Pipe	wra	P	45 LF	X			
0 8			, ,		`					
Name of Registered Waste Hauler		NJDEP V Hauler ID		c Yards	Name of	Registered Landfill				
(Inclod hom - 000	an Venture		5 1 1	2316						
City, State	-	000	Dispo	osal Date	City, Stat	e				
Elizabeth n=	)			1		1	4. /		1	
Completed by	Title	Λ Α		Signature	01	Da Da	ite /	001	10	
MHRITHI WILLIA	4 1	NA-		1/4			16	->/	17	

CX 35/86

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

NO	Pursua	ant to NJA	C 8:60 and 12:120	))	AUG 26 %		10	$\neg$
		ame of Buil	ding Owner/Operator	(2)	+ i.v.'C '			
Date of Notification (1)		EARI	HTECH	CONTRIAC	1700			
Agencies Notified Type Notification	S	treet Addre	SS RT. 50					_
□ Initial	_	ity, State, Z						
DEP Amendment#		ry, State, 2	ENFIELD	N.J.	08230		. 1	=
Emergency (including	_	lame of Co			Telephone Number	_		_
DOH justification)	18	BRU	(*)	vi6			_	T.
DCA Carteston	-  -	FACILITY	INFORMATION					-
T-Uing Place		PAGIET.		Type of Facilit				
Name of Facility Where Abatement is Taking Place	(0)	s a		School (K-	r & II liner inan N-14)			
RESIDENCE				Other (i.e.,	private & commercial b	uilding	5,	
Street Address 1940 CENTRAL A	JE_			homes, etc	# of Floors	Bldg.		
				1000	2	4	27	
City (5) OCTAN CITY			T /71 /CTATE	Current Use (I	Prior if being demolishe	d)		
0		USE ONL	de (7) (STATE		ANT			
( INDE VVIAT		SCM No.	Name of Abate	ment Contractor				
Name of Monitoring Firm Hired by Building Owner	1 ^	SUM INO.	The second secon		v C.		_	=
(8) N.A			Street Address	5	1/ 2 =			
Street Address			City, State, Zip		LUCE AVE	- 0	_	
City, State, Zip C∞de			City, State, 20		ADE N.J	081	05	<u></u>
City, State. 2p Cook			Talenhone No.		License No.			
Project Manager for Monitoring Firm	Telep	shone No.	856-7	19-047	2 00444		=	
		- Data /1		A Monitor	+			
Start Date (10) Scheduled C	Complet	NOTI Date (1)	JOSEP		m JR			
()-111.15			Street Address	is _	. 11	**		
Occupancy Status During Abatement (Check only	f Ahater	nent	369	S. SPRU	CE AVE		_	
Occupancy Status During Abatement Period of Abatement Performed Outside of Normal Facility Abatement Period Outside O		s	City, State, Zip	Code	NT 080	25	2_	
Abatement Performed Outside 5				E SHADE				
Other - Describe:			□ Full 0	Containment with	Negative Pressure			
Scope of Work (Check all that apply)	enovati	on	Mini-	Enclosure				
□ >3 s1 or >3 lf 등	emolito	n	Glov	Exempted (*) and	Non-Friable Procedur	e	atem	en!
∑≥160 st or 2200 ti						A	Type	
	Locatio		Descriptio	n of		H	$\neg$	_
Location of	ed Soleh sintenan	y by	Containing	Material (ACM)	Amount (Specify	D D	77	Encapsulate
Ashestos-Containing Material (ACM)	Custodia	(C)	(i.e. thermal syster surfacing, V	ns insulation.	SF or LF)	Removal	Repair	pst
TO BE ABATED IN Facility	Staff?		other miscella	aneous)		val	=	late
(13)	(12)							
	Ne	N/A		. T E	2000 SE	X		
Yes	- 1		TOINIS	115		1		
		X  _	TRAMS	110			1	
SIDING		X	INAMO	110		-		+
		X -	TRANGS	170				-
		X -			Desistand Landfill			
SIDING		NJDEP Wa	de Cubic Yards		Registered Landfill	10		
		NJDEP Wa	de Cubic Yards	Name of	M.C.M.U	A		
SIDING		-	de Cubic Yards	Name of City, Stat	M. C. M. U.	A		
Name of Registered Waste Hauler  Kicheo Inc.  City. State		NJDEP Wa	cte Cubic Yards of Waste Disposal Da	Name of  City, Stat	M. C. M. U.	_ A	<u> </u>	
Name of Registered Waste Hauler KLCMCO INC.	)	NJDEP Wa	de Cubic Yards of Waste	Name of  City, Stat	M. C. M. U.	A. A 7.5	5	15

CK37.88

#### State of New Jersey HOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

	.   Name of B	ulding Owner/Opera	IN (2)	- FET	11.5
Date of Notification (1)	Name of B	ANBAUGH	DEVELUP	= rs	
gencies Nouthed Type Nouthcation	Street Add	22.83			
711111111111111111111111111111111111111			suco Ras	0	
∑ Amended ☐ Amended	City, State,	Zip Code	HEIGHTS,	W. TIDEO	•
Amendment #	relucino —		14 6 1 6 14 1 5 1	Telephone Number	
FOOH _ justification)	Name of C	onlact Show E	1	1000000000000	
Cancellation	1				
:		YINFORMATION	Type of Facility.	4\	
same of Facility Where Abatement is Takin	o Place (3)		School (K-12)	T (0)	
PESIDENCE			Subotrapler 8	(Other than K-12)	D:-10.003
Trees Address 3501 OCHAA	I DR		homes, etc.)	ivale & commercial	BIDO AGE
	101		Square Feet	# of Floors	40 +
AVALON"	1200 1200 1200 1200 1200 1200 1200 1200		1000	or if being demoksn	
	County C	DOG (1) (STATE		CANT	50,
OUNLY 161 APE MAY	USE ON	٠٢)			
came of Marvioring Firm Hired by Building	Owner ASCH No.	Name of Aba	MCO IN	CI	
81 Navioning Pilli				,	
Street Address		369	S. SPRU	CÉ AVE.	
			in Code		805
City State Zp Code	3.	M	DELS SHE	T License No	000
Sign Sign	. Yelephone No	Telephone h	6. 779-042		14
Project Manager for Monitoring Firm			Wa Horina		
Sch	eduled Completion Date (	11) Name of Co	EPKALEN	1 M	
Sian Date (10)	9/17/1				
Occupancy Status During Abatement (Ch	eck only one).	769	S, SPILUC	E/1000	
The state of the s	CITOC C				
Facility Closed Vacaled During Control  Abatement Performed Quiside of North	nal Facility Hours	M	TO COOL SHAD	E, N, J,	00052
One Descripe:			I Containment with N	eoatye Pressure	
Scope of Work (Check all that apply)			n. Endosure		
23 51 01 23 11	□ Renovation	Z S	ov-Exembled (,) and I	Non-Frank Proced	AD a . errer
2160 st or 2260 II	X com	9			2000
15:					No.
D:	Is Location Normally	0-4600	ann al		
	Normally Used Solety by	Descrip	no Malenal (AUM)	Amount (Specify	F. F.
Location of Accessors Containing Material (ACM)	Used Soleh by Maintenance/ Custodial	(i e . Normal 875	rg Material (ACM) Hems insulation. VAT, 01		Report Report
Location of Aspessos Containing Material (ACM) TO BE ABATED	Normally Used Solety by Maintenance/ Custodial Staff?	(i e . Normal 875	no Malenal (AUM)	(Specify	Removal  Removal
Location of Location (ACM)	Normally Used Solety by Maintenance/ Custodial Staff? (12)	(i e . Normal 875	rg Material (ACM) Hems insulation. VAT, 01	(Specify SF & LF)	1,1
Location of Aspessos Containing Material (ACM)  TO BE ABATED IN FACINY	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Asbesios Containe (i.e. thermal sys sudading other mysc	ng Malena (ACM) stems insubition, , VAT, of wheneous)	(Specify	1,1
Location of Aspesios Containing Material (ACM) TO BE ABATED IN Facility (13)	Normally Used Solety by Maintenance/ Custodial Staff? (12)	Asbesios Containe (i.e. thermal sys sudading other mysc	rg Material (ACM) Hems insulation. VAT, 01	(Specify SF & LF)	1,1
Location of Aspessos Containing Material (ACM) TO BE ABATED IN FAORY	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Asbesios Containe (i.e. thermal sys sudading other mysc	ng Malena (ACM) stems insubition, , VAT, of wheneous)	(Specify SF & LF)	1,1
Location of Aspesios Containing Material (ACM) TO BE ABATED IN Facility (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Asbesios Containe (i.e. thermal sys sudading other mysc	ng Malena (ACM) stems insubition, , VAT, of wheneous)	(Specify SF & LF)	1,1
Location of Aspessos Containing Material (ACM)  TO BE ABATED  IN Facility  (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Asbesios Containe (i.e. normal sys surlating other myst	ng Material (ACM) stems insulation. , VAT, 01 Allaneous)	(Specify SF & LF)	
Location of Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12) YES NO N/A	Asbesios Containe (i.e. normal sys surfacing other mysc  TRAM	ng Material (ACM) stems insulation. , VAT, 01 Allaneous)	(Specify SF & LF)	
Location of Aspesios Containing Material (ACM) TO BE ABATED IN FACINY (13)  5 (DING)	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Asbesios Contains (i.e. Normal sys surfacing other mysc  TRAM  Yeare Cubic Ya No. of Waste	rds Name of F	(Specify SF & LF)	J , & ,
Location of Aspesios Containing Material (ACM) TO BE ABATED IN FACINY (13)  5 (DING  Name of Registered Waste Hauler  KLEMCO INC.	Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NOEP Y Hauter D (7 9 )	Asbesios Contains (i.e. Inormal sys surfacing other myso  TRAM	rds Name of F	(Specify SF & LF)	
Location of Aspesios Containing Material (ACM) TO BE ABATED IN FACILITY (13)  SIDING  Name of Registered Waste Hawler KLEMCO INC.	Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NOEP Y Hauter D (7 9 )	Asbesios Containe (i.e. Normal sys surfacing other mysc  TRAM  TRAM  TRAM  O'S DESA  O'S DESA	rds Name of P	(Specify SF & LF)	N.J.
Name of Registered Waste Hauler  K. E.M. CO. I.N.C.  Cin. State  M. D. P. L. F. S. N. A. D. E., N.	Normally Used Solety by Maintenance/ Custodial Staff? (12) Yes No N/A   NUCEPY Hauter D  7 9	Asbesios Containe (i.e. Normal sys surfacing other mysc  TRAM  Yeare Cubic Ya No. of Waste 2 7 Osposal	rds Name of F	Specify SF-& LF,	N.J.
Location of Aspesios Containing Material (ACM) TO BE ABATED IN FACITY (13)  SIDING  Name of Registered Waste Hawler KLEMCO INC	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  X  NOEP Y Hauter D (7 9 0	Asbesios Containe (i.e. Normal sys surfacing other mysc  TRAM  TRAM  TRAM  Of Waste  Of Waste  Sign	rds Name of C.	Representation of the control of the	N.J.

Date of Notification (1)	125/15				Owner/Operator	(2) DEVELUA	ERS	i.Ē	
Agencies Notified	Type Notification		Street	ddress		0.00000			=
E BPA ☐ COP	⊠ initial . ☐ Amended			le, Zip Co	VALUE OF THE PARTY	URORON	D		=-
Ø ∞r	Amendment #_	-li udina	Chy, 36	1000 D	Buny 11	FIGHTS,	N. J. 08097		
应 DOH	Emergency (including justification)	aboing		Contact			Telephone Number	_	
□ œ4	Cancellation			.20	ME			_	
			FACU	או אדני	RHATIO'H				
Name of Facility Where		Place (3)	1			Type of Facility  School (K-12			
15.51	DENCE					Subchapter	8 (Other than K-12)	1.2220	
Street Address 338	93 RD . ST					homes, etc.)	nyate & commercial b	Bido Ace	
City (5) STON	IE HARI	BOR				1000	. 2	40 t	
County (6) APE	MAY		Count	Code (7 WLY)	(STATE		ior If being demolished		
Name of Mariloning Firm		wner	ASCM H	0. ,	Name of Abatem	co LA	100		•
(8)	//						, ,		$\overline{}$
Street Address					369	S. SPRU	CE AVE.		
7 - Code					City, State, Zip C		DE NJ 08	25 -	
City, State. Zip C∞e					Telephone No.	LO SHA	License No		
Project Manager for Mo	nitoring Firm	. Ye	lephone N	0.	856-7	79-047	2 _0044	1	
Stan Date (10),	Scheo	Juled Comp	letion Date	(11)	Name of OSHA	MONTH / EN	9 M		
: 9/12/1	5 9	1 1 1	1 )						
Occupancy Status Dun	ing Abatement (Che	edA to boin	tement			, Spruc	E/1001	-	
Abatement Performs	ed Outside of Norma	Facility Ho	ours		City, State, Tip	Code CILAT	E, N, 5, 0	8052	
Other - Describe:									
Scope of Work (Check	all that apply)				FUIL CO	ontainment with N nclosure	legative Pressure		
23 s1 or 23 II		Renov Demo	ation .			Desend ve	Non-Friable Procedur	e	
2160 51 01 2260 11		Is Loc			1X NOVE	26110160 1 7 510		200.20T	
		Norm	aly		Description	of			<u> </u>
Location Aspestos Containing	n of	Used So Mainter	lance/	Asbe	sios Containing la Unermal system	(atenal (ACM)	(Specify	H <sub>0</sub> H <sub>0</sub>	( in the state of
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3,000							-		**
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			TNOEP	Wade .	Cubic Yards	Name of F	Registered Landfill	Α,	0.0
Name of Registered	Waste Hauler		Hauler	D No.	01 Massie		M, C, M, U	, /-	
	O INC.		-	07	Disposal Dal	e City, State	DBINE,	J.J.	
CITY STate MOPLE SI	JADE N.	J,08	052				Date		15
Compresso By	. 1	ine			Signatur	oseph 15	em	5-25	-()
JOSEPH K	LEMM_		NER		-1-0				
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Print Form

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

CHECK#

Date of Notification (1) 8/19/2015				Name of Building Owner/Operator (2) Accurate Box Company, Inc.													
	T N		Accurate Box Company, Inc.  Street Address														
Agencies Notified	Type Notification				aress Avenue												
EPA DEP DOL	X Initial Amended		- 2		e, Zip Cod	е							-				
X DOL	Amendment #				n, NJ 07											10	
X DOH	Emergency (i justification)	ncluding	N	Name of	Contact	1001				Tele	phone N	umbe	r				
DOH DCA	Cancellation		1	Mr. Zaf	Zafar												
				FACIL	ITY INFO	RMATI	ON										
Name of Facility Where Glue Room Buildin		Place (3)						Type o	f Facility (4	<b>(</b> 1)							
Street Address	9								chool (K-12 ubchapter		or than K	12)					
2 Waite Street								X O	ther (i.e. p	rivate 8	comme	rcial b	uildi	ngs, l	nome	s,	
City (5)								et	c.)	# of	Floors		Blo	ig. Ag	16	50	
Paterson								Square Feet # of Floors Bldg. 28,000 2 90					17000000	, .			
County (6)			1	County C	ode (7)		Current Use (Prior if being demolished)										
Passaic					SE ONLY)	2			nercial								
Name of Monitoring Firm	m Hired by Building C	Owner (8)		ASCM	No.		Name o	of Abate	ement Con	tractor	(9)						
TBD							Sky C	Contra	cting, LL	.C							
Street Address							Street			<u> </u>	14						
			1385 Valley Ro						Suite	K							
City, State, Zip Code									, 074	70							
Project Manager for Me	nitoria e Circo		1.5	Talanhar	a Na			Wayne, New Jersey 07470  Telephone No. License No.							_		
Project Manager for Mo	nitoring Firm			Telephor	ie No.		Telephone No. License No. (973) 928-5040 00874										
Start Date (10)		Scheduled	Com	noletion [	Date (11)		, ,		A Monitor						15,000		
9/03/2015	4	11/01/20			( ,		Sky C	Contra	cting, LL	.C							
Occupancy Status Durin	ng Abatement (Chec	k Only One	)					Address									
Facility Closed/Vac	cated During Entire F	eriod of Ab	atem	ement 1385 Valley Road, Su							K						
	med Outside of Norm						57323	tate, Zip			70						
							Wayı	ne, Ne	w Jerse	y 074	70						
Scope of Work (Check	All That Apply)	77.000					IU	1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		STORY	nova moliti				×	Full Containment with Negative Pressure  Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure									
2100 31 01 2200 11				1011			×	Glo	vebag Pro	cedure	2000 2000	20 pills 1	20	Landa In			
							×	Non	-Exempte	d (*) an	d Non-Fr	riable l			355,355,555		
			ocati rmal											Ту	ment pe		
Location Asbestos-Containin		Used			Achest		escription ntaining M		(ACM)	Δ	mount						
TO BE A	BATED	Main Custo				therma	al systems	s insula		(5	Specify		Re	R	nca	Enc	
In Fac	0.00000		(12)	olan !			acing, VA miscellar			SI	F or LF)		Remova	Repair	Encapsulate	Enclosure	
(10	7	V	KI-	NI/A		outer	moocha	icous					al	7	late	Iге	
0 - 4//		Yes	No	N/A						1.5	- 0.05	-	_		122.00		
See Atta	ached		X		FA.					Li	- & SF		X				
	=2:																
						: <del>-</del>											
Name of Registered Wa	7525	JDEP W		250000000000000000000000000000000000000	c Yards		Name of	Regist	ered Lan	dfill							
Service Transport Group, Inc.				lauler ID 0990	No.	of W	aste		Minerv	a Ente	erprises	s, LL	С				
City, State						100 /000	osal Date		City, Sta	te							
New Castle, Delaw	are		TBD Waynesburg, Ohio					0									
Completed by		Title					Date										
Predrag Sarcev	resi	resident					8/19/2015										

CONFIRMED AND ASSUMED ACM	Survey Results	Estimated Quantity of AC Assumed AC				
GLUE ROOM BUILDING						
Built-up roofing material	ACM	28,000	SF			
Roof flashing and mastic	ACM	3,150	SF			
Skylight mastic	ACM	400	SF			
Terracotta seam mastic	ACM	500	LF			
Interior window caulking (glass type windows)	ACM	440	LF			

CONFIRMED AND ASSUMED ACM	Survey Results	Estimated Quantity of AC Assumed ACI	
Expansion joint caulking on concrete floor seams	ACM	900	LF
Elevator brake pads	Assumed ACM	5	SF
Elevator switch board panel	Assumed ACM	10	SF
Electric wires associated with switch panel board	Assumed ACM	100	LF
Elevator door core insulation	Assumed ACM	360	SF

. AUG 2 3 2015



Date of Notification (1) 8/19/2015		Name of Building Owner/Operator (2) Accurate Box Company, Inc.														
Agencies Notified Type Notification		17/25/00	reet Add	iress Avenue				7,100								
EPA Initial  DEP Amended  DOL Amendment #_				, Zip Code n, NJ 07												
Emergency (incl justification)  DCA  Emergency (incl justification)  Cancellation	uding	430/67	ame of C Ir. Zaf			5			Telepho	ne Nun	nher					
		1	FACILI	TY INFOR	MATI	ON	1 T									
Name of Facility Where Abatement is Taking Pl "L" Shape Building Street Address	ace (3)						Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)									
2 Waite Street							×	Other (i.e. prietc.)	vate & cor	mmerci	al buildi			۶,		
City (5) Paterson							23,500 2 90					ig. Ag	e			
County (6) Passaic			ounty Co	ode (7) SE ONLY)		Current Use (Prior if being demolished)  Commercial										
Name of Monitoring Firm Hired by Building Own TBD	ner (8)		ASCM No. Name of Abateme Sky Contraction													
Street Address			Street Address 1385 Valley													
City, State, Zip Code								Zip Code New Jersey	07470							
Project Manager for Monitoring Firm							Telephone No. License No. (973) 928-5040 00874									
- 7000 D C C C C C C C C C C C C C C C C C	cheduled	Completion Date (11) Name						SHA Monitor tracting, LL	C							
Occupancy Status During Abatement (Check C		Street Ad						ess								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Aba Facility H	ateme ours	rs 1385 Valley Road, Suite K City, State, Zip Code Wayne, New Jersey 07470											$\neg$		
3446					_	vvay	ne,	New Jersey	707470							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	STATE OF THE PARTY	novati					X N	Full Containme Mini-Enclosure Glovebag Proc	edure							
	1.1.					Non-Exempted (*) and Non-Friable						Abate	ment	t		
Location of	No	ocation rmally	y		De	escriptio	n of					Ту	pe			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)		enan	ce/		os Cor therma surf		Materns ins AT, or	r	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure		
See Attached	100	Х	1303					+	LF &	SF	x					
		-			-	-					+					
Name of Registered Waste Hauler		3557	JDEP W		200000000	c Yards			Registered							
Service Transport Group, Inc.	200000	auler ID 0990	No.	of W 500				a Enterp	rises,	LLC						
City, State New Castle, Delaware	Disposal Date TBD					City, State Waynes	e sburg, C		N-4-							
Completed by Predrag Sarcev	Title Vice P	resi	dent			Signature Date 8/19/2015										

L-SHAFE WALLE STREET BUILDING			
Pipe insulation	ACM	170	LF
9" square brown floor tile	ACM	100	SF
Mastic associated with floor tiles	ACM ·	100	55
Built-up roofing material	ACM	23;000	SF
Roof flashing and mastic	ACM	5,000	SF
Window glazing putty (wood framed windows)	ACM	24,700	LF
Transite associated with old electric panel	Assumed ACM	30	SF
Electric wire insulation associated with old electric panel and conduits	Assumed ACM	3,200	SF

Check 5776

Date of Notification (1)	_	Name of Building Owner/Operator (2)													
8-25-201				J. GOODMAN											
Agency Notified	Type Notification		1		Address	*		FUC	_	14					
D EPA	lnitial		L	103	36 u	UILSON Y	4VENUE	300.00							
D DEP	☐ Amended	_			State, Zip										
B DOL	Amendment:  © Emergency (s	•	L	TE	ANGO	K NJ	07666								
DOH	justification)	- Grandania		Name	of Contac	<b>≭</b> ′ .		Telephone Nun	nber						
□ DCA	☐ Cancellation			4.	Gee	DMAN		-							
				FAC	ILITY INF	ORMATION									
Name of Facility Where	batement is Takir	ng Place (3)			•		Type of Facilit	y ( <del>4)</del>							
J. GOODMA	N	• •					☐ School (K-1	121							
Street Address							☐ Subchapter	8 (Other than K-12	2)						
1036 WILS	500 AUF	NUE					Domes, etc.	arivate & commercia	ai buildi	ngs,					
City (5)	- K					Bido	L Age								
TEAWECK				The state of the s											
County (6)			-	Count	v Code (7	) (STATE USE		Prior if being demol	*	ZY					
BERGEN				ONLY											
Name of Monitoring Firm	Histed by Building	Owner	ASCM	No ·	4	Name of Ahator	ment Contractor	DENCE							
(8)			/ IOONE	140.			moval In			_					
Street Address						Street Address		10							
				98			th River	- C+							
City, State, Zip Code						City, State, Zip	Code	. 31							
	120					The sale of the sa	. 07601								
Project Manager for Mon	ioning Firm	Te	elephon	e No.											
	·			201-329-7444 - 00388											
Start Date (10)		ed Completi		e (11)		Name of OSHA									
9-3-2015	9.	-4-20	15			Omega ]	Environm	ental							
Occupancy Status During	Abatement (Che	ck only one)	1.			Street Address									
☐ Facility Closed/Vacates	During Entire Pe	riod of Abate	ement	280 Huyler St											
G Abatement Performed  Story - Describe:	Outside of Normal PA-m - 5 P		urs	S. Hackensack , N.J. 07606											
Scope of Work (Check all		481				5. нас	ckensack	,N.J. U/	606						
	and apply)				20 0912	→ <b>ii</b> Fuii (	Containment with	Negative Pressure	<u> </u>						
23 sfor ≥ 3 ff 2 ≥ 160 sfor ≥ 260 ff					notition (	☐ Mini-	Enclosure		*		100				
				a DCI			ebag Procedure Exempted (") an	d Non-Priable Proc	edure						
		ls	Locatio	n	l						atom				
. Location	of		lormally			Description of	٠.			H	Туре	$\vdash$			
Asbestos-Containing	Material (ACM)	Mai	d Solely ntenano	ce/		tos Containing Ma	atorial (ACM)	Amount		1_1	E				
TO BE AB			ustodia Staff?	I	(i.e.,	thermal systems surfacing, VAT.		(Specify SF or LF)		Removal	Bankli	Enclosure			
. (13)		1.	(12)			other miscellane		0, 42)		ova		911			
		Yes	No	N/A			-	52.25			9				
BASEMENT			-		044=0	is A1 (315)	1-1-0	90	15	V	+	H			
D.   Devicion	+	X	1 . I C. ACE	MAL INSUL	411010	70	SF	4	+	+					
	+							+	+	+,					
	-						4.4	+	+	H					
Name of Registered Waste	EP W	ecto Li	arder i	Cubic Yards of	Name of Regis	torod I and E			_	Ц					
Best Removal Inc IDNo.					duei	Waste				55					
				09		2 405	Minerva	Enterpri	ses	, I	LC				
City, State						Disposal Date	City, State					-			
Hackensack , N.J. 07601					-	9-4-2015		burg, Oh,	446	88					
Completed by Title					1	Signature	,		Date	440					
R.VELDRAN Estimator						P. Veldra	m	18	7-2	5-	20	15			
ASB-41 * Do not use this for					estos lice	nsure exempted a	activities.		-						



#### Print Form

Date of Notification (1) 8/25/15	Name of Building Owner/Operator (2) Mike Duncan Private Home 416 2 8 265															
Agencies Notified Type Notification		1	eet Add 16 We	ress est Ave			2 B									
EPA Initial DEP Amended Amendment #				, Zip Code City NJ 0		3				2 1						
Emergency (ir justification)	cluding		me of C	Contact					Tele	phone Nu	mbe	r				
DCA Cancellation			ike												$\dashv$	
Name of Facility Where Abatement is Taking	Dlace (3)		FACILI	TY INFOR	MATI	ON	Type of	Facility (4)	)							
Mike Duncan Private Home	Flace (5)						Scl	hool (K-12	2)		7035					
Street Address 2116 West Ave	*		)				Sul Sul Oth		3 (Othe ivate &	r than K-1 commerc	ial b	2) ial buildings, homes,				
City (5) Ocean City NJ 08226			Square Feet # of Floors 1000+ 2									Bldg. Age 35+				
County (6)			ounty Co				Current	Use (Prio	r if beir	g demolis	shed	)				
Cape May			1-1-1-	ASCM No. Name of Abatement Contractor (9)												
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			aco Inc		liacion	(9)						
Street Address							Address Box 329									
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091										
Project Manager for Monitoring Firm		Te	elephon	e No.		Telepi	none No. 753-98			License	No.					
Start Date (10)	Scheduled (	Comp	oletion D	ate (11)				A Monitor							$\neg$	
9/8/15	9/14/15					Sam	3172									
Occupancy Status During Abatement (Chec	k Only One)					Street	Address	Ê								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility H	ateme ours	ent		_	City, S	State, Zip	Code	512							
Scope of Work (Check All That Apply)				9			0.	W								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	44.516.6	novati					Mini	-Enclosure	e cedure		re Pressure					
							11011		- ( )				Abate	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Maint Custoo	rmally Solely tenan	olely by Asbestos Containing Material (ACM) Amount (i.e. thermal systems insulation, surfacing, VAT, or SF or L						Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure		
	Yes	No	N/A											е		
Exterior Siding			х		Ext	terior S	iding		22	200 SF		х				
										18						
									-							
News of Desirtand Wests Houles		IN	JDEP W	laste	Cub	ic Yards		Name of	Regist	tered Land	dfill					
Name of Registered Waste Hauler United Roll Off		H	auler ID		100000000000000000000000000000000000000	Vaste		G.R.O								
City, State Elm NJ					2000	oosal Dat 4/15	te	City, Sta Morris		A 1906	7			(E)		
Completed by Anthony T Perna	Title Presid	lent				Signatu	IFE>	7			Date 8/2	e 25/15	5			

		1	Nome	of R	uildina (	Owner/Operator	(2)			A 6 8	A - T		1
ate of Notification (1)			Name	MI	L. `	DANIEL	- 1	CERMA	FN AUG	40.	.(3)		+
gency Notified	Type Notification		Stree	t Add	ress	MAG	NE	L'A	PLACE				
EPA	Initial		City.	24 C. C. C. C. C. C. C. C. C.									
DEP DOL	Amended Amendment#			1	60	NIA.	<b>N</b>	5.00	607				-
DOL	☐ Emergency (including		Nam	e of C	ontact	0.4.1.1		1	Telephone Num	per			
MÓOH I DCA	justification)  Cancellation		U	12-	1451	RMAN			<u> </u>				-
DON		- 30	FA	CILIT	Y INFO	RMATION		o # . 176 . / /	^				-
ame of Facility Where	Abatement is Taking Place	(3)						e of Facility (4	•)				
W.R.	KERHAN .		-	-			100	School (K-12)	Other than K-12				
			0A - 12-10-00	_	5.5	211	DA	Other (i.e. priva	ate & commercia	l building	5,		
344 H	LAGNOU'A"	2 -1	ACC				-	homes, etc.)	# of Floors	Bldg. A	ge		-
City (5) ·								2000.		8	5 41	EM	1
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County (6)			Cot		ode (7)	(STATE USE	100	THE ILUSE (FIRE	œn co	8	10		
County (6) BER	ien					Name of Abates	1	1					
Name of Monitoring Firm	n Hired by Building Owner	AS	CM No	•		Best Re							
8)						Street Address		val inc					_
Street Address				4		450 Sou		River	St				_
						City, State, Zip	Code	9					
City, State, Zip Code						Hackens	sac	k, N.J.	07601		-		_
Project Manager for Mo	ning Firm	Teler	phone l	No.	-	Telephone No.	4		License No.				
Project Manager for Mic	umorne			‡		201-329			00388		-	-	-
Start Date (10)	Scheduled Co	mpletion	Date (	(11)		Name of OSHA	A Moi	nitor	n+a1				
9/4/15	1 1 1	5/13	5_	1		Omega Street Address		vironme	HLAI		7		
Occupancy Status Duri	ng Abatement (Check only	one)				1		ler St					
☐ Facility Closed/Vaca	ted During Entire Period of	f Abaten	nent	1		City State, Zip	Cod	е			."		
☐ Abatement Performe ☐ Other – Describe:	ed Outside of Normal Facili	ity Hours	S	-	29	S. Ha	ack	ensack	,N.J. 0	7606			_
Scope of Work (Check	all that apply)					□ Fu	di Coi	ntainment with	Negative Pressu	ıre	100 g		
⊒≥3 sf or ≥ 3 lf					vation		Bar	closure ag Procedure		*			
□ ≥ 160 sf or ≥ 260 lf			ш	Dem	olition	□ No	on-Ex	empted (*) and	Non-Friable Pr	ocedure	Abat	eme	n
		ls L	ocation					1			T	уре	Т
		No	ormally		2	Descriptio	on of	A-7 (CA ) 41 40 (CA ) 41 (CA )	× N			m	
Local .	ntion of ning Material (ACM)		Solely		Asb	estos Containing e., thermal system	Mate	rial (ACM)	Amount (Specif	у .	20 R	Encapsulate	-
TO BE	ABATED	Cu	istodial		(i.	surfacing, V	AT,	36	SF or LI	<u> </u>	Removal	Inso	-
	Facility (13)		(12)			other miscell	aneo	us)	ie.		-	ate	-
		Yes	No	N/A								+	+
		165		7	-44-	RHAL INSI	عماد	Non	101	E	X	+	+
EASENE	M	$\vdash$	-		1,0						1	+	4
		1				50		1		٠,٠	++	+	1
		1		-								1	
	Afrada Moudot	NJE	DEP W	aste h	lauler	Cubic Yards	of	Name of Reg	istered Landfill	W.,	· ·	т /	7
At a CD - distanced to			No.			Waste		Minerv	a Enterp	rise	s,l	ידו	,
Name of Registered \	noval Inc	1					- 1						
Name of Registered Name Best Rei	noval Inc		171	109			÷0	City State			98		
Best Rei	noval Inc		171	109		Disposal Dat	- 1	City, State	sburg. (	)h,44	688		_
Best Rei City, State Hackens	ack , N.J. 07		171	109		Disposal Dat	5	Wayne	sburg, (	)h, 44	688	1,	~
Best Rei	ack , N.J. 07		6	109		Disposal Dat	5	City, State Wayne		)h, 44	688	Jı	5

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

D					0						*					
Date of Notification (1)	August 25, 2015						Name of Building Owner/Operator (2)  LBI House Raising  AUG 2 7 557 6									
Agencies Notified  [ X ] EPA  [ ] DEP		l Notific	ation otification		Street Address P O Box 1182 City, State, Zip Code											
[X] DOL	[X] Emer		#including		City, State, Zip Co		Haven, NJ 08008	3								
[X] DOH [] DCA		ication) ellation			Name of Contact Telephone Number  David Leonetti											
				FAC	CILITY INFORM	IATION		119								
Name of Facility Where Ale Res	patement is Taking sidence	Place (	3)		313111111111111111111111111111111111111	2111011	Type of Facility (4)	School (k-12)	s ss							
Street Address	South Ocean	Avenu	e				[x]	Subchapter 8 (oth Other (i.e., prival homes, etc.)			al build	lings,				
City		Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 2000 sf	# of Floors	Bldg	, Age	0					
Surf City		Oce	an				Current Use (Prior Reside	if being demolished)								
Name of Monitoring Firm I	8)		ASCM No.	Name of	Abatement Contractor Guard	r (9) ian Contracting,	Inc.									
Street Address				Street Ac	ldress	Route 9, Unit 61										
City, State, Zip Code						City, Sta	te, Zip Code	River, New Jers	0~-300	755-1	271					
Project Manager for Monito	Telephon	e Number		11	ne Number 9-9932	License N 00624										
Scheduled Start Date (10) 8/26/15			Schedule 8/27		ion Date (11)		OSHA Monitor	.L. Analytical								
Occupancy Status During A	Abatement (Check of lity Closed/Vacated		e)		atement	Street Address										
	tement Performed					City, Sta	te, Zip Code									
[ ] Othe	er – Describe				7	,,		away, New Jerse	y 088	54						
Scope of Work (Check all t	hat apply)					[ ]	Full Containmen Mini-Enclosure	t with Negative Pres	sure							
[ ] >3 s:	f or ≥3 lf		f 1	Renova	ation	[ ]	Glovebag Proced	lure								
[x] ≥160	) sf or ≥260 lf		[x]	Demol	ition	[x]		*) and Non-Friable	Procedu	re						
									Abat	ement	Гуре					
Asbestos-Containing M TO BE ABA	Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A					Description bestos-Con Material (A ., thermal ulation, su VAT, of her miscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E				
Exterior			X		Asbestos sidir	200		2080 sf	X		E	E				
DATELIOI			1		ASUESIUS SIGII	ığ		2000 81	^							
			-					+								
Name of Registered Waste	Hauler		NJDEP Wa	aste Hauler	ID No.   Cubic Y	ards of Was	te Name of Regist	ered Landfill								
	ntracting, Inc.			20223	4		T.R.R.F.									
City, State Toms River,	New Jersey			Dispo 8/28	sal Date	City, Sta	ate own, Pennsylvani	a								
Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager					Signature	7 %	chold 1	1	Date 8/25	5/201:	5	19				

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



Date of Notification (1) 08/24/15			Name of Building Owner/Operator (2) 6010 BUCHANAN ASSOCIATES LLC													
Agencies Notified Type Notification		1	treet Ad 6010 B	dress UCHANAN	PLACE			100	100	*						
DEP Amended Amendment				e, Zip Code NEW YOR	K, NJ 07	093				1						
		N	lame of	Contact				Tele	phone N	e Number						
			FACIL	ITY INFORM	ATION											
Name of Facility Where Abatement is Takir	g Place (3)						of Facility (4) School (K-12)			40)						
Street Address 6010 BUCHANAN PLACE						×	Subchapter 8 Other (i.e. privetc.)	vate &	comme					s,		
City (5) WEST NEW YORK, NJ	•		Square Feet # of Floors 2,500 3									Bldg. Age				
County (6) HUDSON COUNTY			County Code (7) Current Use (Prior if being demolished HOME													
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			tement Contr.  PROFES									
Street Address						t Addres	s DOVE COU	JRT								
City, State, Zip Code			City, State, Zip Code LAKEWOOD, NJ 08701								9					
Project Manager for Monitoring Firm	٦	Telephon	e No.		hone No -668-9			License 1200	e No.							
Start Date (10) 09/04/15	Scheduled 09/07/15		pletion D	Date (11)			HA Monitor D PROFES	SIOI	NALS			8				
Occupancy Status During Abatement (Che	ck Only One				100000000000000000000000000000000000000	t Addres	SS DOVE COL	IDT								
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of Ab	atem lours	ent		City,	State, Z	ip Code									
Other – Describe:					LAR	EWO	OD, NJ 08	701								
Scope of Work (Check All That Apply)    X ≥ 3 sf or ≥ 3 lf   ≥ 160 sf or ≥ 260 lf		novat moliti			Il Containmer ni-Enclosure ovebag Proce	dure			Pressure ble Procedure							
	·	ocatio					, Exomptou	( ) =:::				Abate	ment			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	rmall Solei tenar	y y by ice/	(i.e. the	Description Containing rmal system surfacing, V her miscella	Material ns insula AT, or	I (ACM) ation,	(S	mount pecify or LF)		Removal	Repair	e Encapsulate	Enclosure		
INTERIOR	163	140	INC	PIF	E INSUL	10ITA	V	17	70 LF		X					
INTERIOR	1				ACM TIL			15	0 SF		X					
Name of Registered Waste Hauler		JDEP Wauler ID		ubic Yards f Waste		Name of R	egiste	red Lan	dfill							
NEWARK CARTING		157275	1509	5	yards		IESI									
City, State NEWARK, NJ	Title			100	isposal Dat 9/07/15		City, State BETHLE		1 PA	D :						
Completed by JOSEPH PERLSTEIN	R			Signatu	re				Date 08/2	4/1	5					

Date of Notification (1)	Name of Building Owner/Operator (2)														
Bate of Notification (1)	4/15		,	KS. SHARON LOCATURO											
Agency Notified	Type Notification		8	Street A	ddress										
	1			3	22	JEFFER	son st								
□ EPA □ DEP	□ Amended		1	N. N.	t- 7- C	`ndo									
E DOL	Amendment#		-	C	ARL	STADT	· NJ.	07072							
	☐ Emergency (including	g	1	Name of	f Contac	t		Talanhana Mirma	har						
DOH DCA	justification)  □ Cancellation			M	5	ho carre	2	İ							
2504	1				X	ORMATION			+0						
Name of English Manage	Abatement is Taking Pla	÷ (3)		1 AUIL			Type of Facility	(4)							
		æ (5)				¥									
45.400	AME			□ School (K-12) □ Subchapter 8 (Other than K-12)											
Street Address	1 -23	_				102	Other (i.e. pri	vate & commercia	l building	gs,					
323 37	FERSON ST						homes, etc.)		Bldg. /	Ane.		-			
City (5)					Ya		Square Feet	_	1	-		10			
CARLS	TADT				- 1		.2000.		1	27	CH	2			
County (6)	3				Code (7)	(STATE USE	Current Use (Pr	ior if being demoli	shed)						
BERG	SEN		1	ONLY)	٠.		- FE.	5102NCE	ioto						
Name of Monitoring Fire	n Hired by Building Owne	r A	SCM	No.		Name of Abaten	ent Contractor (9	))		73					
(8)						Best Re	moval In	С		ß.					
Street Address															
				18		450 Sou	Moress South River St								
City, State, Zip Code						City, State, Zip (									
						Hackens	ack, N.J								
Project Manager for Mo	nitoring Firm	ephon	ne No.		Telephone No.		License No.								
					201-329		00388		W <sub>ee</sub>						
Start Date (10)	Scheduled C	mpletic	on Dat	te (11)		Name of OSHA		207 4		100					
9/9/15	71	10/1.	2				Environm	ental		_					
Occupancy Status Duri	ng Abatement (Check on	y one)	4			Street Address	II .								
☐ Facility Closed/Vaca	ted During Entire Period	of Abate	ment				uyler St			Ú,					
☐ Abatement Performe	d Outside of Normal Faci	lity Hou	rs			City, State, Zip		N T 0.7	606						
2 Other - Describe: 74						S. Ha	ckensack	,N.J. 07	600	-					
Scope of Work (Check	all that apply)			_		2 Full	Containment with	Negative Pressur	e						
□≥3sfor≥3lf				☐ Reno			Enclosure ebag Procedure		¥						
Z ≥ 160 sf or ≥ 260 lf				u Delli	ONBOIL			d Non-Friable Proc	edure	4					
		le	Locati	ion						Ab	atem				
			ormal	3733.00							Туре	T			
. Locat	tion of ing Material (ACM)		i Sole		Asbe	Description stos Containing M		Amount			1	0 0			
TO BE	ABATED		ustodi			, thermal systems	insulation,	(Specify		Ren	Re	noi			
	acility . (3)	1	Staff?	-		surfacing, VA other miscellan		SF or LF)		Removal	Repair	Enclosure			
1,	3)		(12)			outer massessari	.	59		-1	100	0			
		Yes	No	N/A			*				1	1			
BASELE	NE			7	,	ノムー		550	SF	×	_	$\perp$			
				1											
								50000	٠,						
										. 1					
Name of Registered W	aste Hauler	NJI	DEP V	Naste H	auler	Cubic Yards of	Name of Regi	stered Landfill	200						
Best Rem		ID	No.			Waste	Minerva	a Enterpr	ises		LL	C			
			17	109		34									
City, State						Disposal Date	City, State			0.0					
	ck , N.J. 07	601			- 8-0 171/00	9/10/15	Waynes	sburg, Oh		88					
Completed by				Signature	, , , , , , ,	0	Date Q	1	4/1	-					
J.Maiorano		imat					سمهادي	>	6	0	1/1	1			
ASB-41	* Do no	t use th	is form	n for as	bestos li	censure exempted	activities.			121					

Date of Notification (1)	1			Name of Building Owner/Operator (2)									
8/25						ARONA)	LIDIA FE	<b>ECNANDE</b>	2				
Agency Notified	Type Notification		1 8		Address			AUI	4 3 1314	1			
□ EPA	Pinitial			15	00	SACEM	AUE			1_		_	
	☐ Amended		(	City, St	ate, Zip C	Code .							
DEP DOL	Amendment#			. 6	41 LC	SIDE 1	17 07	205		1			
₽ DOH	☐ Emergency (including justification)	ng	4 '		of Contac			Telephone Nun	nber	1			
□ DCA	□ Cancellation		1	HR. 1	Pay T	omass o			2				
					-	ORMATION							
Name of Facility Where	Abatement is Taking Pla	ce (3)			•		Type of Facility	(4)		I			
			4 . 1	<b>N</b> = <b>7</b>		9	D 0-1	Λ.		-			
	DA / WOIA F	=1210.	A 10 4	30 0	·		☐ School (K-12 ☐ Subchapter 8	) 3 (Other than K-12	2)				
Street Address							Other (i.e. pr	ivate & commercia	al buildings,				
	ALEM AVE					(4)	homes, etc.) Square Feet		Bldg. Age			-	
City (5)												2	
HILLS	100				.01		.2100.		75	10	M	_	
County (6)						) (STATE USE		rior if being demol		1			
UNION			1	ONLY)				1000 CE	1550				
	n Hired by Building Owne	er /	ASCM	No.		Name of Abaten	nent Contractor (S	9)					
(8)						Best Re	moval In	С	7				
Street Address					-	Street Address							
Oddot / Addisor				30		450 Sou	St						
City, State, Zip Code		-				City, State, Zip (				1			
Oity, Oillie, in other						Hackens	ack, N.J	. 07601					
Project Manager for Mo	nitorina Firm	lephor	ne No.	· ·	Telephone No.		License No.	7,	1				
1 Toject Manager Ist Inc					201-329	-7444 -	00388	371					
Start Date (10)	Scheduled Co	on Dat	te (11)		Name of OSHA	Monitor	- 1	1.	T				
9/10/15	91.1	1 4	0	,		Omega :	Environm	ental					
111010	ng Abatement (Check on	ly one)	-			Street Address							
	<b>*</b> 4		150	*		280 H	uyler St						
☐ Facility Closed/Vacat	ed During Entire Period of d Outside of Normal Faci	of Abate	ement			City, State, Zip (				1 1			
2 Other - Describe:		mty 110t		•				,N.J. 0	7606				
Scope of Work (Check:													
	an ama apply			DO O	ovation		Containment with Enclosure	Negative Pressu	re .				
22 2 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf					nolition	☐ Glov	ebag Procedure		**				
22 100 01 01 2200 11						□ Non	-Exempted (*) an	d Non-Friable Pro	cedure	bate		-+	
		ls	Locati	ion					1	Ty		14	
Locat	ion of		iormal d Sole		2	Description	of						
Asbestos-Containi			a sore intenar		Asbe	stos Containing M	aterial (ACM)	Amount	23		E	ш	
TO BE A			ustodi		(i.e	., thermal systems surfacing, VA		(Specify SF or LF	Removal	Repair	Encapsulate	Enclosure	
IN Fa	3)		Staff? (12)			other miscellan			ova	ar.	ula	sure	
	•	-	()		1						9	_	
		Yes	No	NVA					-			_	
BASELLE	Not				THEL	Mite System	a indsulation	25				_	
BASEM	EW-				THERL	ual surfa	cusc	455	FX			_	
								W			1		
									1977				
Name of Registered Wa	aste Hauler	NJ	DEP V	Naste I	lauler	Cubic Yards of	Name of Regi	stered Landfill		*			
Best Remo		1	No.			Waste	Minerv	a Enterpi	ises	LI	<sub>2</sub> C		
2000 2000			17	109		21209	/	pı	,				
City, State		-				Disposal Date	City, State		y				
	ck , N.J. 07	601				9/11/15	Wayne	sburg, Oh	1,44688				
Completed by	Title					Signature ()	22.		Date 8   25	1	-		
J.Maiorano	Est	imat	cor			1 VM	سميردنه	3	8/25	1	7		
ASB-41	* Do no	t use th	is form	n for as	sbestos li	censure exempted		¥.		1	UD1000		

Date of Notifica	tion (1)			Na	me of	Building	Owner/Operator	(2)	AHC 1	5 5 501			
	125/15	26	Si.	1	fol	LY	FAMI C	1 PAR	SH FUD				
Agency Notified		otification		Str	eel mu	101622							
⊒ EPA	Æ Initial						1V15102	800				-	_
3 DEP	☐ Amer	nded		Cit	y, Stat	te, Zip C	ode .	NT OF	7707				
a bol		ndment# rgency (including	1	-	60	(2A)	BETH.	M2 01	Tale '				
а бон	justif	ication)	te:	10		Contact							
□ DCA	□ Cano	ellation					MASSO						
				F	ACILI	TY INFO	RMATION	Type of Facility	(4)		-		
Name of Facili	ty Where Abatemer	nt is Taking Place	e (3)			12.0	91	type of racinty	(4)				
HOW	y FAMI	Ly (Air	45	H				School (K-12	) 3 (Other than K-12	2)			
Street Address	3						4	Other (i.e. pr	ivate & commerci	al buildings	s,		
118	DI V1510	NAUE						homes, etc.) Square Feet		Bidg. A	ae	-	
City (5)							H	4300	# 01 110015		36	0	
· E	LiZABE	TIA				-1			l l		-		
County (6)					ounty (	Code (7)	(STATE USE		rior if being demo	ibiled)			
	04102	2				٠.							
Name of Moni	toring Firm Hired by	Building Owner	AS	SCM N	0.			nent Contractor (S			558		
(8)								moval In	<u>c</u>		_	-	
Street Addres	S						Street Address		0.5				
							450 Sou	th River	St			_	
City, State, Zi	p Code							ack, N.J	07601				
	77		1 7.6	phone	No		Telephone No.	ack, h.o	License No.		100		
Project Manag	Project Manager for Monitoring Firm						201-329	-7444 -	00388				
		Scheduled Co	moletic	n Data	(11)		Name of OSHA						
Start Date (10	115		5/1		(,			Environm	ental				
	tatus During Abater	1			-		Street Address			30 5 - 63			
10000 10000 1000					*		280 H	uyler St			5		
☐ Facility Clo	sed/Vacated During Performed Outside	g Entire Period o	t Abatei	ment rs			City, State, Zip						
Other - De	scribe: 7 AM	0517			•		S. Ha	ckensack	,N.J. 0	7606			
Scope of Wo	k (Check all that ap	oply)					O Full	Containment with	h Negative Pressi	ure			
De 3 stor≥	3 lf					ovation	# Min	-Enclosure		15			
□ ≥ 160 sf or				E	2 Dem	olition	☐ Nor	vebag Procedure -Exempted (*) ar	nd Non-Friable Pr	ocedure	ij.		
		T	1- 1	Locatio							Ab	aten Typ	
			3239.0	ormally	3.5			-6			-,	T	T
	Location of s-Containing Mater	in (ACM		Soleh ntenan		Asbe	Description stos Containing N	faterial (ACM)	Amoun	33.33.4	7	Repair	E I
Asbesto	TO BE ABATED	Idi (ACIVI)		ustodia		(i.€	, thermal system	s insulation,	(Specifi SF or LF		Removal	Rep	Encapsulat
	IN Facility	1	1	Staff?			serfacing, VA other miscellar		-		val	=	ulat
	(13)			(12)								1	0
			Yes	No	N/A			v	3.8	0	×	$\dashv$	+
SFLOON	L BONER	ROOM			×		ML SOKTABLE				70	+	+
LFOOL		ROOM			9	4 KEN	lyal system	1 PAN CASTI	52 10	7	1	+	+
									-	1+		+	+
									interest Landell				
Name of Re	gistered Waste Hau	ler		DEP W	laste l	lauler	Cubic Yards of Waste		pistered Landfill		_	тт	C
Bes	t Removal	Inc	IDI	No. 171	109		1 1/2 4	Minerv	a Enterp	rises	,	ىلىل	U
1				1/.	103		Disposal Date						
									abura O	h 116	88		
City, State	1-	NT T O 7	601				9/11/	1 WAVIIE	SDULE - U	11, 770	700		
Hac	kensack ,	N.J. 07	601				9/5/15 Signature	,	sburg, 0	Date			,
Hac Completed		Title	601 imat	or	-			مم دنده		Date	25		ک



# & Energency &

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

Date of Notification (1) 8/25/15					Building O				CIN									
Agencies Notified	Type Notification		1 3	treet Ac	idress on Ave.					1.	Jā 2 f	10						
EPA DEP DOL	Amended Amendment #				e, Zip Cod do NJ 07				- 7	7.								
	Emergency (ir justification) Cancellation	icluding	1 89	lame of Daniell	Contact e					Tele	ephone N	umber						
Name of Facility 180	AL-6	DI (0)		FACIL	ITY INFO	RMATI	ON	-	5 F 1114 - 741									
Name of Facility Where A Regina Hencoski F		Place (3)						S	f Facility (4) chool (K-12	)								
Street Address 2 Benton Ave.		,						X O	ubchapter 8 ther (i.e. pri tc.)				dings	home	es,			
City (5) Leonardo NJ 07737	7			Square Feet # of Floors								1000	ldg. Age 5+					
County (6) Monmouth					Code (7) ISE ONLY)			Curren	t Use (Prior	if bei	ng demoli	shed)						
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.		100000000000000000000000000000000000000	of Abate	ement Cont	ractor	(9)							
Street Address							Address											
City, State, Zip Code	w					City, S	state, Zip	<u> </u>	91									
Project Manager for Mor	T	Telephone No. Telephone No. 856-753-9800							License	No.	1000							
Start Date (10) 8/26/15		Schedule 8/28/15		pletion [	Date (11)		1	of OSH	A Monitor									
Occupancy Status Durin						- 100		Address	s									
Facility Closed/Vac	ated During Entire Poned Outside of Norma	eriod of A	bateme	ent		_		State, Zip										
Scope of Work (Check A	All That Apply)																	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enovat emoliti						Containme i-Enclosure vebag Proc	edure			Pressure ble Procedure					
		le.	Loootie			-		1401	I-Excilipted	( ) an	4 11011111			emen	ı			
Location	n of	N	Location lormally	y	-8	De	scription	n of					T	уре				
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) A <u>TED</u> lity	Mai Cust	d Solel ntenan odial S (12)	ce/ taff?		os Con thermal surfa	taining f	Material is insula AT, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A			. 0:	.0		0.5	00.05	_	-	-				
Exterior S				Х			erior Si				00 SF	x	-	-				
2nd flo	oor		- 58	X		h	loor til	e	-	8	00 SF	x	-					
Name of Registered Wa	12776	JDEP Wauler ID	200	Cubic of Wa	Yards ste		Name of F		ered Land	lfill								
United Roll Off			1.500.00	2459	.,	7			G.R.O.V									
City, State Elm NJ		Title				8/28/			City, State Morrisvi									
Completed by Anthony T Perna	dent			3	Signatur	ê C				Date 8/25/1	5							