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

			OF ASBESTOS to NJAC 8:60 an					de	106	V =	#1497
Date of Notification (1) 8/2/2016			Building Owner/0	Operator	(2)						
Agencies Notified Type Notification		Street A	ddress			AU	9 2010		The same		
X EPA X Initial Amended	8	City Sto	te, Zip Code			AUC	9 2016		1		
X DOL Amendment #_			cus NJ 07094			1000000			Section 2		
Emergency (inc	cluding	Name of	Contact				S CONTRO		- CO		
DOH justification) Cancellation			en McCahill			The state of the s		sec	- di		
Name of Facility Where Abatement is Taking F	Place (3)	FACII	LITY INFORMAT	ION	Type	of Facility (4)					
Private Residence	(0)					School (K-12					
Street Address					×	Subchapter 8	Other than K vate & comme		dings,	home	es,
City (5) Secaucus						re Feet	# of Floors 2+		Bldg. A	\ge	
County (6) Union		County C	Code (7) USE ONLY)		Curre	ent Use (Prior	if being demo	lished)			
Name of Monitoring Firm Hired by Building Ow	rner (8)	ASCM	l No.			atement Control					
Street Address				Street 205 I		ss e 46 Suite 7	7a				
City, State, Zip Code						Zip Code		9, 21, 21			
Project Manager for Monitoring Firm		Telephor	ne No.	Teleph		J 07512 lo.	License	e No.			
Start Date (10) S	abadulad Ca	mplotion	Data (11)	973-		9176 HA Monitor	01232	2			
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Occupancy Status During Abatement (Check (Only One)	100		Street		ss garaw Rd,	Blda 35E				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Normal Working Hours	Facility Hou			City, S	tate, Z	ip Code NJ 07410	blug 33L				
Scope of Work (Check All That Apply)											_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Renov			×	Mir	ni-Enclosure ovebag Proce	nt with Negativ				
	TECH, X-100	. 1			J No	n-Exempted	(*) and Non-Fr	nable Pro	7.3.00 F132	e ement	
Location of	Is Loca Norma	ally	De	scription	of					ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sol Maintena Custodial (12)	ance/ Staff?			insula T, or	ation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Basement		X	Pipe	Insula	tion		15 LF	Х			
Name of Registered Waste Hauler		NJDEP W	aste Cubic	Yards		Name of D	egistered Land	dfill			
Unicorn Contracting Corp.		Hauler ID 0035844	No. of Wa	ste		Tullytown	n Resource		ery F	asci	lity
City, State Totowa NJ 07512			TBD	sal Date	2	City, State	12/				
Completed by Dimo Golcev	Title General N	Manager		Signature	M	y		Date 8/2/20	16		
ASB-41 (R-06-08)			(* Do no	t use t	this form for a	sbestos licens	sure exer	npted	activit	ties.

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CX # LIC	790				to NJAC				IN I	m		C			\mathbb{V}		M
Date of Notification (1) 08/03/16					f Building ladison			(2))	I)							
Agencies Notified	Type Notification			Street A			***		1		1	AUG	,	9 2	016	-11	U
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Lance Control of the	Amendment Emergency		<u> </u>		ken, NJ	07030			Į.		0.0000		CEN	SING		. С	
⊠ DOH	justification)				Contact				ž.	erensem.		elephor	ne Nu	mber	- PACHA	China pinis	essure of
DCA	Cancellation	[6			diannone	Ē.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NA.				\perp						
Name of Facility Where	Abatement is Takin	g Place (3	3)	FACI	LITTINE	URIVIATIO	N	Ty	ype of Fac	cility ((4)						
502 Madison St								Г	School	I (K-1	12)						
Street Address									Subch	apter	8 (Ot				-11	12	
502 Madison St								X	Other (etc.)	(i.e. p				ial buil	dings,	hom	es,
City (5) Hoboken									quare Fee	et	# 2	of Floo	rs		31dg. <i>A</i> 25+	ge	
County (6)				County (Code (7)	***			urrent Use	e (Pri			molis		LUT		
Hudson					JSE ONLY,)	-		n/a			Jing de		louy			
Name of Monitoring Firm	5) (5)	Owner (8)		ASCM	1 No.				Abatemen			r (9)					
Health and Safety Street Address	Services						Street	2000	nterprise	s, Ir	1C.						-00000
PO Box 365									ast Esse	x A	/e						
City, State, Zip Code									e, Zip Cod								
Berlin, NJ 08009	hadaa Maa			T 1 1					od, NJ 08	822	1	1					
Project Manager for Mon James Proctor	itoring Firm			Telephor 856-4	ne No. 52-1311		Teleph 609-		e No. 67-1250				nse N 172	10.			
Start Date (10)		Schedul	ed Con		Date (11)	-			OSHA Moi	nitor		101	172				
08/19/2016		08/31/			,		Heal	lth	& Safety	y Se	ervice	s, Ind) .				
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street		5000.000								
Facility Closed/Vaca						1	2002250	2000	x 365								
Abatement Perform Other – Describe:		nai Facility	Hours	}					e, Zip Cod NJ 0800								
Scope of Work (Check A	II That Apply)						Dom	,	110 0001	-							
≥3 sf or ≥3 lf		□ F	Renova	tion			×		Full Conta	ainm	ent wi	th Neg	ative f	ressu	ire		
≥160 sf or ≥260 lf		\times	emolit	ion			-	+	Mini-Enclosed Glovebag	77.75.7		a :					
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Location			Normal d Sole				cription			.		^		-	Τ,		
Asbestos-Containing TO BE ABA			intenai			thermal s			erial (ACM sulation,	1)		Amour (Specif	5550	l R	77	Enc	四
In Facil (13)	ity	Cus	(12)	olani		surfact other m	ing, VA				5	F or L	F)	Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer in	iocciiai	.00	43)					/al	=	late	ıre
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Roof				X		Fla	ashing	a				276 s	f	x			
2007347-3																	
Name of Registered Was	te Hauler			JDEP W		Cubic			Nam	ne of	Regis	tered L	.andfil				
Site Enterprises Inc.	RS		21 23	auler ID 035220		of Was	te		Tul	llyto	wn L	andfil	I				
City, State			10	000220		Disposa	al Date	(Citv.	Stat	e						
211 East Essex Ave	. Linwood, NJ	08221				08/31			100000000000000000000000000000000000000	stol,							
Completed by	6.00	Title				Si	gnature	9,	- 0	1				ate	2023		
Eric Keys		OM				1	IA	11	10 /				0	8/03/	16		

State of New Jersey

Emergency Initial Non-Friable

G4667

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) 6527 - NJ Notification / Check #: 6702 Date of Notification (1) Name of Building Owner/Operator (2) 0 8 / 0 4 / 1 6 Agencies Notified Type Notification Street Address IC, [X] EPA [X]Initial [X] DEP Notification LLCY. State, Zip Code AUC 9 2016 | Amended X100L Notification Name of Contact Telephone Number (X)DOH [|Cancellation ACDECTO TROL & []DCA Benjamin Olagadeyo DNIGNION FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) X]School (K-12) Louise A. Spencer School |Subchapter 8 (Other than K-12) |Other (i.e., private & commer-Street Address cial buildings, homes, etc.) # of Floors | Bldg. Age 66 Muhammad Ali Ave, Newark, NJ 07108 City (5) 60000 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Newark, NJ 07107 Essex School Name of Monitoring Firm Hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) Four Strong Builders, Inc. TTI- Environmental Inc 0003 Street Address Street Address 1253 North Church Street 180 Sargeant Avenue City. State. Zip Code City, State, Zip Code Moorestown, NJ 08057
Project Manager for Monitoring Firm Telephone Number Clifton, NJ 07013-1935 Telephone Number License Number Jim Guilardi 856-840-8815 973-614-0377 00807 Sched.Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor | 0 | 8 | / 0 | 4 | / 1 | 6 | | 0 | 8 | / 0 | 7 | / 1 | 6 | Month / Day / Year | Occupancy Status During Abatement (Check only one) 0 | 8 | / | 0 | 7 | / | 1 | 6 | Four Strong Builders, Inc. Street Address X Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement]Abatement Ferformed Outside of Normal Facility City, State, Zip Code Hours - Describe: []Other - Describe: Clifton, NJ 07013 Scope of Work (Check all that apply) |Full Containment with Negative Pressure |Mini-Enclosure]Demolition [X] Renovation []Glovebag Procedure [X]Non-Friable Procedure)>3 sf or >3 1f X1∑160 sf or >260 1f Is Abatement Type Location Normally Location of Description of Asbestos-Containing N N C CA Asbestos-Containing Used Amount E Material (ACM) TO BE ABATED Solely Material (ACM) (Specify M (i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous) by Main-SF or 0 P 0 in Facility LF) 57 tenance/ SU S (13) Custodial A Staff(12) I. R Yes No N/A E Room 202, Room 203, SOT Offices VAT and mastic 3.000 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards Name of Registered Landfill of Waste Four Strong Builders, Inc. 12609 G.R.O.W.S., Inc. City. State Disposal Date City. State Clifton, NJ Tullytown, PA Completed By (Print or Type) Title Signat Date Bilyana Kulakovska Office Administrator 8/4/16 ASB-41 JUN 95

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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Date of Notification (1) August 4, 2016					Name of Building Own Diocese of Pate		ori(2)		Ē	<u> </u>	国	n
Agencies Notified		Notification Notification		fication	Street Address 777 Valley Road		In	4			Note that the same of the same	
X EPA								1 AUC		2016	11	1
DCA		□Amende			City, State, Zip Code		for the			2010	1 60	mont
x DOL		■ Emerg	ency (i	ncluding	Clifton, NJ 070	013	Land of the same o				į.	
X DEP		justific	ation)		Name of Contact		8	Telephon	e-Numb	oer	remark.	
x DOH		☐ Cance			Ben Dubbels		1	100	- conver	.01	. 8	-
X DOIT				FACILITY INF	ORMATION			To receive the property	VI 1110	41VII -	O O MANAGE	enteres es
Name of Facility Where Abate	ement is Tal	king Place (3)		771012177 770	Type of Facility (4)			Art I all I all I				
Saint Brendan School		ung r idoo (o)			☐ School (K-12)							
Camit Brendan Conce	··				Subchapter 8 (other	than K-12)						
Street Address					Subchapter o (other		roial bu	ildinge hor	mas atr	. 1		
154 East 1 st Street					Sq. Feet: Unknow						re	
City (5)	County (6	`	County	Code (7)	Sq. reet. Ulknow	11 # 011	10015.	Z <u>blug.</u>	Age.	10 yea	13	
City (5)	County (6			Use Only)	Current Han Insign if h	oina domo	liahad\:	í				
Clifton	Passai	С	Totate	Ose Omy	Current Use (prior if b	eing demo	iisrieu).					
Name of Monitoring Firm Hire			ASCM		Name of Contractor (9)							
EnviroVision Cons	ultants	inc.	0007	79	ODEENWOOD AF	- A TERME	UT CC	MOULT	ANITO	INC		
Conservation control to the second conservation and the second control to the second con					GREENWOOD AE	SAIEWE	NICC	NSULIA	4N15,	, INC.		
Street Address	"				Street Address							
20-21 Wagaraw Road	i, Bidg#	35E			511 MAIN STREE	т						
Oit Ctata 7ia Cada					City State, ZipCode	.1						
City, State, Zip Code					Butler, NJ 07405							
Fairlawn, NJ 07410		T = 1	Lebera Pilana					Linaman NI				_
Project Manager for Monitorin	g Firm	Telephone N			Telephone Number			License N	umber			
Fred Larson		973-636-	9145		973-492-0477			00840				
Scheduled Start Date (10)		Scheduled C	`ampletio	n Date (11)	Name of OSHA Monitor	r		00040				
August 15, 2016		August 1			Name of OSTIA Monito	1						
August 15, 2016		August	0, 201	0	EMSL inc.							
Occupancy Status During A	hatement (Check only or	ne)		Street Address							
Facility Closed/Vacate				ment								
Abatement Performed					1056 Stelton Roa	ad						
Describe		i i i i i i i i i i i i i i i i i i i	my riou	•	City, State, Zip Code							
Other - Describe: 7a	m-4pm											
011101 200011001 10					Piscataway, NJ	08854						
Source of Work (Check all that	it apply)											
						Full C	contain	ment with I	Negativ	e Pressu	re	
≥ 3 sf or ≥ 3 l	f			Renovation			-Enclos					
□≥ 160 sf or ≥ 2				Demolition				Procedure				
== 100 51 51 = 1	-00			Bollionioli				ted (*) and	Non-F	riable Pro	cedur	е
Location of Asbestos-Contain	ing Is Lo	cation Normal	ly Used	Description of Asl	bestos Containing Materia		Amount		atemen			
Material (ACM) in Facility (13)	Sole	ly by Maint./Cu	istodial	(ACM) (i.e. therm	nal systems insulation, sur		(Specify	/ SF	_			10000
		? (12)		VAT, or other mis	cell.)		or LF)	Ke	move R	lepair Enca	p Enci	105e
	YES	S NO	NA									
Boys Room Chase	X			Pipe Insulati	on		8 LF	X				
1												
Name of Reg. Waste Hauler		NJDEP Was		r ID#	Cubic Yards of Waste	<u>):</u>		Name of F			1	
See Hauler Below # 1 &	2	See Below	1			1		Meadow	rfill La	ndfill		
Hauler #1) Greenwoo	d Abate	ment Cons	sultant	ts. Inc Butle	r. NJ 07405		sal Dat			y, State	8202	
NJ DEP #					/	Aug	ust 1	6, 2016	100000	ute 2, Box		
Hauler #2) Newark Ca		c Newerl	NIO	1500 NIDED#	10551					dgeport, V		
Hauter #2) Newark Ca	irting, in	c. – Newark	, INJ U	1307, NJ DEF #	17331				304	1-842-278	7.	
Completed by (Brief or Time)		Title			Signature		T	Date				_
Completed by (Print or Type)		<u>Title</u> SENIOR PI	DO 150	`T	Signature			Augus	+ A 20	116		
Marin Graure	19 3			J 1	Marin Gr	aure	0	Augus	. -, ∠(010		
C A C # 2016 577		MANAGER										

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

CHRCK # 1339

Date of Notification (1) 08/05/2016		1		f Building (ta (g				3 1	Contraction of the contraction o	
Agencies Notified Type Notification		1 2	Street A	ddress					E G		3 %			And the second s	
EPA Initial Amended			200	RAWFO ite, Zip Co		CORNE	ER	RD	A	10	£ 2	jiri		7	
DOL Amendment Emergency (- L	HOLN	IDEL, N		33									ALCONOMIC TO SERVICE AND ADDRESS OF THE PARTY OF THE PART
DOH justification) DCA Cancellation				f Contact TT KAHA	AN			plant property	ASI Tel	ephone	Num	ber)}_ Cs	powyodanie i	The same
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	RMATI	ON	ΙT	ype of Facility	(4)	1.1					
BELL WORKS								School (K-	12)						
Street Address 101 CRAWFORDS CORNER ROA	AD						×	Subchapte Other (i.e. etc.)					dings,	home	es,
City (5) HOLMDEL							1000	quare Feet 2,000,000	# o	f Floors			ldg. <i>A</i>	ge	
County (6)				Code (7) USE ONLY)				urrent Use (Pr COMMERC		ing demo	olishe	ed)			
Name of Monitoring Firm Hired by Building (HILLMAN CONSULTING LLC	Owner (8)		ASCN	No.				Abatement Co ne Contrac							
Street Address 1600 ROUTE 22 EAST SUITE 10	7					Street 13 F		ldress erton Ave							
City, State, Zip Code UNION, NEW JERSEY 07083								e, Zip Code S NY 10704	1						
Project Manager for Monitoring Firm			Telepho 908-68	ne No. 38-7800		Teleph 914-		ne No. 6-0033		Licens 62028					
Start Date (10) 08-08-2016	Scheduled 08-01-20		pletion	Date (11)				OSHA Monito		TS IN	 Э.				
Occupancy Status During Abatement (Chec						Street			VENI				0		
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of Aba al Facility H	atem lours	ent			City, S	Stat	e, Zip Code							
Scope of Work (Check All That Apply)						TON	N/L	ERS, NEW	YURK	10704	+				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	December 1	novat moliti				>	×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure					•	
	Is Lo	ocatio	on			-		Non-Exemple	Ju () an	u Non-r	Habit		Abate	ement	:
Location of Asbestos-Containing Material (ACM)	Used :	rmall Solel		Ashasi		scription		erial (ACM)		mount			1 9	pe	
TO BE ABATED In Facility (13)		dial S 12)	staff?		thermal surfa		is in AT,	nsulation, or	(5	Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A	DIDE	EITTIN	ICS/IN	121	ULATION	2	00 LF		X		CD .	
Boiler Room	+^+			FIFE		163/11	VOI	OLATION	2	UU LF		Λ			
Name of Registered Waste Hauler Asbestos Transportation Co		Ha	JDEP W auler ID A-371		Cubic of Was			Name o			dfill				09
City, State Shirley NY		11/	. 07 1		Dispos	sal Date	9	City, Sta							
Completed by Michael Coleman	Title Preside	ent			1	ejgnature Elkar	e P	elen.		a .	Date 08/		2016		

State of New Jersey EDS16-143 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Page 1 of 1 Name of Building Owner/Operator (2) Date of Notification (1) 8-2-2016 Agencies Notified Street Address Type Notification EPA Initial City, State, Zip Code × DEP Amended OS CONTROL × DOL Amendment #1 Emergency (including Name of Contact Telephone Number DOH justification) Letizia Pantoliano Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bogota High School × School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 2 Henry C. Luthin Place etc.) City (5) Square Feet # of Floors Bldg. Age 10.000 2 50+ Bogota County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ahera Consultants Inc 0057 GL Group, Inc. Street Address Street Address PO Box 385 140 Hamburg Turnpike City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231-0385 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm License No. Telephone No. Telephone No. 201-710-9725 01084 John Smoyer (609) 652-1833 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7-29-2016 GL Group, Inc Occupancy Status During Abatement (Check Only One) Street Address 140 Hamburg Turnpike Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Weekend work 6am - 2 pm Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, TO BE ABATED (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Rooms 28 & 29 Multi-layered VAT/Mastic 1,550 SF X X Room 28 X 25 SF X Fume Hood Lining

NJDEP Waste

Hauler ID No.

04509

President

Cubic Yards

Disposal Date

Signature

of Waste

TBD

TBD

Date

8-2-2016

Name of Registered Landfill

Grows

City, State

Morrisville, PA

Elena Solakov

City, State

Newark, NJ

Completed by

Name of Registered Waste Hauler

Newark Carting, Inc.

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

EDS16-093

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

		(Pui	suant t	o NJAC 8	60 an	d 12:120)	Page 1	of 1		1 I	11	W	国
Date of Notification (1) 8-4-16		N	ame of	Buildina O	wner/0	Onerator	(2)		A STATE OF THE STA					
Agencies Notified Type Notification		S	treet Ac	idrese	-					4.1	16		Ba Litta	- 1
		1		., .	•					The state of				
DEP X Amended Amendment #1		_	ity, Stat	te, Zip Cod	le				L A	SBES	TOS (JON SIN	THOI	-8
Emergency (indiginal justification) DOA Cancellation	cluding	1 2 3 3		Contact s Bonfig	lio				Teleph	none Nu				
			FACIL	LITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking F River Dell High School	Place (3)					Туре	of Facility (School (K-1						
Street Address 55 Pyle Street								Subchapter Other (i.e. p	8 (Other			dings,	home	s,
City (5) Oradell							Squi 5,00	are Feet	# of F	loors	1550	ldg. A	ge	
County (6) Bergen				Code (7) USE ONLY)			Curr	ent Use (Prid	or if being	demolis	shed)			
Name of Monitoring Firm Hired by Building Ov Ahera Consultants Inc	vner (8)		ASCM 0057			A STATE OF THE PARTY OF THE PAR		atement Cor	tractor (9)				
Street Address PO Box 385						Street	Addre		pike					
City, State, Zip Code Oceanville, NJ 08231-0385						City, S	State,	Zip Code Idale, NJ 0	7.5					
Project Manager for Monitoring Firm John Smoyer			elephor (609) 6	ne No. 352-1833	3	Teleph	none i		L	icense	No.			
	chedule 3-7-20		pletion I	Date (11)		1 1 1 1 1 1 1 1		SHA Monitor o, Inc						
Occupancy Status During Abatement (Check	Only Or	ne)				Street								
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: Building occupied			ent			City, S	State,	burg Turn						
Scope of Work (Check All That Apply)					_	Bloo	ming	gdale, NJ (7/403					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Constitute	Renovat Demoliti	3375317				M G	ull Containme lini-Enclosure lovebag Pro- on-Exempte	e cedure				e	
	Is	Locatio	n									Abat	ement	
Location of		Normail		Ashaal		escription		al (ACM)	Δ 100		-	1	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	7776	intenan todial S (12)			therma surf	al system acing, VA miscella	is insu AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
Crawlspace from Boiler Rm to Science Wing	Х			Pip	e & F	Fitting I	nsula	ation	2,54	0 LF	Х	_		
						-					+	-		
		-									-	-		
Name of Registered Waste Hauler		N.	JDEP W	/aste	Cubi	c Yards		Name of	Registere	ed Landf	ill life			
Newark Carting, Inc		25000	auler ID 509	No.	of W)		Grows						
City, State Newark, NJ					Disp TBD	osal Date)	9	City, Stat Morrisv	e rille, PA					
Completed by Elena Solakov	Title Pres	ident				Signatur	e	Slerm St	Ma		Date 3-4-20	16		

GL16-004

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

Page 1 of 1 check # 2323

Date of Notification (1)				Name o	of Building C	Owner/C	Operator (2)		1	F 0	(a) [i	= 1	V17	1 12	1 1
8-3-2016								1		E	5				
Agencies Notified	Type Notification			Street A	Address										
EPA DEP	Initial									F :	1/5	Ü	001	it:	1
DEP X DOL	Amended Amendment	+4Δ		City, St	ate, Zip Coo	de				14.1	UU	W	LU	U	Lucine
	Emergency	(including	9	N	10										- Constant
X DOH X DCA	justification) Cancellation			1000	of Contact Ory Rome	ro Ir			Tel	ephone	e Num	ber	mai	-IOL	81
2011	Carlocilation	1			ILITY INFO		ON		COLUMN TO THE REAL PROPERTY.		elitera in rega		O	NAME OF TAXABLE PARTY.	neman en en en
Name of Facility Where	Abatement is Takir	ng Place	(3)	FAC	ILIT INFO	RWAII		pe of Facility	(4)						
Mimosa Building								School (K-							
Street Address	_							Subchapte	r 8 (Oth	er than	K-12)			
505 Ramapo Valley	y Road						×	Other (i.e. etc.)	private a	& comn	nercia	l buil	dings	, hom	es,
City (5) Mahwah							Sc	quare Feet	# 0	Floors	3	E	Bldg. A	Age	
							20	0,000+	2				+0	•	
County (6) Bergen				County	Code (7) USE ONLY)		Cu	urrent Use (Pr	ior if bei	ng den	nolish	ed)			
Name of Monitoring Firm	alliand to Bottle	0 10				-									
USA Environmenta	I Management	Owner (8)	0011	그의 회문 자연합			Abatement Co	ntractor	(9)					
Street Address	- January - Janu			001	12		GL Gro								
344 West State Str	eet						Street Add	aress mburg Turr	niko						
City, State, Zip Code								, Zip Code	ibire						
Trenton, New Jerse								gdale, NJ	07403						
Project Manager for Mon				Telepho			Telephone			Licen	se No				
William Weisgarber	, Jr.				56.8101		201-710)-9725		0108					
Start Date (10) 5-26-2016				mpletion	Date (11)			SHA Monitor	2						
	- At	8-19-2	100000000000000000000000000000000000000				GL Grou								
Occupancy Status During							Street Add								
Facility Closed/Vaca Abatement Perform	ated During Entire F	Period of	Abater	nent				nburg Turn	pike						
Other - Describe:	eu Outside of North	iai Facilit	Hour	S				, Zip Code							
Scope of Work (Check A	II That Apply)						Bioomin	igdale, NJ	07403						
≥3 sf or ≥3 lf	5.8 5.9	×	Renova	ation			×	TII O							
× ≥160 sf or ≥260 lf		DANAGE AND STREET	Demoli				Season 1	Full Containm Viini-Enclosun	ent with	Negati	ve Pr	essur	е		
								Glovebag Pro				_			
		le	Locat	ion			famil 1	Non-Exempte	u (*) and	Non-F	riable		Abate	T	
Location		1	Vormal	ly		Des	cription of						Ty		
Asbestos-Containing			d Sole		Asbesto	s Conta	aining Mater	rial (ACM)	Ar	nount				m	
<u>TO BE ABA</u> In Facili			todial S		(i.e. th	nermal s	systems ins ing, VAT, or	ulation,		pecify		Re	Z	inca	Enc
(13)			(12)		C	other m	iscellaneou	s)	SF	or LF)	- 1	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>m</u>		ate	Гe
Apartment	s A-L		Х		Drywal	ll and	Joint Con	npound	42 9	42 SF	=	х	-		
Apartment	s A-L		X				st Adhesi			50 LF		X	-		_
Apartment	s A-L		X				loor Cove			33 SF			-		
	300 - 500 950				110011	ione i	1001 0046	ings	4,90)3 SF	- 4	X			
Name of Registered Wast	e Hauler		N	JDEP W	aste (Cubic Y	'arde	Name of	Pagista	od I ==	Yen				
GL Group, Inc			Н	auler ID I	No.	of Wast		Minerva		ed Lan	απι				
City, State			00	033034		ΓBD									
Bloomingdale, NJ						Disposa ΓBD	al Date	City, State		011					
Completed by		Title					gnature	Waynes		UH ,	D :				
Elena Solakov		Presi	dent			J Sig	nature (Elen Solu	Man)		Date 8-3-		6		
		1							-		- 0	-01	_		

B & G proj. #: 2016-115

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

					-					ň.	Che	ck # 79	54	enternante	Promise	Province
Date of Notification	715005		111	Name o	f Building O)wner/	Operator (2))			INE		7	W	E	n
10 18 1/10 12	1/116				on Wirele		, , , , , , , , , , , , , , , , , , , ,	,					- Poor	Of the last	Part of	Acceptance of the Control of the Con
Agencies Notified EPA	Type Notific	cation	1	treet A	ddress							6.111		Alle.	- 11	Ш
DEP	X Initia	al					Road, Buil	lding	g D			AUG		UID	t	
X DOL	Amer Amer	ndment	110		ite, Zip Code ren, NJ 07		1				ĀSB	ESTOS LIGE	CON NSIN		L&	
₩ DOH	п.			ame of	Contact					-	Teleph	one Num		uranoses	0.002000	and the second
DCA	L Canci	ellation		Mari	k Fahy / S	Skinn	er & Cool	k								
					FA	ACILIT	TY INFORM	ATIC	N			Session III -				
Name of facility who	ere abatemen	nt is taki	ing pla	ace (3)						Ту	pe of Facilit	v (4)				
Irvington 5											Sch	ool (K -				
Street Address										4		chapter 8 er (Private				į.
1304 Springfie	eld Avenue									9	Bldg	s./Homes	, etc.			۸۵۵
City (5)		T	Coun	ty (6)					unty Code (7)		quale reet	#0171	oors		Bldg. /	Age
Irvington, NJ (Ess					(St	ate use only)		urrent Use partment			molisi	ned)	
Name of Monitoring	Firm Hired by	y Bldg.	Owne	r (8)		A	SCM No.	7	Name of Abateme	nt Conti	ractor (9)	building	1			
n/a						_ _			B & G Restor	ation,	Inc.					
Street Address									Street Address 105 Ryerson							
City, State, Zip Code								=	City, State, Zip Coo		-			-	-	
									Lincoln Park		7035					
Project Manager for M	Monitoring Fire	m			Phone Num	nber			Telephone Numbe (973)696-68			100	se Num			
Scheduled Start Date	(10)	TS	ched	Compl	etion Date (11\		_	Name of OSHA Mo				00378			
08/15/2016	(/	1		7/2016		11)			B & G Restor	ation,	Inc.					
Occupancy Status Du	ring Abateme	ent (Che	eck or	ly one)	Circles (Asset)			-	Street Address 105 Ryerson	Pood						
Facility closed/v Abatement perf	acated during	g entire	perio	d of aba	atement.				City, State, Zip Coo							
Describe: Other-Describe								-	LincolnPark, I	NIOZO	135					
Scope of Work (chec		ly)						-		140 070	700					
☐ Demolition	X		vation				1	TE	ull Containment w/n	evitene	Draccura	Поч				
※ >3 sf or >3 If		≥160 s	of or >	260 If				_	/lini-enclosure	cgative	pressure	parameter .	ebag p friable			
Location of		Is loc	ation	normali	y used solel	ly						M HOII	IR	R		1
asbestos-contai	ining	by ma	ainten	ance/cı	ıstodial		Description	of a	sbestos-containing		Amount		е	е	n	E
material to be abated in facility	(13)	Yes	T	No	N/A	-	material (A)				(Specify S	SF or	o	p a	c a	C
		100		140	N/A						_, ,		v e	i	р	L
oof		<u> </u>	4		X	ro	of flashing	g/tar	on parapet wall	S	60 sf		X			
			#		4	4			W							
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			╬			╢							-11-	닖	ᆜ	부
Registered Waste Haul B & G Restoration	ler	IN N		Hauler 563	ID# C	ubic `	Yards of Wa	ste	Name of Registere					Ш	Щ	
City, State	., 1110.		13		Disposal D	Date	2	_	Tullytown City, State	Keso	urce & Re	ecovery	Cent	er		
Lincoln Park, NJ				-	710000000000000000000000000000000000000	18/2	016		Tullytown,	PA						
Completed by (Print or Gordana Luna	Type)	Title Secre	etarv	/Treas	urer	Sig	nature	ς	Gordana Luna			Date	0/004	^	1	
			,					<				1 00/0	2/201	0		

NOCK			NO		ATIOI ursuar	N OF AS	ew Jersey BESTOS ABATE AC 8:60 and 5:16)		J E		\mathbb{W}	Ш
Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)	ai ai	113	Ü	2016	
08/	05 / _	16			Nev	v Jersey	Turnpike Autho	rity					- MD-900
Agencies Notified	Type Notifica	ation		-	Street	Address			ASIAIS	TING	17230	111121	CM AS
EPA . DOS	☐ Initial				581	Main St	reet			LICET			Shao N.J.
DEP	☑ Amended				City, S	State, Zip (Code		No. 17 Communications and Addition	- 19 SVD	100	-Fridaken	
☑ DCA (NJAC 5:16)☑ DHSS	Amendme		ludina		Wo	odbridge	,NJ,07095						
☐ DCA	justification		idding			of Contac			Telephone Num	ber			
(NJAC 5:23-8)	☐ Cancellat	tion				ert Won			. Giophone Hum	001			
							IFORMATION	**	L			_	
Name of Facility Where A	shatement is T	Taking	Place	(3)	1 //	>1L11111	IFORWATION	Type of Facility	(4)				
Existing 2 Story Dw		anng	i idoc	(0)									
Street Address								☐ School (K-12 ☐ Subchapter 8	:) 3 (Other than K-12	3			
470 Schiller Street								Other (i.e., po homes, etc.)	rivate & commerci	al build	lings,		
City (5)				-				Square Feet	# of Floors	BI	dg. A	ge	
Elizabeth								1500	2		1960		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Union							and 3	Dwelling U	1970) 1970 - Halling Hall (1970) 1970 1970) 1970 1970) 1970 1970	**************************************			
Name of Monitoring Firm	Hired by Build	ding Ov	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
Langan Eng. & Env	ironmental	Servi	ces		0009	9	APS Contrac	500					
Street Address							Street Address						
21 Penn Plaza							155-161 Penn	sylvania Aven	ue				
City, State, Zip Code			27-11-11-1				City, State, Zip Co	3577					
360 West 31st Stree	t, 8 th Floor						Paterson, NJ	07503					
Project Manager for Moni	toring Firm			Tele	phone I	No.	Telephone No.		License No.				
Vijay Patel				21	2-479	-5400	973-754-1908		01-287				
Start Date (10)	S	Schedu	led Co	mple	tion Dat	te (11)	Name of OSHA M	lonitor					
08/22/	16	08	3_/	_ 24	_ / _	16	APS Contrac	ting, Inc.					
Occupancy Status During	Abatement (0	Check	only o	ne)			Street Address						
□ Facility Closed/Vacate	d During Entir	re Peri	od of A	bater	nent		155-161 Penn	sylvania Aven	ue				
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement:	AM	PM	/	_PM-		AM	Paterson, NJ						
Scope of Work (Check all	that apply)											-	
□ >3 sf or >3 lf			□ Rer	novati	on		☐ Full Cont ☐ Mini-Enc	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Ī	⊠ Der					Procedure					
			Is	Locat	ion	1	Non-Exe	mpted (*) and No	n-Friable Procedu				
Location	of			orma			Description o	f		Ab	atem	ent Ty	ype
Asbestos-Containing I		1)		d Sole	, ,		stos Containing Ma	terial (ACM)	Amount	Re	Re	E	En
TO BE ABA IN Facilit			100000000000000000000000000000000000000	odial		(i.e., the	rmal systems insula VAT, or	ation, surfacing,	(Specify SF or LF)	Removal	Repair	cap	Enclosure
(13)	. 9	-		(12)			other miscellane	ous)	SF UI LF)	/al	200.00	Encapsulate	ure
			Yes	No	N/A							ite	
Throughout the Unit							overing material		260SF				
First Floor				\boxtimes			overing material		150SF				
First Floor						1	w glazing putty		5LF				
Roof				\boxtimes		Gray ro	of Shingles		50SF		П	П	П
Name of Registered Was	te Hauler				JDEP \		Cubic Yards of	Name of Regis	tered Landfill	1	_		
APS Contractors, Ir				Н	auler II		Waste	Grows Lar					
City, State					21259	,	10 Yards Disposal Date	City, State					
Paterson, New Jers	еу						08/25/16	Morrisville	, PA 19067				
Completed By (Print or Ty	/pe)	Title					Signature	and the second	Da	ate	T.		
Svetozar Savreski		Pr	eside	nt				ph.		t./]	12	

State of NJ Notification of Asbestos Abatement D&S Proj. #: 16-238 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 8 / 0 1 / 1 6 melissa paget Agencies Notified Type Notification Street Address ASBESTOS CONTROL & X Initial **EPA** LICENSING Amended DEP City, State, Zip Code Amendment #: DOL Emergency SO. ORANGE, NJ 07079 (including DOH Telephone Number Name of Contact justification) ☐ DCA melissa paget Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) melissa paget Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) SO. ORANGE ESSEX Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 08/17/16 08/26/16 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure > 3 sf or > 3 lf Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E e e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be C material (ACM) 0 a a abated in facility (13) Yes N/A No p BASEMENT PIPE INSULATION 201 ft \boxtimes 1ST FLOOR radiator covers (4 radiators) 13 sq ft 7 sq ft 2nd floor radiator covers (3 radiators) Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# 13506 TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. Disposal Date City, State City, State 08/18/16 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Date Title 08/01/16 **BOGDAN JOLDZIC** PRESIDENT Do not use this form for asbestos licensure exempted activities. ASR-41

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

D&S Proj. #: 16-236			(Pursi			60 and 12:120)							
UC# 6788						E-10		Ī.	7	4		7	-
Date of Notification (1)			Building Owi	ner/Operator (2	?)			i i					
Agencies Notified Type Notifica	tion	eet Add		a							201	ŝ	-
☐ EPA ☐ Initial ☐ Amended													
Amendment #:	City	, State	, Zip Code			A CONTRACTOR OF THE PARTY OF TH		AS	SESTU		HT	ide	-
DOL ☐ Emergency	1	TOON	CLAIR, N	JJ 07042					LIC	ENS	NG		
DOH (including justification)	Man	ne of C					70.00	Telephor	ne Numb	er			
DCA Cancellation	- 11	uzann	a menama	ra									
			FAC	ILITY INFORM	IATIC	N							
Name of facility where abatement i	s taking place	e (3)					П	Type of Facility					
suzanna menamara								=	ol (K - 12	3.6.0			
Street Address							-	The state of the s	apter 8 ((Private/				
							1 L		Homes,	etc.	erciai		
City (5)	County	(6)			Co	ounty Code (7)	- [Square Feet	# of Floo	ors	В	Bldg. A	\ge
8 88		(-/				ate use only)	-	Current Use (P	rior if hei	na dei		ned)	_
MONTCLAIR	ESSE							Total Control	noi ii bei	ng dei	nonsi	leu)	
Name of Monitoring Firm Hired by B	Blag. Owner (8)		ASCM No.		Name of Abatem					Taraba and		
Street Address					_	D & S RESTO	ORA	ΓΙΟΝ, INC.	_				
						20 California	Δνα						
City, State, Zip Code					_	City, State, Zip Co							
						Paterson, NJ	0750)3					
Project Manager for Monitoring Firm		P	hone Numb	er		Telephone Numb			License				
Otest Data (40)						973-345-80 Name of OSHA N)1169	0.		
Start Date (10)	Sched. C	ompleti	on Date (11)		D & S Resto							
08/11/16	08/30/1					Street Address					6		
Occupancy Status During Abatement Facility closed/vacated during of						20 California	Aven	iue					
Abatement performed outside	of normal faci	lity hou	rs-			City, State, Zip Co	ode						
Describe: NORMAL HO	OURS				-	Paterson, NJ	0750	3					
Scope of Work (check all that apply)					_	1 atc/30/1, 143		Containment w	/n n makir r				
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation						=	ni-enclosure	megative	press	ure		
≥160 sf or ≥260 lf	Demolition							vebag procedur					
Location of	Is location no	ormally	used solely				No	n-Exempted (*)	and Non-	friable TR	Proc	edure E	
asbestos-containing	by maintenal staff(12)	nce/cus	todial	Description	n of a	sbestos-containing		Amount		e	е	n	E
material (acm) to be abated in facility (13)	Yes	No	21/2	material (A	ACM)	•		(Specify SI	For	o m	p a	c a	C
50050 d	165	No	N/A							v e	i	p	L
BASEMENT & CRAWL SPACE		X		PIPE INSUI				87 l ft		X			
BASEMENT LIGHT FIXTURES 2		<u>X</u>		light fix. ins	ulati	on		2 sq ft		X			
					-					<u></u>	므		
							-			쀼	屵	부	片
Registered Waste Hauler	NJDEP I	lauler I	D# Cu	bic Yards of W	aste	Name of Register	red La	ndfill			Ш	Ц	Ш
D & S RESTORATION, INC. Dity, State	13506			yd.		TULLYTOW			COVER	RY			
PATERSON, NJ 07503			Disposal Da 08/12/16			City, State TULLYTOW	N D						
Completed by (Print or Type)	Title			Signature	_	TOLLTION	IN, PA	1	Date				-
	PRESIDEN								08/01/	16			
VCD V4 * L	on not use th	s form	for ashestos	s licensure exer	mpte	d activities.			The state of the s				

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

Date of Notification (1)				_	LAL	- CD " "			(2)						
100	F /	40			1			wner/Operator		Page 1					
	5 /	16			IVII	ssouri A	veni	ie Energy Ce	enter / Job #16	07-5034 (heck#	840	7 NI	7 TE	
Agencies Notified	Type Notific	cation			Stree	et Address					Un II	7 1	- W	I.	2 11
⊠ EPA	☐ Initial				21	29 Bacha	arac	h Boulevard							
☑ DOLWD ☑ DHSS			4		City,	State, Zip	Code	9			AUG	9	201	C	111
□ DCA	☐ Emerge			~	At	lantic Cit	y, N	J 08401			HUU		CU	O	
(NJAC 5:23-8)	justificat		Guuin	g	Nam	e of Conta	ct			Telephon	e Numbe	er			- Company
and the state of t	☐ Cancella				Je	rry Deck	er		ill and the second			1	NTF	OL	2
						- 32		RMATION		Water to the first transport of	LICE	VSI	NG	-	
Name of Facility Where A	hatement is	Taking	r Place	9 (3)	17-	CILITI	NI-O	KINATION	Type of Facility	(4)					No contractor of
Missouri Avenue E			<i>y</i> 1 140	0 (0)					School (K-1						
Street Address	nergy outil	ici							Subchapter		n K-12)				
2129 Bacharach Bo	ulevard								Other (i.e., phomes, etc.	private and o	commerci	al bu	uilding	js,	
City (5)									Square Feet	# of Floo	ors	BI	dg. A	ae	
Atlantic City, NJ 08	401												-3	50	
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (P	rior if being o	demolish	ed)			
Atlantic									Energy Cer	nter					
Name of Monitoring Firm	Hired by Buil	lding C	wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))			-		
Criterion Laborator	ies						1	AbateTech, I	nc.						
Street Address							Sti	reet Address				_			
3370 Progress Drive	e Suite J						1	30 Maple Ave	e. PO Box 25						
City, State, Zip Code								y, State, Zip Co				-			Maria .
Bensalem, PA 1902	0						1 8	umberton, N							
Project Manager for Monit		-	and the second later of	Te	ephone	No		lephone No.	10 000-10	License	No				
Michael Panepresso		and the same			15-244			309-265-2107	K)	00529					
Start Date (10)	- K	Sched	uled C	3	etion Da	1	_	me of OSHA M		0002	,				
8 / 2 /	1				9 /		1	EMSL Analyt							
		-					1		icai	INCOCURS.			1		
Occupancy Status During					emana emanare	J.		eet Address							
☐ Facility Closed/Vacate	Outside of N	ormal	TOO OT	Abate	ement	ariba		200 Route 13							
Time of Abatement:	AM-	PA	H-	y Hot	irs - Des	AM		y, State, Zip Co							
							(innaminson	, NJ 08077						
Scope of Work (Check all	that apply)							П Б.:II О.:	-1		-0.7640.6				
≥3 sf or ≥3 If	The same of the sa		⊠ Re	nova	tion			☐ Full Cont	ainment with Neg losure	gative Press	ure				
≥160 sf or ≥260 lf			☐ De						Procedure						
									mpted (*) and No	n-Friable Pr	ocedure				
	NA.			Loca								Ab	ateme	ent T	уре
Location of Asbestos-Containing N		л\		Norma	ely by	A = b =		Description of		5 # 77 (4 5 5 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6		R	R	Щ	Щ
TO BE ABAT		")	Ma	inten	ance/	(i.e	the	Containing Mar ermal systems i	nsulation	Amou (Speci		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust		Staff?	0	5	surfacing, VAT,	or	SF or L		val	7	lusc	Sure
(13)		}	V	(12)	1	1	ot	her miscellaned	ous)					ate	W
			Yes	No	N/A										
Please see attached				\boxtimes		Please	see	attached		Please		X			
			П	П						ausien	40	П	П	П	
				П				in-11			-				
			Ц	Ц								Ш	Ш	Ш	Ш
Name of Registered Waste	e Hauler			1400	NJDEP \			oic Yards of	Name of Regis	tered Landfi	11				
AbateTech, Inc.					lauler II		Wa 2		G.R.O.W.S	. Landfill					
City, State					18750			oosal Date	City, State						
Lumberton, NJ								/9/16	Tullytown,	PA					
Completed By (Print or Typ	20)	Title									15.		7/27		
					0			Signature	- A/A		Date	10-	-/11		
Gwendolyn Trumbet	LI	Up	erati	ons	Coordi	nator		6	KMNA		3	13	of th	E.	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) Name of Building Owner/Operator (2) W 8 16 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial **⊠** DOLWD Amended City, State, Zip Code **⊠** DHSS Amendment #1 DCA. Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Robert Wilkinson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Camden County Tech School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings. 343 Berlin-Cross Keys Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Sicklerville, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services 117 AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 856-452-1311 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8 / 2 / 16 8 / 12 / 16 **EMSL** Analytical Occupancy Status During Abatement (Oheck only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Mini-Enclosure ☐ Glovebag Proce □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate Enclosure Remova Asbestos-Containing Material (ACM) 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 Textured paint on ceiling and Bathrooms & Closets X П 62 SF X П duchwark П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 4 City, State Disposal Date City, State Lumberton, NJ 8/12/16 Tullytown, PA Completed By (Print or Type) Title Signature Gwendolyn Trumbetti Operations Coordinator

ASB-41 MAY 11

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

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

BECENVER

				(P	ursua	nt to NJ	AC 8:60 and 5:1	6)	1U)-=-	Lang avamente	J	l La	
Date of Notification (1) 8 /	5 /	16					ng Owner/Operator (Apartments / Jo		Check #8494	9	20	116	error services en
Agencies Notified EPA DOLWD	Type Noti ☐ Initial ☐ Amend	ded			51:	t Address 2 N South State, Zip	n Carolina Ave, A	Atlantic City, N	J 08466BESTO	S C ENS	ONT	ROI	8:
☑ DHSS ☐ DCA	Amend	dment #		,			y, NJ 08401						
(NJAC 5:23-8)	justific		iciaaiii	3	Name	of Contac	ot		Telephone Numl	per			
	☐ Cance	llation			Re	ception							
					FA	CILITY IN	NFORMATION		_		-		
Name of Facility Where A		is Takin	g Place	(3)				Type of Facility	(4)				
Carver Hill Apartme	ents							School (K-12					
Street Address		777							(Other than K-12) ivate and commer		uildin	as.	
1312 Magellon Ave	nue							homes, etc.)					
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Atlantic City, NJ					-12								
County (6) Atlantic					Cour	nty Code (7	7)(STATE USE ONLY)		or if being demolis	hed)			
Name of Monitoring Firm	Lline of hour Do	ر د دالداند		(0)	10011	M		Apartment E	Building				
Health & Safety Ser		ullaing (wner	(8)	ASCM	No.	Name of Abateme						
Street Address	vices						Street Address	16.					
PO Box 365							30 Waple Ave	DO Poy 25					
City, State, Zip Code				-			City, State, Zip Co						
Berlin, NJ 08009							Lumberton, N						
Project Manager for Moni	toring Firm		-	Tel	ephone	No.	Telephone No.		License No.				
James Proctor				1 700	56-452		609-265-2107		00529				
Start Date (10)		Sched	luled C	ompl	etion Da	te (11)	Name of OSHA M	onitor				-	
8 /16 /	16		8 /	_1	9_/	16	EMSL Analyti	cal					
Occupancy Status During	Abatement	t (Check	only o	ne)			Street Address		The state of the s				
☐ Facility Closed/Vacate							200 Route 130	0 North					
☐ Abatement Performed							City, State, Zip Co	de					
Time of Abatement: _			///	PIV		AIVI	Cinnaminson	, NJ 08077					
Scope of Work (Check all	that apply)						T Full Cont		-ti D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			⊠ Re □ De	novat moliti			☐ Mini-Encl ☐ Glovebag	Procedure	ative Pressure n-Friable Procedure	е			
			100	Loca						Ab	atem	ent T	уре
Asbestos-Containing N TO BE ABA IN Facilit (13)	/laterial (AC TED	CM)	Use Ma Cust	intena odial (12)	ely by ance/ Staff?		Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	rerial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A					-			_
Apartents A1, A2, A3						vibratio	n damper cloth		3 SF				
Apartments B1, B2, B	3			\boxtimes		vibratio	n damper cloth		3 SF				
	~												
Name of Registered Wast AbateTech, Inc.	e Hauler			10.87	JDEP V lauler ID 18750	No.	Cubic Yards of Waste 2	Name of Regist G.R.O.W.S.					
City, State							Disposal Date	City, State	0222				
Lumberton, NJ							8/19/16	Tullytown,	150-O-10.				
Completed By (Print or Ty	ne)	Title				-	Signature	1	Dat	٥,	1		

Gwendolyn Trumbetti

Operations Coordinator

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			NO.		ATIO		BE	Forsey ESTOS ABA 8:60 and 5:1		all	LV	n	10	K	
Date of Notification (1)					Nam	ne of Buildir	ng O	wner/Operator	(2)	U DA	10)			
8 /	5 /	16	5		C	arver Hall	Ap	artments / Jo	ob #1608-5047	Check #84	495		1		
Agencies Notified	Type Notifi	cation	On Show			et Address									
⊠ EPA					51	2 N Sout	h C	arolina Ave	Atlantic City, N	1108/04					
□ DOLWD	☐ Amende				-	State, Zip			Adamic City, N	10 00401					
☑ DHSS	Amendr			-		lantic Cit									
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		cludir	ng		e of Contac		10 00401		Talastana	A11				
(10710 0.20-0)	☐ Cancella	3000000			1 - 217(2)	eception	υι			Telephone	Numb	er			
							VIE C	DRATION							
Name of Facility Where A	Abatement is	Takin	n Plac	e (3)	FF	ACILII Y II	ALC	PRMATION	Type of Facility	(4)			_		
Carver Hill Apartme		raiding	g i iac	C (3)					Type of Facility	75.00					
Street Address									School (K-1) Subchapter		K-12)				
Bldg. 504 North So	uth Carolin	. A.	_						Other (i.e., p	rivate and co			uildin	gs,	
City (5)	utii Cai Oiii	id Avi							homes, etc.)						
Atlantic City, NJ									Square Feet	# of Floor	S	В	ldg. A	\ge	
County (6)					1.0										
Atlantic					Cou	inty Code (7)(S7	TATE USE ONLY)	Current Use (Pr		emolish	ned)			
	10 11 5								Apartment	•					
Name of Monitoring Firm		iding ()wner	(8)	ASCN	l No.	10000		ent Contractor (9)						
Health & Safety Ser	vices						_	AbateTech, I	nc.						
Street Address								reet Address							
PO Box 365								30 Maple Ave							
City, State, Zip Code							Ci	ty, State, Zip Co	ode						
Berlin, NJ 08009								Lumberton, N	IJ 08048						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Te	elephone No.		License N	lo.				
James Proctor					THE PARTY OF THE P	2-1311		609-265-2107		00529					
Start Date (10)						ate (11)	Na	ame of OSHA M	onitor						
8 / _16_ /	16	8	3_ /	1	9_ /	16		EMSL Analyti	cal						
Occupancy Status During	Abatement (Check	only	one)			St	reet Address					-		
☐ Facility Closed/Vacate							4	200 Route 130	0 North						
Abatement Performed	Outside of N	ormal	Facilit	y Hou	rs - Des	scribe	Cit	ty, State, Zip Co	de						
Time of Abatement:	AIVI	PIV	/1/	PIVI		_AM		Cinnaminson	, NJ 08077						
Scope of Work (Check all	that apply)							parameter and parameter and					CHIRES		
≥3 sf or ≥3 lf			⊠ Re	novot	ion				ainment with Neg	ative Pressur	e				
☐ ≥160 sf or ≥260 lf			De					☐ Mini-Encl	osure Procedure						
									npted (*) and No	n-Friable Prod	cedure				
				Loca								Ab	atem	ent T	уре
Location of Asbestos-Containing N		n\		Norma	ely by	A - 1		Description of				Z,	Z	ш	ш
TO BE ABAT		"	Ma	intena	ince/			Containing Matermal systems in		Amount (Specify		Remova	Repair	าса	nclo
IN Facility	/		Cus	todial (12)	Staff?	(surfacing, VAT,	or	SF or LF		val	7	Encapsulate	Enclosure
(13)		-	Yes	No.	N/A	-	of	ther miscellaneo	ous)					ate	Œ
Apartents A1, A2, A3			res	No	N/A	vibratio	n d	amper cloth		3 SF			П	П	П
Apartments B1, B2, B	3							amper cloth				-			
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			Ш							3.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.					
Name of Registered Waste	Hauler				JDEP \			bic Yards of	Name of Regist	ered Landfill					
AbateTech, Inc.				H	auler II			ste	G.R.O.W.S.						
City, State					18750		Dis	posal Date	City, State			-			
Lumberton, NJ							200	/19/16	Tullytown,	PA					
Completed By (Print or Typ	ne)	Title						Signature	,,		Data				
Gwendolyn Trumbet		100000000	erati	ons (Coordi	nator		Olymature.	mil		Date	310	511	10	



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

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Date of Notification (1)					Nan	ne of Buildi	na Ov	wner/Operator ((2)	27.00	0 00	r.i		#:
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Agencies Notified Type	Notifica	ation			Stre	et Address					acdiment of the	- property of	_}_	
☑ EPA ☑ Ir					51	2 N Sout	h Ca	arolina Ave, A	Atlantic City, N.	108401 TOS	CONT	RUI		4
	mended				City	State, Zip	Code	9	house desired	Lucti	WOII :-	-		
The state of the s	mendm					lantic Cit								
(NJAC 5:23-8) ju	mergen istificati	on)	ciuain	9		e of Conta	-			Telephone Nu	mber			
	ancellat				R	eception								
					F	ACILITY I	NFO	RMATION						
Name of Facility Where Abaten	nent is T	Γaking	Place	(3)					Type of Facility	5237				
Carver Hill Apartments									School (K-12		46)			
Street Address						Addition .			☐ Subchapter 8 ☑ Other (i.e., pr			uildin	as.	
Bldg. 1307 Caspian Ave.									homes, etc.)		ioroidi k	andin	90,	
City (5)									Square Feet	# of Floors	E	ldg. A	\ge	
Atlantic City, NJ												50		
County (6)					Co	inty Code (7)(ST	ATE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Atlantic									Apartment E	Building				
Name of Monitoring Firm Hired	by Build	ding O	wner	(8)	ASC	I No.	Na	ame of Abateme	ent Contractor (9)					
Health & Safety Services	1						1	AbateTech, I	nc.					
Street Address							Sti	reet Address						
PO Box 365							1	30 Maple Ave	e. PO Box 25					
City, State, Zip Code							Cit	ty, State, Zip Co	ode					
Berlin, NJ 08009							1	Lumberton, N	J 08048					
Project Manager for Monitoring	Firm			Tel	ephone	No.	Te	lephone No.		License No.				
James Proctor				8	56-45	2-1311	6	609-265-2107		00529				
Start Date (10)	S	Schedu	uled C	ompl	etion D	ate (11)	Na	me of OSHA M	lonitor					
8 / 16 / 16	_	8	3_ /	1	9_/	16	E	EMSL Analyti	ical					
Occupancy Status During Abate	ment (C	Check	only o	one)	1202	7	Str	reet Address						
☐ Facility Closed/Vacated Duri							2	200 Route 13	0 North					
☐ Abatement Performed Outside							Cit	y, State, Zip Co	ode				-	
Time of Abatement:A	\M	PM	V	_PN		_AM	(Cinnaminson	, NJ 08077					
Scope of Work (Check all that a	pply)							□ FII C	-1	- /: - D				
≥3 sf or ≥3 If			⊠ Re	nova	tion			☐ Mini-Encl	ainment with Neglosure	ative Pressure				
☐ ≥160 sf or ≥260 lf			☐ De	moliti	on			Glovebag	Procedure	and the real of				
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Location of				Loca				Decembries			Al	1	ent T	,
Asbestos-Containing Materia	al (ACM))	Use	d Sol	ely by	Asbe	estos	Description of Containing Mar		Amount	Ren	Repair	E	Enclosure
TO BE ABATED	30 62				ance/ Staff?	(i.e	e., the	ermal systems i	nsulation,	(Specify	Remova	air	aps	clos
IN Facility (13)			Ous	(12)				surfacing, VAT, ther miscellaned		SF or LF)	<u> </u>		Encapsulate	ure
(,		Ī	Yes	No	N/A			and imbodiant	343)				e e	
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Apartent B3						vibratio	on da	amper cloth		1 SF				
			П	П								П	П	П
Name of Registered Waste Haul	er			1	JDEP		Cul	bic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.				ŀ	lauler 1875		Wa 2	ste	G.R.O.W.S.					
City, State							Dis	posal Date	City, State					
Lumberton, NJ							8	/19/16	Tullytown,	PA				
Completed By (Print or Type)		Title					-	Signature		1	Date ,	19		
Gwendolyn Trumbetti		Op	erati	ons	Coord	linator		y	met		81	5/1	16	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12) Date of Notification (1): Name of Building Owner/Operator (2) JUI 2016 26 7/22/2016 Type Notification Agencies Street Address: Notified ☐ Initial SRESTOS CONTROL 8 ☐ Amended City, State, Zip Code: EPA LICENSING Amendment#: Little Ferry, NJ 07643 □ DEP □ Emergency Name of Contact: □ DOL Telephone Number (including Alan Kirchoff justification) □ DOH ☐ Cancellation □ DCA **FACILITY INFORMATION** Name of Facility Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) □ Other (i.e., private & commercial buildings homes, etc.) CONTROL & City/ (5) County (6): County Code (7): Little Ferry Bergen 07643 Square Feet: # of Floors: Bldg. Age Current Use: House Name of Monitoring Firm Hired by Building Owner: Name of Abatement Contractor (9): ASCM No.: Safety Environmental Co. of NY Apex Development, Inc. Street Address: Street Address: 33 Clinton Avenue 658 Rutgers Place City, State, Zip Code: City, State, Zip Code: Paramus, NJ 07652 Staten Island, NY 10301 Project Manager for Monitoring Firm: Telephone No.: Telephone No.: License No.: Francis Owoh 718-390-0914 (973) 350-0101 01215 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: 08/02/16 08/5/16 Metro Analytical Laboratories Occupancy Status During Abatement (Check only one) Street Address: 255 West 36th Street, Suite 203 ☐ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: Describe: New York, New York, 10018 □ Other Describe: Scope of Work (Check all that apply): ☐ Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ ☐ Renovation ☐ Demolition Mini-Enclosure ☐ Glovebag Procedure · ☑ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Description of Type Normally Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, surfacing, VAT, or Maintenance/ Encapsula Enclosure (ACM) Remova Amount Repair Custodial/ TO BE ABATED other miscellaneous) (Specify Staff? IN Facility SF or LF) (12)(13)Yes No N/A 1ST FL. NORTH WING * X SIDING 60 SF

NJDEP Waste Hauler ID No .:

19551

Title:

President

Disposal Date:

Name of Registered Waste Hauler:

JIMMY BYRNE TRUCKING

City, State:

Bronx, NY 10474

Sylvester Oraegbunam

Completed By

Cubic Yards

of Waste: 30

City, State:

Signature:

Waynesburg, OH 44688

Name of Registered landfill:

Date:

07/22/2016

MINERVA ENTERPRISES, INC.

ASDEST	os Control 609,		District of all		page			Townson Control of the Control of th	E A	G.	9		
Date of Notification (1)	- N	(Pursus	int to NJAC 8	8078 and and	12:120))	T	A	SBES	STOS	00		OLIZ
08/03/16			of Rullding O				1-7-5	Lanca Marie	The comments	LICE	C	WH	
DEP Am	eronded andment #	1	Address State, Zip Code			-		ALC			18 /	X	
T DCA	ification)	Name	of Contact						phone	ARICIES	1	1	1
Namo of Facility Whore Abateman			Saponara	MATINE	_		1,"		shridira	INDIAN)@F		}
1	is taking Place (3)			MATIO		Туре	of Facility	(4)	1.4. 21.00				
Sirect Address 100 Chestnut Street City (6) Montclair							School (K. Subchapte Other (I.e. etc.)	-12)	r than i	K-12) erdal	bullalr	os, ho	omes,
County (6)					3	gqua	re Feet		Floors			i. Ago	
Essex		County	Code (7) USE ONLY)		1	Sumo	nt Use (Pi	for if being	demo	llahod			
Name of Monitoring Firm Hired by 8 Detail Associates, Inc Streat Address	uliding Owner (\$)	ASCI	5950 00	-	me of	Aba Corp	tement Co			+		_	
300 Grand Street City, State, Zip Code	**			S	Ates	dres	de Ave			; ; .		-i	
nglewood, NJ 07631				C	y, Slat	0. 2	n Code			-			1
roloct Manager or Monitoring Firm		Telephor	ne No. 38-6708	Te	oodla	and a No	Park, N.		lcense	, Nd	_,_		
eri Date (10) 8/03/16	Scheduled C 08/04/16	omplation [Pale (11)	No	3-22	58H	A Montton	0	1104	-			
ccupancy Status During Abatement	(Check Only One)			1 171	EUA.	Iron	mental L	eborato	ries,L	40	i	1	1
facility Closed/Vector During I Abetement Performed Outside of Other - Describe: etert 5:00 pm	Entire Period of Abate f Normal Facility Hou	ment rs		23	33 Ro	oute	22 Wes	it					+
ope of Work (Check All That Apply)				Ur	, State	i, Zip NJ (Code "			+	7		
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Asbestos Containing Material (ACI	la Loca Norma	lly	_					1 1010	SCIPIT TIES	Ole Pro	Abat	ement	
TO BE ABATED In Facility (13)	(N) Used Soli Maintens Custodial (12)	Bra/	(l.e. them	escription of the color of the	Mater		IGM)	Amou (8psc SF at l	16v	Removal	Repair	o Encapsulate	End
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Corporation	H	DEP West	Cúbic of Wa	Yarda ete	-	N	ame of Re	gistered L	andfill		11		
Siste dland Park, New Jersey	110	; le-7	Dispo	sal Date		1	ROWS,	Landfill			!		
ploted by .	Title vice preside	ant		Ignatur		M	orrigville	. PA	["				
1 (R-05-08)	Nee breatd	2111		-	(5	E	45			03/20	-		
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Date of Notification (1) OS/OS/16						r/Operato	r (2)		EG	124	/	V [5	-	
Agencies Notified Type Notificatio	n			t Address				190	10	121	-21)16		
DOL Amended Amendmen Emergence	(includir	ng	City,	State, Zip	Code	Leav	' R	OCK	ASPEST	SENSI	AC.	HOL	28	
DCA Cancellation	n		A	of Collida	EC	GEA		STREET, STREET	Telenh	nna Nium	har			
Name of Facility Where Abatement is Taking Cold Gall CS Hong	ng Place	(3)						of Facility (School (K-1	(2)					
City (5)								Subchapter Other (i.e. p etc.) re Feet	8 (Other the private & con	mmercia	buil			1es,
County (6) BERGER			Count	y Code (7)		18	00	# of Floor		/	Sldg. A	ge O	٤
Name of Monitoring Firm Hired by Building	Owner (8	3)		CM No.		Name	of Abat	tement Con	tractor (9)		,		2	
Street Address						Street	Addres	KOBO,	nics.	e/v. 4	1%	WD's	921	M
City, State, Zip Code Project Manager for Monitoring Firm						City, Si	ate, Zi	Code SON	r Kis	101	32	5/		
Start Date (10)	Schedu	led Co		one No. Date (11	1	Teleph 973	653	9652 A Monitor	Lice	ense No.	2			
Occupancy Status During Abatement (Chec				- Date (11		Street	RA	Nº 71	HV					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abater y Hour	ment s			City, St	ate, Zip	/LL:						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	L-ml					PI	1 R	RSO	V NI	01	15.	0/		
≥160 sf or ≥260 lf	CONTROL OF	Renova Demolii					Glov	Enclosure ebag Proce						
Location of Asbestos-Containing Material (ACM)	Use	Locati Normal ed Sole	ly Iv bv	Ashar	De:	scription o	ıf		() and Non	- riable i		Abaten Type		
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e	thermal .	aining Ma systems i cing, VAT, niscellane	nsulation or	on,	Amount (Specify SF or LF	100	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							2	<u>n</u>	_	ate	Jiře
											1		+	
Name of Bogistored Words II										_	+	-	+	
Name of Registered Waste Hauler		N. Ha	IDEP W	aste No.	Cubic \ of Was	30-10-10-10-10-10-10-10-10-10-10-10-10-10	1	Name of Re	gistered La	ndfill				
City, State					Disposa	al Date		City, State						-
Completed by	Title				Sig	gnature				Date				-

CK#80	837	1	NOTIF	ICATIO	State of Ne N OF ASE It to NJAC	BESTOS	ABATE	MENT 0)						
Date of Notification (1) 08//012016					of Building y well In			r (2)	(D)	EG	E	W	E	F
Agencies Notified	Type Notification			Street	Address abor Ro				M	AUG	0	0.0		\mathcal{H}
EPA DEP X DOL	Initial Amended Amendment	<u> </u>			tate, Zip Co s Plains,		950		L			2016	i	Ľ
X DOH X DCA	Emergency (in justification) Cancellation	ncluding		Name o	of Contact Stock			L	AS Te	BEST CA	inapell	VTR)L &	
				The state of the s	ILITY INF	ORMAT	ION					_		
Name of Facility Where A Nichols Cafeteria	Abatement is Taking	Place (3)			OMMAN		Type of Facility School (K-	8.05					
Street Address 101 Columbia Road	d							Subchapte	er 8 (Oth	er than K-	2) cial bui	ldings	, hom	ies,
City (5) Morris Township								Square Feet 22,425	# 0	f Floors	1.4	Bldg. /	\ge	
County (6) Morris				County (STATE	Code (7) USE ONLY	n		Current Use (Pr Vacant/Cafe	rior if be	ing demolis	hed)			
Name of Monitoring Firm Assessment Resou	Hired by Building Orces & Technolo	wner (8) gy (AR	T)	ASCI N/A	M No.		Name PAL	of Abatement Co Environmenta	ontractor al Serv	(9) ices				
Street Address 111 John Street Su	ite 538							Address 2 Queens Pla	za Sou	uth				
City, State, Zip Code New York, NY 1003	38							tate, Zip Code Island City, N	NY 11	101				
Project Manager for Mon Paul Ottens	itoring Firm			Telepho	one No. 85-0266		Teleph	none No. 349-0900		License N				
Start Date (10) 08/17/2016		Schedule	d Cor	mpletion	Date (11)		Name	of OSHA Monitor	-	20070	(i)			
Occupancy Status During	g Abatement (Check	Only On	e)					Address						
Abatement Performs	ated During Entire Pe ed Outside of Norma	riod of A I Facility	baten Hours	nent				Kennedy Blvd tate, Zip Code						
calci bescribe	U.T					_		onne, NJ 0700	2					
Scope of Work (Check Al	I That Apply)	<u>ज</u> -					F	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Promote la	enova				×	Mini Enclosur	e cedure				e.	
			Locati									Abate	ement	t
Location Asbestos-Containing			ormal I Sole		Achont		scription					l ly	rpe	
<u>TO BE ABA</u> In Facilii (13)	ATED	Mair Custo	ntenar odial S (12)			thermal surfac		laterial (ACM) insulation, T, or eous)	(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>		late	Ire
			Please	see at	tached	I quantity list								
	E													
Name of Registered Wast	to Haviles													
ATC	Н	JDEP W auler ID 1310	3533	Cubic of Was	te	Name of Minerva		red Landfill rprises						
City, State Shirley, NY 11967						Dispos 08/20/	al Date	City, Stat		OH 446	88			
Completed by Ann A. Ali		Title Comp	lianc	e Assis	stant		gnature	()	obary,	Da		016		-
								10/10/		00	10112	010		

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(X#4	256		NOTI)	FICATIO	State of New CON OF ASBES	TOS ABAT	TEMENT (20)	lare of the state	m	E G	E	孙	M.	El C
Date of Notification (1) 08/02/16				Name	of Building Ov	vner/Operat	tor (2)	-	KI			U.L	31	===
Agencies Notified	Type Notificatio	n		Street	Address					AUG		9-2	016	_ !
X EPA	× Initial													- A
X DEP X DOL	Amended Amendmer Emergency			City, S	State, Zip Code				ASE	BESTO LIC	S C	CON	[ROI	_&
X DOH X DCA	justification)	ig		of Contact			-	Teleph	none Nu		211.40	-	
N DCA	Cancellatio	n			ert Csigi CILITY INFOR	BEATION							-	-
Name of Facility Where A	Abatement is Taki	ng Place	(3)	IA	SILITI INFOR	WATION	Туре	of Facility (4)					
Redwood Elementa	ry school						×	School (K-12	2)					
75 Redwood Avenu	е							Subchapter 8 Other (i.e. pr	Other to	han K-1:	2) al hui	ildinas	hom	100
City (5)			- 100					etc.)						US,
West Orange							Squa	re Feet	# of Flo	oors		Bldg.	Age	
County (6)				County	/ Code (7)		Curre	nt Use (Prior	if being o	demolish	ned)			
Essex				(STATE	USE ONLY) _			,			.00/			
Name of Monitoring Firm Ahera Consultants,I	Hired by Building nc	Owner (8)	ASC	M No.	Nam Lilio	e of Aba ch Corp	tement Contro oration	actor (9)					
Street Address POB 385						77.000.000	et Addres			35 2/11050				
City, State, Zip Code	, , , , , , , , , , , , , , , , , , ,						McBri				-			
Oceanville, NJ 0823	1						State, Zi odland	p Code Park, NJ (7424					
Project Manager for Monit	ect Manager for Monitoring Firm						ohone No			cense N	2.			
John Smoyer Start Date (10)					52-1833		-225-8		1000000	104	5.6			
08/15/16		08/18	iled Coi /16	mpletion	Date (11)			A Monitor	h t				-	
Occupancy Status During	Abatement (Che		MARKET A.				t Addres	nmental La	borator	ries,LL	C 			
Facility Closed/Vacat	ted During Entire	Period of	Ahatar	nent				e 22 West						
Abatement Performe X Other – Describe: (U	d Outside of Norr	nal Facili	ty Hour	S			State, Zip							
Scope of Work (Check All						Unio	on, NJ	07083						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	тист фруу		Renova Demolii			Towns Record Property Assessment	Mini Glov	Containmen -Enclosure rebag Proced -Exempted (dure				0	
			s Locati									Abate	ement	
Location of Asbestos-Containing M			Normal ed Sole			Description	n of					Ту	pe	
TO BE ABAT In Facility	<u>red</u>		aintenai stodial S		(i.e. ther	Containing I mal system	insulat	(ACM) ion,	Amou (Speci	0.00	70	_	Enc	m
(13)			(12)	21017.	S	urfacing, VA ner miscella	AT, or		SF or L		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			oodo)				val	=	ulate	ure
kitchen ar	kitchen area					VAT/Mas	stic		500 S	F	x			
Name of Registered Waste	Hauler		I N	JDEP W	/aste Cu	ibic Yards		Name of Da	giotoro J !	andell				
_ilich Corporation	lich Corporation					Waste		Name of Reg GROWS,						
City, State Woodland Park, New	Jersev	18	3724	Dis	sposal Date		City, State					*********		
Completed by		Title				Ciancia	_	Morrisville	, PA		6-0.050			
Momo Glavatovic	-		oresid	ent		Signature		VK.		08/0)2/2	016		

NOCK				FICATIO	State of No N OF ASI It to NJAC	BESTOS	ABATE			E G	E [\mathbb{V}		
Date of Notification (1) 08/04/2016				Sear	of Building s Holdin		Operator	(2)		AHG	q	2016		ا)
Agencies Notified	Type Notification				Address Beverly	, Boad				700				
X EPA X DEP X DOL	☐ Initial ➤ Amended				tate, Zip C				1 1	SBESTO	S CO	NTR	UL 8	
▼ DOL	Amendment				nan Est		60179)	A	LIC	ENSI	NG		
▼ DOH DCA	Emergency justification)		g		of Contact				Te	lephone N	umber			
☐ DCA	Cancellation	1			ld L. Jac									
Name of Facility Where A	Abatement is Takir	g Place	(3)	FAC	ILITY INF	ORMAT	ION	Type of Facili	tv (4)					
Sears #3459			. ,					School (
Street Address								Subchar	ter 8 (Oth	ner than K-	12)			
50 Mall Drive West								Other (i. etc.)	e. private	& commer	cial bui	idings	, hom	es,
City (5) Jersey City								Square Feet	00000	f Floors		Bldg.	∖ge	
County (6)			Т	County	Code (7)			79,000 Current Use (Prior if he	ina demoli		37		
Hudson					USE ONL	n		Retail Stor		ing demon	sneu)			
Name of Monitoring Firm			3)	ASCI	M No.		Name	of Abatement (Contractor	(9)				
Creative Environme	ent Solutions C	orp.					Incir	nia Contracti	ng, Inc.		44000			
Street Address 39 West 37th Street	t 14th Floor						1	Address	بالصنيم	: 005				
City, State, Zip Code	., 140111001							Clifton Ave	nue, ur	111 365				
New York, NY 1001	8							on, NJ 07012	2					
Project Manager for Monit	toring Firm			Telepho	one No.			one No.		License	No.			
Michael Rattacasa					290-632) 450-9500		001036	6			
Start Date (10) 08/09/2016		Schedu 08/09			Date (11)			of OSHA Monit						
Occupancy Status During	Abatement (Chec							ia Contractir	ig, inc.					
X Facility Closed/Vacat	ted During Entire F	Period of	Abaten	nent				Clifton Ave	nue, Un	it 365				
Abatement Performe X Other – Describe: C	d Outside of Norm	al Facilit	y Hours	5				tate, Zip Code						2941 311
Scope of Work (Check All		TIVI				_	Clifto	on, NJ 07012	2					
≥3 sf or ≥3 lf	тпат Арргу)	×	Renova	tion				Full Contain	ment with	Negative	Pressu	ro		
× ≥160 sf or ≥260 lf			Demolit	ion			×	Mini-Enclosi Glovebag P	ure	3				
					,		×	Non-Exemp		d Non-Fria	ble Pro	cedur	е	
		1. 22	Locati										ement	
Location of Asbestos-Containing N		100	Normalled Sole	•	Achoo	Des	scription	of aterial (ACM)				1 9	pe	
TO BE ABAT	TED		intenar todial S		(i.e.	thermal	systems	insulation,	(8	mount Specify	Re	R	Encapsulate	Ē
(13)	<i>'</i>		(12)				cing, VAT niscellane		SF	or LF)	Removal	Repair	nsde	Enclosure
		Yes	No	N/A				******			a a	-	late	ЭÏE
1st Floo	r			X	Vir	yl Floo	r Tile 8	& Mastic	7	0 SF	X			
										ALLERS WHEE				
Name of Registered Waste	Hauler		1 1000	JDEP W auler ID		Cubic \ of Was		Name o	f Registe	red Landfil				
Atlantic Carting			1	J641		30		Grand	d Centra	al Sanitai	y Lar	dfill	Corp	
City, State Wayne, NJ						Dispos: TBD	al Date	City, St.		١				
Completed by		Title					gnature	, A Pen A	irgyl, Pi	A Da	ite			
Milena Zoric		Excu	tive D	irector			1/1		C 2	13	8/04/2	2016		

NV# 1110	1		CATION	OF ASBES	STOS	ABATEM			ăn.		0	E	П	n //	e i	
(10, 414		- 2		to NJAC 8:		7.3					G	E		\mathbb{V}		
Date of Notification (1) 08-03-2016				Building O Mountair					们						111111111111111111111111111111111111111	
Agencies Notified Type Notification			Street Ad	33/4535					L	1	AUG		J (2016		9
EPA Initial Amended				erson Pla	200				1					Mark Construction		
DOL Amendment #		_		te, Zip Cod lair, NJ(A	SBE	STO	OS (CON	ITRO)L &	
Emergency (ir justification)	cluding		Name of					-	T	etept	none			<u> </u>	-	
DCA Cancellation				m Blunde												
Name of Facility Where Abatement is Taking	Place (3	3)	FACII	LITY INFO	RMATI		Type of	f Facility (4)							
Private Dwelling		•						chool (K-1								
Street Address							X O	ubchapter ther (i.e. p						dings,	home	es,
City (5)							Square	c.) Feet	#	of FI	oors		В	ldg. A	ge	
Montclair							n/a		- 1-2	/a			- 1	/a		
County (6) Essex			County C (STATE L	Code (7) USE ONLY)				t Use (Pri te Dwel		eing	demo	olishe	ed)			
Name of Monitoring Firm Hired by Building O Bioterra Solution	wner (8)		ASCN	l No.				ment Cor racting			,					
Street Address 1130 W Chestnut Street						Street A	Address									
City, State, Zip Code					-	City, St										
Union NJ 07083						Wood	dland f	Park NJ	074	24						
Project Manager for Monitoring Firm Rick Eustaquio			Telephore 973-49	ne No. 94-3762		Telepho 973-6	one No. 392-62			3000	icens 126).			
	Schedul	ed Cor	mpletion I	Date (11)				A Monitor				0-0				
	08-15-						ALEXANDER OF THE PARTY OF THE P	racting	LLC							
Occupancy Status During Abatement (Check			with the second			Street A	Address									
Facility Closed/Vacated During Entire Pont Abatement Performed Outside of Normal Other – Describe:	eriod of a al Facility	Abater / Hour	nent s			City, St	ate, Zip	Code								
Scope of Work (Check All That Apply)					_	Wood	dland l	Park Nu	074	124					110000	
Scope of Work (Check All That Apply) X ≥3 sf or ≥3 lf		200011	atlan			×	I =	Containm	ont w	ith N	ogoti	vo Di	.00011			
≥ 23 st or ≥3 lf ≥ 160 sf or ≥260 lf	CONTRACTOR OF THE PARTY OF THE	Renova Demoli					Mini-	Enclosur	е		egau	ve Fi	essu	re		
4				70000			Glov Non-	ebag Pro Exempte	cedur d (*) a	re and N	Von-F	riabl	e Pro	cedur	е	
	Is	Locat	tion											Abate	ement pe	
Location of		Norma ed Sole		Ashaata		scription		A CNA)		Amo	ount			1 9		
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>		intena todial			hermal	taining Ma systems	insulati			(Spe	ecify		Re	,	Encapsulate	Enc
In Facility (13)	Ous	(12)				cing, VAT niscellane				SF o	r LF)		Removal	Repair	psul	Enclosure
	Yes	No	N/A				50						al		ate	Ге
Basement			x		Pipe	Insulat	tion			100)LF		Х			
						., .						1611				
Name of Registered Waste Hauler		- 1	NJDEP W Hauler ID		of Wa	Yards ste		Name of	550	stere	d Lar	natili				
Amax Contracting LLC	C	036184	4	10 C	-		GROW									
City, State Woodland Park NJ 07424						sal Date 5-2016		City, Star Morrisv		PA						
Completed by	Title				S	Signature	1//-		7-			Dat		0011		
Tome Mašlarkov	Proje	ect M	anager	=		N	Ke	Ry				08	-03-	2016)	W032-1

AV# RADO	NOT	IFICA (Purs	TION	te of New J OF ASBES to NJAC 8:6	TOS ABATI	EMENT 20)	Manage	<u></u>	E	C	F I	[V/	/ 	1
11/11/2099	**			Building Ow				1111	15	(0)		1-1-1		711
Date of Notification (1) 08/04/2016					персмега			IM	BLATTO MARKET THE STATE OF THE	AUG	a	20	16	AND STATE OF THE PERSON NAMED IN COLUMN 1
Agencies Notified Type Notification		St	reet A	ddress						AUU	J	40	10	_
EPA Initial DEP X DOL Amended Amendment #	2	Ci	ty, Sta	ate, Zip Code	•				ASBE	STO	S C(TNC	ROL	8
Emergency (in	cluding	N	ame o	f Contact	uom v			Teler	hone.	POPHORY	FIAO	II VO		1
DOH justification)		В	arry	Coopersm	nith									-
DCA Cancellation			FAC	ILITY INFOR	RMATION		E (4)				1000000			-
Name of Facility Where Abatement is Taking	Place (3)	Offic	25			10000	Facility (4) hool (K-12)							
Barber School Conversion to Admin	ISHALIVE					Su	ibchapter 8 her (i.e. pri	Other	r than k	<-12) ercial t	ouildine	as, ho	mes,	
Street Address 50 Sargent Avenue						X Ot etc	c.)		Floors		Charles and the last	. Age		-
City (5)						-								
Phillipsburg County (6)			County	Code (7)		Current	t Use (Prior	if bein	ig dem	olished	d)			
Warren		(:		M No.	Na	me of Abate	ement Contr	ractor ((9)					
Name of Monitoring Firm Hired by Building C Aero Environmental Services	wner (ö)		ASC	NVI 140.	Be	e Constru	ction Cor	porat	ion			_		
Street Address						eet Address 35 Watch		iue						
275 Route 10E City, State, Zip Code					Cit	v. State, Zip	Code							
Succasunna, NJ 07876			T.11	- no No		lest Orang		032	Licen	se No.				\neg
Project Manager for Monitoring Firm Mike Berta			973-	none No. 328-3160	9	73-669-29	900		0123	31				_
Start Date (10) August 9, 2016	Scheduled August	1 Com 31, 2	npletio 2016	n Date (11)	Na S	ame of OSH chneider	A Monitor Laborato	ries C	Global	I Inc.				
Occupancy Status During Abatement (Chec	k Only One	e)				reet Addres 512 W Ca		t						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of At nal Facility I	oaten Hours	nent S		Ci	ity, State, Zi Richmond	p Code							
							V							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				Mir	I Containmoni-Enclosure ovebag Prod n-Exempte	e cedure	c				2	
						x No	n-Exemple	u () ai	IG IVOIT	11100		Abate Ty	ment	
	100	Locai Iorma			Descr	iption of					-	.,,		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intena	ely by ance/ Staff?	(i.e	stos Contair . thermal sy surfacin	ning Materia estems insul- ig, VAT, or scellaneous)	ation,		Amoun (Specif SF or L	y	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N	/A		- la d - 1° -			28SF	-	X			
Boiler Room		X				r Insulation			56SF		X			
Basement Storage Room		X	-	Ц\//		Bands at S			100S		X			
Attic		X	_	TIV/	, Duoi L									
		1	N.IDF	P Waste	Cubic Y	ards	Name o	f Regis	stered	Landfil	I			
Name of Registered Waste Hauler Future Sanitation Inc.				er ID No.	of Wast	е	Tullyto		acility	У				
City, State					Disposa	al Date	City, St.		PA					
Passaic, NJ 07055	Title				Sig	gnature	2 1	11	1		ate 8/04/	201	6	
Completed by Barbara Reed	Pres	sider	nt		/	kello	ere,	ne	ex		10/04/	201		_

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

check 6289

Date of Notification (1)	Man	6 D- 33			eec o-				
8-3-16	Nam		ng Owner/Operator	r (2)	MEG	EI	7\/7	1	2
Agency Notified Type Notification	Street	et Address	PAUMAN	·	117) B 6	<u> 15 II</u>	/\/	_	5
		er man coc	,	1.000	3				
□ EPA	City.	State, Zip	Code		ALIO	· u	201	0	_
DOL Amendment#	1 -			て カフ	AUG AUG		201	0	-
DOH Emergency (including instiffication)		ANE CONT		4 01	Telephone Num	har			-
DOH justification) DCA D Cancellation	10		AUMAN		I relegatorie nutti	Det			1
	EAC		FORMATION		LIC	JENOH	Vu		
Name of Facility Where Abatement is Taking Place (3)	- A	ALI 1 1961	ORMATION	Type of Facility	. (4)				
P. GRAVMAN			22	Type of Facility	y (4)				
Street Address		-		School (K-1					
are one Man con					8 (Other than K-12) rivate & commercia		5.		
City (5)			. 1	homes, etc.) .				
			1.00	Square Feet	# of Floors	Bidg. A	ge		
TEANECK				1900.	1-2	83	41	25	2
County (6)	Coun) (STATE USE	No. 2	rior if being demolis	shed)			
BERGEN		·		RP511	DENCE				
Name of Monitoring Firm Hired by Building Owner (8)	SCM No.	6	Name of Abatem	ent Contractor (9)				oles
			Best Ren	noval In	С				
Street Address	27		Street Address						
City, State, Zip Code			450 Sout	h River	St				
Cay, State, Zip Code			City, State, Zip C		A Paranta S				
Project Manager for Monitoring Firm Tele	7		Hackensa	ick, N.J					
199	phone No.		Telephone No.	7///	License No.				
Start Date (10) Scheduled Completion	Data (44)		201-329- Name of OSHA N		00388				
8-29-16 8-30-16	Date (11)	h at	CITY COST DATE OF LANGE OF SECURITION	nvironm	0==1				
Occupancy Status During Abatement (Check only one)			Street Address	III A TI OIIII	ental			_	
☐ Facility Closed/Vacated During Entire Period of Abatem	*** **********************************			yler St					
■ Abatement Performed Outside of Normal Facility Hours	ent		City, State, Zip Co					_	-
Other - Describe: 8AM 5PM	- 4		D 55		,N.J. 076	606			
Scope of Work (Check all that apply)									_
23 st or ≥ 3 tf	Rer	ovation	☐ Full C		Negative Pressure				
□ ≥ 160 sf or ≥ 260 lf	Q Der	nolition		bag Procedure		*			
		Г	U Non-E	xempted (*) and	Non-Friable Proces		Vbate		
Nort	cation mally			1		Ľ	Ty		74
Location of Used S	iolely by		Description of		· .				
TO BE ABATED CIS	enance/ odial		tos Containing Mat , thermal systems is		Amount (Specify	20	-	Encapsulate	m
(73)	eff?		surfacing, VAT,	OL.	SF or LF)	Removal	Repair	Bog	Enclosure
. (1	2)	1	other miscellaneo	eus)		Va.	=	ulate	oth
	lo N/A		1	-					
BASEMENT	X	THEREN	MACINSULA	TROD	120 1	FX		1	
						-		1	-
							1	+	7
							\vdash	+	-
Name of Registered Waste Hauler NJDEI	P Waste H	auler	Cubic Yards of	Name of Regist	ered Landfill				-
Best Removal Inc ID No.	7109		Waste	Minerva	Enterpri:	ses	T.T.	C	-
City, State	1109		11/2 YDS					_	
Hackensack , N.J. 07601			Disposal Date	City, State					
Completed by Title			Signature	waynes	burg, Oh,	44688 atte	3		1
R. VELDRAN Estimato	r		Q 1/200			9-3-	11-		
		hestos line	ensure exempted a	A divition	10	, , ,	0	_	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name	of Building (17) ^		10
	August 5, 2016	5					Green	Lif	fe Energy Soluti	ons E 6		n. h	00	67.
Agencies Notified	Type of Notifica	tion			Street	Address				In E C	, 	1		-/
[x] EPA		l Notifica	tion				6754 V	Was	shington Avenu					
[] DEP	[] Ame	nded Not	ification		0: 0	-		1000				de		11
[x] DOL	Ame	ndment#			City, S	tate, Zip Coo			T 311.00	III AU	G	9 21	116	1
	[] Emer	rgency (in	cluding				Egg H	larb	or Twp., NJ 082	234				Anna S
[x] DOH	justif	ication)			Name	of Contact			Te	lephone Number				1
DCA	[] Cano	ellation					Gemm	na E	Bunting	100		_		ķ
[] 23						D.IDON.				[ICEN	SEIG	ì	
[FAC	ILITY	INFORM	IATION							
Name of Facility Where Al	7477	Place (3)						T	ype of Facility (4)					
Res	sidence								Ĺĺ	School (k-12)				
Street Address						700			[]	Subchapter 8 (or				
									[x]	Other (i.e., priva	ite & co	mmerc	ial build	dings,
C			(6)					_		homes, etc.)				
City		County	7 (6)			Code (7) USE ONLY	<i>~</i>	So	quare feet	# of Floors	Bld	g. Age	20	
Vaamu		IIJ.			(SIAIL	OSE ONL	1)	-	1500 sf	2		- 7	30	
Kearny		Huds	on					C	urrent Use (Prior if)			
Name of Monitoring Firm	Hired by Building	Oumar (8	1		ASCM 1	vio I	Nome of	Aho	Residen					
_	ardian Contract				ASCIVI	NO.	Name of	Aba			Inc			
Street Address	irdiair Comitaci	mig, mic					Street Ad	ldree		n Contracting.	, Inc.			
	9 Route 9, Uni	t 61					Street Au	idics		oute 9, Unit 61				
City, State, Zip Code	y reduce y, oil						City, Stat	te 7		oute 9, Onit of	-			
	ns River, NJ 08	3755					City, Otal	, _		iver, New Jers	ev 08	755-1	271	187
Project Manager for Monito			Telephone	Number			Telephon	e Ni		License N			2/1	-
Nicholas Fern		732-349				732-349			00624					
Scheduled Start Date (10)		Scheduled	Completic	n Date (11)			HA Monitor	1 0002.					
8/16/16			8/17/1	16					E.M.S.L	. Analytical				
Occupancy Status During A	Abatement (Check	only one)					Street Ad	ldres						
[X] Faci	lity Closed/Vacated	During l	Entire Perio	od of Abate	ement				1056 Ste	elton Road				
[] Abar	tement Performed	Outside o	f Normal F	acility Hou	ırs		City, State	. 7	in Code					_
[] Othe	r – Describe						City, Stati	c, Z	17	vay, New Jerse	no c	51		
									1 iscatav	vay, ivew jeise	y 000	124		
Scope of Work (Check all t	hat apply)						[]		Full Containment v	vith Negative Pres	sure			
NAME OF TAXABLE PARTY.							[]		Mini-Enclosure					
[X] >3 s	for≥3 lf		[x]	Renovat	ion		[x]		Glovebag Procedur	re				
[] ≥160) sf or ≥260 lf		[]	Demolit	ion		[]		Non-Exempted (*)	and Non-Friable	Procedi	ire		
								_			_			
											Abat	tement '	Гуре	
5-00 011 (ad-20)			Is Locatio	2007			Description				R	R	Е	Е
Location of		N	ormally u				estos-Con			Amount	E	E	N	N
Asbestos-Containing M			Solely by				laterial (A			(Specify SF	M	P	C	C
TO BE ABA		Maint	enance/Ci	ıstodial			, thermal s			or LF)	0	Α	A	L
in facility			Staff			insu	lation, sur		ing,			I	P	0
(13)			(12)				VAT, o				V	R	S	SU
		MEG	NO	27/4		othe	er miscella	ineo	ous)		A		L	R
		YES	NO	N/A							L		E	E
Basement		Ashe	stos pipe	insulation	n		50 lf	X						
							mounacion			30 11		-		\vdash
Name of Registered Waste I	Hauler	N	JDEP Wast	te Hauler I	D No.	Cubic Yar	rds of Waste	e I	Name of Registere	ed Landfill				
Guardian Contracting, Inc. 20223						3			T.R.R.F.					
City, State Dispo						V	City, Sta	ite						
Toms River,				8/18/1			Tullyto	own), Pennsylvanjá					
Completed by (Print or Type) Title						ure	/		1		Date			
Nicholas Fern	iicola	Projec	t Manag	er			7		te (8/5/	2016		
		*/)	o not use	this form	for ash	estos licen.	sure exemi	nten	activities		1			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name o	of Building	Owner/Oper					,					
	August 5, 2016						Paul K	Kiley	У	12	00	06	6	
Agencies Notified [X] EPA [] DEP [X] DOL	[] Ame	l Notifica nded Not ndment #	ification			Address tate, Zip Co		ield	, NJ 07090	DEC				, In
[x] DOH [] DCA	justif	rgency (ir fication) ellation	icluding		Name (of Contact	Paul K			Sephone Number		****	į	
				FAC	ILITY	INFORM	IATION		1	ASBESTO LIC	800	13.17		-
	oatement is Taking idence	Place (3)						Ту	ype of Facility (4)	School (k-12) Subchapter 8 (ot		403	OL &	
Street Address									[x]	Other (i.e., priva homes, etc.)			ial build	lings,
City		County	(6)		County (Code (7) USE ONL	٧)	Sq	quare feet	# of Floors	Bld	g. Age	-0	
Brick		Ocea	n		OTATE	OSE ONE	.)	Cı	800 sf urrent Use (Prior if Residen)	(50	
Name of Monitoring Firm I		Owner (8)		ASCM N	No.	Name of	Aba	tement Contractor (9)				
Street Address	649 (570 (670 (670)						Street Ad	ddres	S	n Contracting, oute 9, Unit 61				
City, State, Zip Code					City, Stat	te, Zi	ip Code	iver, New Jers		755-1	271			
	roject Manager for Monitoring Firm Telephone Num						Telephon 732-349		ımber	License N 00624				
Scheduled Start Date (10) 8/15/16			Scheduled (8/16/1		on Date (11)				. Analytical				
[] Abat	batement (Check of ity Closed/Vacated ement Performed (r – Describe	l During					Street Ad City, Stat		1056 Ste	elton Road vay, New Jerse	v 088	.54		
Scope of Work (Check all th	nat apply)						[]		Full Containment v	5,50				
[] >3 sf	or ≥3 lf sf or ≥260 lf		[] [x]	Renovat Demolit			[] [x]		Mini-Enclosure Glovebag Procedur Non-Exempted (*)	e		ıre		
											Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12)						Asb N (i.e. inst	Description destos-Conflaterial (A , thermal sallation, sur VAT, or er miscella	ntain CM syste rfaci or	ing) ems ing,	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U L	E N C L O S U R
		YES	NO	N/A						W/766812 NO	L		E	E
Exterior			X		Asbe	stos sidin	g			800 sf	X			
								7						
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223						Cubic Ya	rds of Waste		Name of Registere T.R.R.F.	d Landfill				
City, State Dispo Toms River, New Jersey 8/17/							City, Star		, Rennsylvania)					
Completed by (Print or Type		Signati	ure	<u></u>	/	I		Date 8/5/	2016					
	Nicholas Fernicola Title Project Manager *Do not use this for							pted	activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

110 CC	_		(Pur	suan	t to NJA	AC 8	:60 and 5:16	5)					
Date of Notification (1)					Name	of Buildin	g Ow	ner/Operator (2)	m.e c] [7 [3 /
	/	16					_					, ,		1
Agencies Notified	Type Notifica	ation		1		Address					-0			The state of the s
⊠ EPA	☐ Initial	,			1			-		U L AUG	9	20	6	
☑ DOLWD ☑ DHSS			/16	1	City, S	State, Zip (Code			4				
☑ DR33	☐ Emergen			_			•			ASBESTO	SCC	MTE	201	1
(NJAC 5:23-8)	justification	on)				of Contac	t		1	Telephone Tung	NSI	NG	IOL	a
	☐ Cancellat	tion			BOI	E Office								
					FAC	CILITY IN	IFOF	RMATION						
Name of Facility Where A									Type of Facility					
Woodstown High S	chool/Midd	le Schoo	ol						School (K-12	²⁾ 8 (Other than K-12)				
Street Address									Other (i.e., p	rivate and commer		ilding	IS,	
140 East Avenue									homes, etc.)					
City (5)									Square Feet	# of Floors	1	dg. A	ge	
Woodstown									100000	3		101		
County (6)					Coun	ity Code (7	7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being demolis	nea)			
Salem							1		- + 0 + + (0)			i circa		
Name of Monitoring Firm	Hired by Build	ding Owne	r (8)	A	SCM	No.	1000000		ent Contractor (9)					
Horizon Group									VIRONMENTA	L, INC.				
Street Address								eet Address	D OTDEET					
PO Box 316						X. 4.00 (112-110)		123 BEAVE						
City, State, Zip Code							1	y, State, Zip Co						
Thorofare, NJ 0808								BRISTOL, PA	19007	Lisansa Na				
Project Manager for Moni	itoring Firm		T		hone			ephone No.	PU	License No.				
Steve Flanagan						-0800		15-788-6040		00509				-
Start Date (10)		Scheduled					10000000	me of OSHA M	VIRONMENTA	LINC				
6 / _20_ /				34.45	- ' -	16			VIRONWENTA	L, INC.				
Occupancy Status During					-0.0020			eet Address						
☐ Facility Closed/Vacate						aribo		123 BEAVER						
Abatement Performed	:00AM-3:30F	omarrac PM/	PM-	ouis	AM	Cribe		y, State, Zip Co						
								BRISTOL, PA	19007					
Scope of Work (Check all	that apply)							☐ Full Cont	ainment with Neg	gative Pressure				
≥3 sf or ≥3 lf			Renov					☐ Mini-Enc						
≥160 sf or ≥260 lf			Demo	lition	1			☐ Non-Exe	g Procedure mpted (*) and No	n-Friable Procedur	е			
			Is Lo	catio	n						Time	atem	ent Ty	уре
Location	of		Non					Description o			Z	R	m	ш
Asbestos-Containing I		D 1 00	sed S Nainte					Containing Ma ermal systems		Amount (Specify	Removal	Repair	ncap	nclo
TO BE ABA IN Facilit		1000	ıstodi			(1.6		surfacing, VAT,		SF or LF)	Val	_	Encapsulate	Enclosure
(13)	• 7		1	2)				her miscellane					ate	
		Ye	s N	10	N/A						_	_	_	
Throughout						Pipe In	sula	tion		20 LF		Ш	Ш	Ш
Throughout						Plaster				11,840 SF				
Name of Registered Wast	te Hauler			100000	DEP V		VALUE TO V	bic Yards of	Name of Regis	stered Landfill				
Service Transport G				11.955	uler II 20990		Wa	ste 00	Minerva La	andfill				
City, State				-	.0330			posal Date	City, State					
BRISTOL, PA 19007	7						7	/1/16	Waynesbu	ırg, OH				
Completed By (Print or Ty		Title	-				1	Signature	<u> </u>	/ Da	te /	1.		
Gino Pizzigoni	CF -24	Estin	ator					Lino P.	Marsa.	100	8/4	116		
		- modernous (1)					2	1	11-40 10	17/			-	

ASB-41
MAY 11 G I /6 0 9 6 * Do not use this form for asbestos licensure exempted activities.

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

MOOK			NO.					ESTOS ABA 8:60 and 5:1						~=
Date of Notification (1)	28 /	16			Nar	ne of Buildi	ing	Owner/Operator	(2)	EGE		-[
Agencies Notified EPA DOLWD	Type Notifi Initial Amende	ication				et Address	30	4-	The second secon	AUG	9 20	16		
☐ DHSS	Amend	10			City	, State, Zip	Co	ode	AL VALVO		CONT	201	٩	
□ DCA (NJAC 5:23-8)	☐ Emerge justifica		cludir	ng	Nan	ne of Conta	ct		A	SBESTOS (CON I	HUL	CL	_
(NJAC 5.23-6)	☐ Cancell					OE Office	-			Telephone	Number			
					1			ODMATION				·		
Name of Facility Where A	hatement is	Taking	n Plac	e (3)	F/	ACILITY	NF	ORMATION	Time of Facility	(4)				
Woodstown High S									Type of Facility School (K-1)	0.00				
Street Address	011001111110	410 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_		Subchapter		K-12)			
140 East Avenue									Other (i.e., p	rivate and con	nmercia	l build	ings,	
City (5)									Square Feet	# of Floors		Dida	Λ	
Woodstown									100000	3		10	Age	
County (6)					Cor	inty Code (71/5	STATE USE ONLY)	Current Use (Pr		malicha		1	
Salem								THE GOL GIVE TY	Ourient Ose (F)	ior ii beilig der	Holishe	1)		
Name of Monitoring Firm I	Hired by Bui	Iding C	wner	(8)	ASC	1 No.	IN	Name of Abateme	L ent Contractor (9)					
Horizon Group		, ,			1		VIRONMENTA							
Street Address					S	Street Address								
PO Box 316						1123 BEAVE	R STREET							
City, State, Zip Code							0	City, State, Zip Co						
Thorofare, NJ 08086								BRISTOL, PA						
Project Manager for Monit	oring Firm	******		Tel	ephone	No.	T	elephone No.		License No).			
Steve Flanagan				8	56-84	8-0800		215-788-6040		00509	33%			
Start Date (10)		Sched	uled C	omple	etion D	ate (11)	N	lame of OSHA M	lonitor					
6 /20 / _	16	8	3 /	5	/	16		BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (Check	only	one)			S	treet Address						
□ Facility Closed/Vacated								1123 BEAVER	RSTREET					
Abatement Performed (C	ity, State, Zip Co	de					
Time of Abatement: 7:0	JUAM- <u>3:30</u> 1	PM/	—Р	M	AN			BRISTOL, PA						
Scope of Work (Check all t														-
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			⊠ Re □ De					☐ Mini-Encl☑ Glovebag						
				Loca						2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		bate	nent T	vpe
Location of				Norma	illy ely by		- W	Description of					1	-
Asbestos-Containing Ma TO BE ABAT		1)	Ma	intena	ince/			s Containing Mat nermal systems in		Amount (Specify	Kemova	Repair	Encapsulate	Enclosure
IN Facility			Cust	todial (12)	Staff?			surfacing, VAT,	or	SF or LF)	Va	=	nsc	Sur
(13)		1	Yes	No	N/A	1	C	other miscellaneo	ous)				ate	(0
Throughout						Pipe Ins	sula	ation		20 LF				
Throughout				\boxtimes		Plaster				11,840 SF	- E	1	to	
							200			,			+=	
				$\overline{\Box}$										
Name of Registered Waste	Hauler				JDEP	Naste	CI	ubic Yards of	Name of Registe	arod Landfill				
Service Transport Gro					auler II	O No.	Wa	aste	Minerva Lar					
City, State					20990)	_	100		iuiiii				
BRISTOL, PA 19007					sposal Date	City, State	4 OH							
					1		Waynesburg							
Completed By (Print or Type Gino Pizzigoni	*/	Title	imat	or				Signature	11.10		Date,	,		
Citio i izzigoili		ESI	ııııat	01				Suo i	XX(60)		7/2	3/10	e.	

ASB-41 GI/6096 MAY 11

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

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

CK3057

Date of Notification (1)				Nar	ne of Buildir	ng Owner/Operator	(2)					year
6/	28 /	16				-	-	10159	5		E	
⊠ EPA ⊠ DOLWD	Type Notificati Initial Amended Amendmer	北八	625		et Address , State, Zip	Code	ANALOMED TO THE STATE OF STREET	BY AUG	9	20	16	
(NJAC 5:23-8)	☐ Emergency justification	(includi	ng	1000	ne of Conta			Telephone Num ASBEST	13°C	ONT	ROI	_&
	☐ Cancellatio	n			OE Office			<u></u>				
Name of Facility Where Ab	atament is Ta	kina Dlav	20 (3)		ACILITYII	NFORMATION	Type of Facility	(4)				
Woodstown High Sc Street Address							☐ School (K-1 ☐ Subchapter			huildi	nae	
140 East Avenue							homes, etc.		· olai	00.101	igo,	
City (5)							Square Feet	# of Floors	1	Bldg.	Age	
Woodstown							100000	3		101		
County (6) Salem				Co	unty Code (7)(STATE USE ONLY)		rior if being demoli	shed))		
Name of Monitoring Firm H	ired by Buildin	g Owner	(8)	ASCI	ЛNo.	Name of Abateme	ent Contractor (9))				
Horizon Group						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
PO Box 316						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						2-92-77
Thorofare, NJ 08086						BRISTOL, PA	. 19007					
Project Manager for Monito	ring Firm			ephone		Telephone No.		License No.				
Steve Flanagan					8-0800	215-788-6040		00509			923 114	
Start Date (10)6 /20 /					ate (11) 16	Name of OSHA M BRISTOL EN	onitor VIRONMENTAI	L, INC.				
Occupancy Status During A						Street Address						
 ☐ Facility Closed/Vacated ☐ Abatement Performed O 					scribe	1123 BEAVER				100		
Time of Abatement: 7:00	<u>0</u> am- <u>3:30</u> pm <i>Cet</i> a					BRISTOL, PA						
Scope of Work (Check all th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at apply)		enovat emoliti			☐ Mini-Encl☒ Glovebag	Procedure	ative Pressure n-Friable Procedur	e			
			Loca						Ab	patem	ent T	уре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	Din a lua	lation		20.15	M	 		
Throughout		10			Pipe Ins	ulation		20 LF		닏		
Throughout					Plaster			12,840 SF				
				#								
lame of Registered Waste H	Hauler		l N	JDEP	Waste	Cubic Yards of	Name of Registe	ered Landfill			Ш	
Service Transport Gro			Н	auler I 2099		Waste 100	Minerva La					
City, State				2000		Disposal Date	City, State					
BRISTOL, PA 19007						7/29/16	Waynesbur	g, OH				
ompleted By (Print or Type) Gino Pizzigoni		le Estimat	or			Signature	1167	Date	1/2	8/1	· .	
SB-41 OT 10 - 0.1						J \$ 1917	884		10	71)	/	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 24 / 16 5 Agencies Notified Type Notification Street Address ⊠ DOLWD City, State, Zip Code **⊠** DHSS Amendment #1-6/17/16 DCA. ☐ Emergency (including ASBESTOS CONTROL (NJAC 5:23-8) justification) Name of Contact Telephone Number ENSIN ☐ Cancellation **BOE Office FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Woodstown High School/Middle School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 140 East Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Woodstown 100000 3 101 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Salem Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Group BRISTOL ENVIRONMENTAL, INC. Street Address Street Address PO Box 316 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Steve Flanagan 856-848-0800 215-788-6040 00509 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 6 / 20 / 16 7_ / _1_ / _16 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 Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation ☐ Mini-Enclosure ☐ Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate 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 Throughout П M Pipe Insulation 20 LF Throughout \boxtimes Plaster 11,840 SF \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Service Transport Group Inc Waste Minerva Landfill 20990 100 City, State Disposal Date City, State BRISTOL, PA 19007 7/1/16 Waynesburg, OH Completed By (Print or Type) Title Signature Gino Pizzigoni Estimator

State of New Jersey

MAY 11 GI 16096

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

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

Cl# 3034

			1	Name of Bui	Iding Owner/Operato	- (2)		-		-	
5/24/	16				iding Owner/Operato	(2)		a E	7	V	
Agencies Notified Type Notified ⊠ EPA ₹ 7 2 7 ⊠ Initial	fication		S	Street Addre	ss						
☑ DOLWD ₹ 734 ☐ Amend			10	ity, State, Z	in Code			AIIG	9 2	2016	j
	ment #_			nty, State, Z	ip Code		U Li	X134.5	OLASOVE:		
□ DCA ₹ 7 ≥ 5		luding	N	ame of Con	44		- Andrews		- 51	1-1-	-
Cancell			18				Telepho	ne Numbe	CON	VIH VC	1
	ation			BOE Office				A4400 F14944		7_	-
Name of Facility Where Abatement is	Taking I	Place (3)	FACILITY	INFORMATION	1- :					
Woodstown High School/Mide			٥,			Type of Fac	(T) (S) (S)				
Street Address						School (F	K-12) ter 8 (Other th:	an K 12)			
140 East Avenue						☐ Other (i.e	e., private and	commercia	al build	dings	S.
City (5)						homes, e	etc.)				20.5
Woodstown						Square Feet	# of Flo	ors	Bldg	. Ag	e
County (6)						100000	3		10	1	
Salem			C	ounty Code	(7)(STATE USE ONLY)	Current Use	(Prior if being	demolishe	d)		-
									100		
Name of Monitoring Firm Hired by Buil	ding Owi	ner (8)	ASC	CM No.	Name of Abateme	ent Contractor	(9)				-
Horizon Group					BRISTOL EN	VIRONMENT	TAL, INC.				
Street Address					Street Address						_
PO Box 316					1123 BEAVER	RSTREET					
City, State, Zip Code					City, State, Zip Co	de					_
Thorofare, NJ 08086					BRISTOL, PA						
Project Manager for Monitoring Firm		T	elephor	ne No.	Telephone No.	10007	History	h. f			_
Steve Flanagan		1		48-0800	215-788-6040		License I	1000			
Start Date (10)	cheduled			Date (11)	Name of OSHA Mo	nitor	00509	k			
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			- C-	16	BRISTOL ENV		AL, INC.				
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Date of Notification (1) 08/02/2016				of Building			200 (20)	ES, LLC	A CONTRACTOR OF THE PARTY OF TH		G E		\mathbb{V}	E
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✓ DOH justifi	cation) ellation		ELLIC	of Contact OT HEIZ	CH.	ON			4 Tel	ephone Nu	(Oper)	SING	1110	La
Name of Facility Where Abatement i	s Taking Place (3)		FAC	ILII INF	ORWATI	ON	_	of Facility (0)5					
Street Address 520 BROAD STREET							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			ldings	, hom	es,
City (5) NEWARK							Squa 494	re Feet 000	# o 18	f Floors		3ldg. / 1956	55500	
County (6) ESSEX				Code (7) USE ONLY)			ent Use (Pric	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Bu BIOTERRA ENVIRONMENT		18	ASCN	И No.		100000000000000000000000000000000000000		tement Cor						
Street Address P.O. BOX 1224						Street 1360		ss TON AV	ENUE	E, UNIT 3	865			
City, State, Zip Code UNION, NEW JERSEY 0708	3					88		ip Code , NEW JE	RSE	Y 07012				
Project Manager for Monitoring Firm RICK			Геlерhо 973-49	ne No. 94-3762	?	Teleph 973-	one N 450-9			License N 01036	10.			
Start Date (10) 08/13/2016	Scheduled 08/20/20		pletion	Date (11)				HA Monitor	CTING	S, INC.				
Occupancy Status During Abatement Facility Closed/Vacated During Abatement Performed Outside of	Entire Period of Ab	, oatem	ent			Street 1360		SS TON AV	ENUE	E, UNIT 3	65	7-3		
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ATLANTIC CARTING		На	uler ID 1641		of Was					red Landfill ITRAL SA		ARY		
City, State WAYNE, NEW JERSEY 07470)				Dispos TBD	al Date		City, State PEN AF		PA 180	75			
Completed by MIRJANA ZORIC	Title SECR	ETAI	RY.		Si	gnature	50	102	<i>></i>	Da	ite 3/02/2	2016		

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

Date of Notification (1)			In.	(5.00						Check	# 110	35			
	August 5, 2			Jan	ne of Build nes L. Gill	ling Owner / pert	Operator	(2)				17		117	E	2 Succession 1
Agencies Notified	Type Notif	ication		Stre	et Addres	S				;			1 4000000		L	
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Name of Facility Whe	ere Abateme	nt is Takir	ng Place (3		ACILITY	INFORM										
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Name of Monitoring F N/A	irm Hired by	Building	Owner (8)	12.2	ASCM		me of Aba	atement C	ontracto	r (9)						
Street Address						Stre	natech, In eet Addres	IC.								
City State 9 71- 0-1							Radio R									
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Project Manager for N	Ionitorina Fin	m		Telephone	Number	Litt	le Egg Ha	arbor, N.	08087							
				retepriorie	inumber		ephone No -296-6916				License I			_	CYCL	
Scheduled Start Date August 18, 2	(10)	Schedu	led Compl			Nan	ne of OSH	HA Monito	or				081	/	-	
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Storeroom				Х		F	Pipe Insul	lation			10 LF		x			
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lame of Registered W	aste Hauler		NJDEP Hauler		Cubic Y	ards of Was	te	Name o	f Registe	red La	ndfill					-
Synatech, Inc.							V00776534									
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DCA (NJAC 5.23-6) Emergancy (including Astification) Bloomfield, NJ 07003 Name of Conact Name of Conact Name of Conact Name of Enables Name of Monitoring Firm Hines by Building Owner (8) ASCM No. Name of Abastament Contractor (8) City State, Zip Code Name of Monitoring Firm Telephone No. Name of Abastament Contractor (8) City State, Zip Code Name of Monitoring Firm Telephone No. Name of OSHA Monitor Name of State Date (10) Name of State During Abatament (Check only one) State Date (10) Name of OSHA Monitor Na	buildings,	201 CONTR
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City (6) Bioomsfield, NJ 07003 County (6) Bioomsfield, NJ 07003 County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abasement Contractor (9) Or Tech LLC Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Totephone No. Totephone No. Totephone No. Totephone No. 1 Totephone No. 2 Totephone No. 1 Totephone No. 1 Totephone No. 1 Totephone No. 2 Totephone No. 2 Totephone No. 1 Totephone No. 2 Totephone No. 1 Totephone No. 2 Totephone No. 1 Totephone No. 2	Blog. Age	
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Project Manager for Monitoring Firm Telephone No.		
Telephone No. 973-538-1777 01127		
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Second S	566UF6	
Location of Location Normally Description of Asbestos-Containing Material (ACM) Location Normally Used Solety by Maintenance Custodial Staff? (12) Yes No NWA		
Location of Abbestos-Containing Material (ACM) TO BE ABATED Meintenance/ Custodial Staff? (13) Yes No NA Non-Exempted (*) and Non-Frisble Procedure About Description of Abbestos Containing Material (ACM) Amount (I.e., thermal systems injudation. (Specify other miscellaneous) VAT floor tites Non-Exempted (*) and Non-Frisble Procedure About Containing Material (ACM) Amount (I.e., thermal systems injudation. (Specify other miscellaneous)	esure	
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Litchen D NAT floor tiles 120 SF	1 2	3
120 SF		
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Table of regulated Landing		
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Dispose Date Oily, State		1
Vayne, NJ 07470 TBD Tuilytown, PA		
Out Date	-	
1. Jevile Owner Jewie Wenad 08/04/16		
AV 11 * Do not use this form for aspectes like naure exempted gotty tries.	16	

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

(K# 026003

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Date of Notification (1) 08/05/16					f Building Medina		Operator	(2)								
Agencies Notified	Type Notification		-	Street A	ddroce				1 100	TE	G	3 1	V	7 - 15	1 1	10
Agencies Notified	Type Notification			Street	iuuless						ال ال	= U	U		-11	111
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DEP DEP	Amended				ate, Zip Ci				111			2			111	111
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[III]	Emergency			Name o	f Contact				- 14	To	lenhona l	Numb	.T7: 00	100	1	-
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Name of Facility Where	Abatement is Takir	ng Place (3)					Туре	of Fability	(4)	LIUL	11011	vu			
Residential									Cabaal ///	10)						
Street Address			7 77					H	School (K-Subchapter		or than k	(12)				
Street Address									Other (i.e.				mild	inne	home	20
								×	etc.)	private	a commi	or Gran L	Juliu	ii igs,	HOHIC	-3,
City (5)			000000					Saua	are Feet	# 0	f Floors		BI	dg. A	ae	
Clifton								1,50		2) +	5	
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County (6)					Code (7)			Curre	ent Use (Pri	or if be	ing demo	olished)			
Passaic				(STATE)	USE ONLY)										
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCN	ΛNo.		Name	of Aba	atement Co	ntractor	(9)	- 1 - 7 - 7 -				
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Street Address							Addre	THE STREET								
						1141	Rou	ite 23								
City, State, Zip Code						City, S	State. 7	Zip Code								
8.5								J 07470								
								3								
Project Manager for Mon	itoring Firm			Telepho	ne No.		200000000000000000000000000000000000000	none N			License					
							973-	628-9	9200		00408	3				
Start Date (10)		Schedul	ed Co	mpletion	Date (11)		Name	of OS	HA Monitor							
08/15/16		08/16/							sion Cons		s Inc					
	. 11-1									ditaile	0, 1110.					
Occupancy Status During	g Abatement (Chec	ck Only O	ne)					Addre								
Facility Closed/Vaca	ated During Entire	Period of	Abate	ment			20-2	1 Wa	garaw Ro	oad, B	ldg. #3	5E				
Abatement Perform	ed Outside of Norr	nal Facilit	y Hou	rs			City, S	state, Z	Zip Code							7.77
Other – Describe: _							5000		n, NJ 074	10						
Coope of Mark (Chook A	II That Apply						1 411		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			_			
Scope of Work (Check A	ii That Apply)						100	_								
× ≥3 sf or ≥3 lf		×	Renov	ation				Fu	III Containm	ent with	n Negativ	e Pres	sure	е		
≥160 sf or ≥260 lf			Demol	ition				Mi	ni-Enclosur	е						
							×	- 01	ovebag Pro							
							L	J No	n-Exempte	d (*) an	d Non-Fr	riable I	Proc	edure	9	
		15	Loca	tion									1	Abate	ment	
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Location Asbestos-Containing				ely by	Ashaa		scription		LACM	^	maunt					
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J.R. Contracting & E		oncul		Hauler ID	No.	of Was			1	1000						
J.N. Contracting & E	1	7819		1			Grand		ai Land	1111						
City, State	mar.			Dispos	sal Date	-	City, Stat	é						0= 75		
Wayne, New Jersey					5.000			Pen/Ar		ennevly	ania					
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Completed by		Title	W0.676			S	Signature	9	//			Date				
Jerry Bijelonic		1 Prois	ect M	anager				-00/			100	08/0	5/16	o o		

Check#2566

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	

Date of Notification (1)				Name	of Building	Owner/C	perator (2	2)		6 5		0.7 1	
08/05				Mike	Yao				IM E	CE		\mathbb{V}	
Agencies Notified Typ	e Notification			Street	Address								- 1
	Initial								IINII		0 0	2016	
	Amended			City, S	State, Zip C	ode			<u> </u>	4UG —	9 6	MID	- 11
23 -1.00	Amendment #_ Emergency (inc			Closte	r, NJ 076	24							
	justification)	Juding	İ		of Contact				Telepha sept	appens	CON	ITRO	SL&
	Cancellation			Mike '	Yao				1 7.000	1100	MISI	G	
					CILITY IN	FORMA	TION				-		
Name of Facility Where Abate	ement is Taking	Place	(3)					Type of Facility	(4)				-
Private house								School (K-12					- 1
Street Address								Subchapter 8	3 (Other than K-		. drana a	o de m	
								homes, etc.)		nerciai D	Jiidiiig	5,	1
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Closter, NJ 07624													
County (6)				Coun	ty Code (7) (STATE US	SE ONLY)	Current Use (Pr	ior if being dem	olished)			
Bergen		201											
Name of Monitoring Firm Hire	d by Building C	wner (8) /	ASCM	No.	Name o	f Abateme	nt Contractor (9)					
						Gr Tech	1 LLC						
Street Address						Street A	ddress						
							ley Rd#						
City, State, Zip Code						City, Sta	ate, Zip Co	ode					
6	per t		T			-	NJ 0747	0					
Project Manager for Monitorin	g Firm		Tele	phone	No.	Telepho			License No.				
Chart Data (10)	10-6-4				- (44)	973-638			01127				
Start Date (10)08 /17 /10					te (11) 16		f OSHA M						
					10		Control of the last of the las	nsultants,Inc					
Occupancy Status During Aba Facility Closed/Vacated During Aba		7.1		ment		Street A							
Abatement Performed Out					cribe		Vagaraw ate, Zip Co	Road, Bldg .#	35E			V114	
Time of Abatement:	_AMPN	Λ/	_PM_		AM		vn, NJ 0						
Scope of Work (Check all that	apply)		-			raii Lav	10. 11. 1 (10. 11. 11. 11. 11. 11. 11. 11. 11. 11.	and decontamir	nation with nega	tive pres	sure		
			540			日	Full Cont	ainment with Neg					
>3 sf or >3 If > 160 sf or >260 If		☐ Re ☑ De	novatio molitic	n n		Н	Mini-Encl	osure Procedure	Tent with Nega	tive Pres	sure		1
		2400					Non-Exe	npted (*) and No	n-Friable Proce	dure	- E		
M 755			Locati							Al	oatem	ent Ty	уре
Location of Asbestos-Containing Mate	rial (ACM)		Vormal d Sole		Ashaa		scription o		A 1	Z.	Z.	ш	四
TO BE ABATED		Ma	intena	nce/			systems i	erial (ACM) nsulation.	Amount (Specify	Remova	Repair	ncap	iclo
IN Facility	x.	Cust	odial 8 (12)	Staff?		surfac	cing, VAT,	or	SIF or LF)	oval	=	Encapsulate	Enclosure
(13)		Voc		NI/A		otner n	niscellane	ous)				ite	
1		Yes	No	N/A	****					N7			
1st and 2nd floor					Windows	s sash-lii	mited coi	ntainment	13 windows		ᆜ		
		Ц		Ш									
											П	П	
Name of Registered Waste Ha	auler		NJD	EP Waste	Hauler ID No.	Cubic Yar	rds of Waste	Name of Regis	stered Landfill				
Gr Tech LLC			0	03378	5	TBI)	T.R.R.F. Inc					
City, State						Disposa		City, State					
Wayne, NJ 07470						TBI)	Tullytown, P.	A				
Completed By (Print or Type)	Title						nature _A	, and to mit, I	1	Date			
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ASB-41	DWI	101					//ew	ic Wenad		00/03/1	0		

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MO#19730009248		NOI			t to NJA			EMENT 3)		P			
Date of Notification (1)				Name	of Buildin	Owner/	Operator (2)	—— 	U	Ь_	<u> </u>	
08	05 / 1	6					,	<u> </u>					
Agencies Notified	Type Notification			Matt I	Sorin Address					AUG_	9	20	116
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□ DOLWD	☐ Amended			City 9	State, Zip (ode			ASBE	STO	0.00	TAIT	DOL
□ DHSS	Amendment	_		Section					ASDE			ING	
DCA (NJAC 5:23-8)	Emergency (]		vood, NJ of Contac				Telephone Numb				
(10,10 0.25-0)	Cancellation			Matt 1		•			Telephone Numb)C1			
				-//	CILITY IN	EODMA	TION		-9			_	
Name of Facility Where	Abatement is Taki	ng Place	(3)	1.0	OILII II	II ONINA	TION	Type of Facility	(4)				
Private house			(-)					School (K-1					
Street Address								Subchapter	8 (Other than K-1 2)				
								homes, etc.	private and commer)	cial bu	ııldıng	S,	
City (5)						755, 97, 55		Square Feet	D	В	dg. A	ge	
Westwood, NJ 07675													
County (6)				Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being demolis	hed)			
Bergen													
Name of Monitoring Firm	n Hired by Building	Owner	(8)	ASCM	No.	Name o	of Abateme	ent Contractor (9)				
Street Address						Gr Tec							
Street Address						The district of the second	Address	12.12.12.1					
City, State, Zip Code							Iley Rd # ate, Zip Co						
						2000	, NJ 0747						
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telepho		.0	License No.				
						973-63			01127				
Start Date (10)		eduled C	omple	tion Da	te (11)		of OSHA M	Ionitor	01127				
		08/		_ 1 .	16			nsultants,Inc					
Occupancy Status Durin Facility Closed/Vacat						Street A	Address						
Abatement Performe					cribe			Road, Bldg .#	35E				
Time of Abatement:	AM	PM/	PM_		AM		ate, Zip Co						
Scope of Work (Check a	Il that apply)					Fair La	wn, NJ 0'		nation with negative	nress	ure		
	//	_				日	Full Cont	tainment with Ne	gative Pressure	pico	Juic		
>3 sf or >3 lf > 160 sf or >260 lf			novati molitic			M	Mini-Encl	losure	Tent with Negative	Press	sure		
					STATE OF THE STATE		Non-Exe	mpted (*) and N	on-Friable Procedu	е	i i		
La el contribuento			Locat	10.7				PS		Ab	atem	ent T	уре
Location Asbestos-Containing			Norma ed Sole		Acho		scription o	of terial (ACM)	Amount	Z	D.	m	m l
TO BE AB	ATED	1000000	intena				l systems i		(Specify	Remova	Repair	Encapsulate	Enclosure
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(10)		Yes	No	N/A		other	miscellane	ous)				te	
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	war										Ш	П	
Name of Registered Was	ste Hauler		NJI	EP Waste	Hauler ID No.	Cubic Ya	rds of Waste	e Name of Regi	stered Landfill				
Gr Tech LLC			(03378	35	TBI)	T.R.R.F. Inc	<u> </u>			2011	
City, State						Disposa	I Date	City, State					
Wayne, NJ 07470		7.5.17.11.00				TBI)	Tullytown, P	'A				
Completed By (Print or T	ype) Ti	tle				Sig	nature	0 ,	Da	te			
N.Jevtic	O	vner					//	Tente wen	ad 08/	05/16	ó		
SB-41							1/						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

CK	cck	#
		8948

Date of Notification (1)					Name of Building Owner/Operator (2)														
08/	/ _ 5 / _ 16						500	y Manageme)) <u>EGE</u>		\mathbb{V}	E	M				
Agencies Notified	Type Notification					Address				Tir	Ń								
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☐ DHSS	Amendm					amus, N				1				of the same					
DCA	☐ Emergen justificati		uding			of Contac		002		_	ASBESTOS.	CON	1700	<u> </u>					
(NJAC 5:23-8)	☐ Cancella						7	DATE OF THE PARTY	Telephone Number ON I ROL &										
		Mr.	Mr. Sandy Dickinson																
FACILITY INFORMAT	FACILITY INFORMATION																		
Name of Facility Where A	Abatement is	Taking I	Place	(3)					Type of Facility (4)										
Caribbean House									☐ School (K-12)										
Street Address									Subchapter 8 (Other than K-12)										
1375 River Road							Other (i.e., private and commercial buildings,												
City (5)								homes, etc.)											
															Bldg. Age				
Edgewater									68,000		6		60 +	yrs.					
County (6)					Cour	ity Code (7)(STA	TE USE ONLY)	Current Use	hed)									
Bergen									Apartment Building										
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	3)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)										
N/A							E	ast Coast H	az Mat Removal, Inc.										
Street Address							-				,								
							Street Address												
City Ctata Zin Cada							494 E. 41 Street												
City, State, Zip Code							City, State, Zip Code												
							P	aterson, NJ											
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	ephone No.	License No.										
G 8							9	73-345-0022	00507										
Start Date (10) Scheduled Completion					ion Date (11) Name of OSHA M				fonitor										
<u>08</u> / <u>16</u> / <u>16</u> <u>08</u> / <u>31</u> /							Е	ast Coast H	az Mat Ren	noval	. Inc.								
							Street Address												
Occupancy Status During Abatement (Check only one)							57		not .										
 ☑ Facility Closed/Vacated During Entire Period of Abater ☐ Abatement Performed Outside of Normal Facility Hour 						oribo	-	94 E. 41 Stre											
Time of Abatement:AMPM/PM-								, State, Zip Co	non-nert terrorisch										
							P	aterson, NJ	07504										
Scope of Work (Check all that apply)																			
							⊠ Full Containment with Negative Pressure □ Mini-Enclosure □ M												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Den						Procedure										
								☐ Non-Exe	mpted (*) and	Non-	Friable Procedur	е							
Is Location										T			atem	ent T	VDA				
Location of		- 1		ormal		Description	on of												
Asbestos-Containing Material (ACM) Used Sol						Asbestos	Con	taining Materia	al (ACM)		Amount	Removal	Repair	∃nc	Enclosure				
TO BE ABATED Maintena						(i.e.		mal systems			(Specify	VOD	air	aps	los				
IN Facility Custodial (12)					, and		surfacing, VAT, or other miscellaneous)				SF or LF)	22		Encapsulate	ure				
(10)			Yes	No	N/A		Oli	iei illiscellariei	ous)			1		ite					
Basement Boiler Roo	-				Pipe Ins	sulat	tion			200 LF			П	П					
Basement Boiler Room						Boiler B	ree	ching			100 SF								
		[П	П				
			7		П							Ī			П				
				JDEP V	Vaste	Cuh	oic Yards of	Yards of Name of Registered La				Landfill							
1000					auler ID	CR.450CT	Was		GROWS, Inc.										
112							3 GROWS, Inc.												
City, State							Disposal Date City, State												
Newark, NJ 07105						8/31/16 Morrisville, PA 12506													
Completed By (Print or Ty	d By (Print or Type) Title						Signature Date												
James Unger	Sr. Estimator/Project Mana													<i>p</i>					
	Jan y Mi										7 -	3 -	6						

MO#23456152798

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

Date of Notification (1)					Name	of Building	7 04/	nario	Inerator ()\								
08/	_			anza Mar			operator (2	-)	m	E	C [\mathbb{V}	E	4			
Agencies Notified	Type Notifica		Street Address												-			
⊠ EPA		A STATE OF THE PARTY OF THE PAR										ATIC	q	201	S			
☑ DOLWD ☑ DHSS	Amended Amendme	LUIV SIRIE ZID LODE										1	100			U	beare	
□ DCA	☐ Emergend	_	ludina	i K	Teane	ck, NJ 07	666											
(NJAC 5:23-8)	justification			6	Name	of Contac	t				Tele	ahone	WIND			ROL	. &	
	Cancellation Esperanza Martinez													<u> NS</u>	ING			
						CILITY IN			TION		_					1000		
Name of Facility Where A	Abatement is T	aking	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.)									
City (5)								-		Square Feet # of Floors Bldg. Age								
Teaneck, NJ 07666														10.550	- J S	70		
County (6)					Cour	ty Code (7)	(STAT	TE US	SE ONLY)	Current Use (Pr	rior if be	eina de	emolish	ned)		_		
Bergen						, , , ,	M.			·		3						
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name of Abatement Contractor (9)											
							Gr Tech LLC											
Street Address							Street Address											
							PROVIDE ADDRESS OF THE											
City, State, Zip Code							576 Valley Rd #283 City, State, Zip Code											
- No																		
Project Manager for Monitoring Firm Telephone No.							Wayne, NJ 07470 Telephone No. License No.											
10.05110110110							ļ	10	3-1777		01127							
Start Date (10) Scheduled Completion Date (11)						Name of OSHA Monitor												
08 / 18 / 16						Envirovision Consultants,Inc												
Occupancy Status During	Abatement (0	Check	only c	ne)			Street Address											
□ Facility Closed/Vacate	100		- 50	555	ment		20-21 Wagaraw Road, Bldg .# 35E											
Abatement Performed	Outside of No	ormal f	Facility	/ Hou	rs - Des	cribe	City, State, Zip Code											
Time of Abatement: _	AM	PM	V	PM		AM	Fair Lawn, NJ 07410											
Scope of Work (Check all	that apply)						Clean up and decontamination with negative pressure											
The same is the property of the same of th							Full Containment with Negative Pressure											
						Mini-Enclosure Glovebag Procedure Tent with Negative Pressure												
									Non-Exer	npted (*) and No	pted (*) and Non-Friable Procedure							
Is Location														Abatement Type				
Location of No Asbestos-Containing Material (ACM) Used					illy ely by				scription of		170			R	Z	т	т	
TO BE ABA		inten			stos Containing Mai				Amount (Specify			em	Repair	nca	nclo			
IN Facilit		Cust		Staff?	(cing, VAT.	S	Remova	Ħ.	Encapsulate	Enclosure					
(13)				(12)	T	-	oth	her n	niscellaneo	ous)				_		ate	(D	
			Yes	No	N/A													
Basement			Ш	Ш	\boxtimes	Pipe insu	ılatio	on			140 L	F		\boxtimes				
Basement					\boxtimes	VAT flo	or til	les			350 S	350 SF		X				
			П	П								220 01			П	一		
] [-				_	_] [
N. C.			Ц	Ц		L												
Name of Registered Waste Hauler NJDEP Waste Hauler					Hauler ID No.	Cubic Yards of Waste Name of Registered Landfill												
Gr Tech LLC 0033785					35		TBI	BD T.R.R.F. Inc										
City, State						Disposal Date City, State												
Wayne, NJ 07470						1	TBI)	Tullytown, P	n, PA								
Completed By (Print or Type) Title							Signature / Date											
N.Jevtic	Owner						Hewic Wenad 08/05/16											
OD 44		O THOI												0.000				