## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check # 8858

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

Date of Notification (1)					Name	of Building	g Owner/Operator (	2)			12.4		037
08/	12 /	16	_	250	15-300-31-01-02-11-0		International, LI				r-2,		1/2
Agencies Notified	Type Notific	ation		-	Stree	Address			14 41	AUG	2 0		
☐ EPA					901	Lehigh .	Avenue		f /	AUG	22	201	6
☑ DOLWD	☐ Amended				City, S	State, Zip C	Code		1 4	u-			
☑ DHSS	Amendm		-1 -11			on, NJ 0			[ ASSS	1970e	On	*********	
DCA	☐ Emergen justificati		ciuaing	1	E - 804-000	of Contac	Transfer and the second		Tolophone Num		ISIM.	TAL	1
(NJAC 5:23-8)	☐ Cancella						Washington .		Telephone Nur	mber			
					INIT.	Danny P	erez						-
FACILITY INFORMAT													
Name of Facility Where A	Abatement is 7	Taking	Place	(3)				Type of Facility (	(4)	li,		48	A 5-22
AcuPowder Interna	tional, LLC							School (K-12					
Street Address								Subchapter 8	(Other than K-1	2)			
901 Lehigh Avenue						Si .		Other (i.e., pr homes, etc.)	ivate and comm	ercial bi	ılıdını	js,	
City (5)			- 100					Square Feet	# of Floors	В	dg. A	ge	
Union								20,000	2		60 +		
County (6)					Cour	tv Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demo			,	
Union						., (.	,(011112 002 01121)	Manafacutu		listicuj			
Name of Monitoring Firm	Hired by Build	ding C	wner /	'Ω\	ASCM	No	Nome of Abstone		ing riant				
ABS Environmenta	100	unig C	WHICH	٠,	N/A	NO.	Name of Abateme	100 to	-1 (				
Street Address	OCIVICCS				IVA			az Mat Remova	ai, inc.				
P.O. Box 483							Street Address 494 E. 41 Stre	204					
City, State, Zip Code	***************************************		.0.				City, State, Zip Co						
Glenwood, NJ 0741	8						Paterson, NJ						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.				
Scott Higgins				9	73-764	-2276	973-345-0022		00507				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
08 /24 /	16	0	9_/	1	5_/_	16	East Coast H	az Mat Remova	al, Inc.				
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate							494 E. 41 Stre	eet					1
Abatement Performed							City, State, Zip Co	ode					$\neg$
Time of Abatement:	AIVI	P	n/	PIVI-	^	M	Paterson, NJ	07504					
Scope of Work (Check all	that apply)						⊠ Full Cont	ainment with Neg	ative Pressure			11-11-11	
≥3 sf or ≥3 lf			⊠ Re				Mini-Enc	losure	diivo i ressure				
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebag	Procedure	F: 11 B				
		_		•			☐ Non-Exe	mpted (*) and Nor	1-Friable Proced		100	100.00	
recent and the				Loca			0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			Ab	atem	ent T	уре
Location of Asbestos-Containing Mate	erial (ACM)				ely by	Description	on of Containing Materia	ol (ACM)	Amount	공	R	Щ	四
TO BE ABA			2210		ance/		., thermal systems i		(Specify	Removal	Repair	car	응
IN Facilit	У		Cust		Staff?		surfacing, VAT,	or	SF or LF)	Va.	-	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A	1	other miscellane	ous)				ate	Ф
Bldg. #1 (Ground Flo	or)					Pipe Ins	sulation		45 LF		П		П
Building # 3 (Baseme			$\overline{\Box}$			Pipe Ins			150 LF			-	
Office Bldg. (Crawlsp			$\frac{\Box}{\Box}$								111		
Office Bldg. (Crawisp	acej			_		Pipe Ins	sulation		500 LF		Ш	Ш	닏
											Ш	Ш	Ш
Name of Registered Wast	e Hauler			1000	JDEP \		Cubic Yards of	Name of Regist	ered Landfill				
Newark Carting					lauler II 11222	y	Waste 10	GROWS, In	c.				]
City, State			-		1 : 444		Disposal Date	City, State					
Newark, NJ 07105							9/10/16 /	Morrisville?	PA 12506				
Completed By (Print or Ty	me)	Title		-			Signature		/	)atc			
James Unger	he)			m = 4 -	w//D==:	noé 1/1	1	1. 1V		Date	10		, ,
ACD 41		31	. ⊑58	matt	,,,,,,,,	ect Mana	ger frees	11 1/2		J	12	~ /	6

CH = 4280

Date of Notification (1) 08/02/16				Name (	of Building Ov Orange Bo	wner/Operato	r (2) ucation	1/2	72	D	3/1	5/	16
Agencies Notified  X EPA	Type Notification	)			Address agle Rock	Ave			4.		1		Ē
X DEP X DOL	Amended Amendmen				tate, Zip Code Orange, N				AUG	2 -			<u> </u>
X DOH X DCA	Emergency justification Cancellation	)	3		of Contact rt Csigi		7	<del></del>	hone Nu	Imper	-20	16	74
Name of Facility Where A	batement is Taki	ng Place (	(3)	FAC	ILITY INFOR	MATION	Type of Facility	(4)	100	SIN.	70	7	<u> </u>
Redwood Elementa	ry school						School (K-	12)					
75 Redwood Avenue	е						Subchapte Other (i.e. etc.)	r 8 (Other private & d	than K-1	(2) Sial bui	ldings	, hon	nes,
City (5) West Orange							Square Feet	# of F	loors		Bldg.	Age	
County (6) Essex				County (STATE	Code (7) USE ONLY)		Current Use (Pr	or if being	demolis	hed)			***************************************
Name of Monitoring Firm Ahera Consultants, Ir	Hired by Building	Owner (8	)	ASCI	M No.	Name	of Abatement Co Corporation	ntractor (9	)				
Street Address POB 385						Street	Address McBride Ave						<b>***</b> *********************************
City, State, Zip Code Oceanville, NJ 0823	1					City, S	State, Zip Code	2022 0000	-				
Project Manager for Monit John Smoyer				Telepho		Telepi	dland Park, N.		icense N	10.			
Start Date (10)		Schedul	ed Cor		52-1833 Date (11)		225-8400 of OSHA Monitor		1104				
08/16/16 Occupancy Status During	Abatement (Cher	08/18/	16			Iris E	nvironmental	Laborato	ories,LI	_C			
Facility Closed/Vacat	ed During Entire	Period of	Abatas	nent			Address Route 22 We	st					and the layers is
X Other – Describe: (u	d Outside of Norn inocuppied)	nal Facility	y Hours	\$		City, S Unio	state, Zip Code n, NJ 07083						
Scope of Work (Check All  ≥3 sf or ≥3 lf	That Apply)	1071 <b>-</b>				-							
≥160 sf or ≥260 lf	40	Lannand	Renova Demolit				Full Containm Mini-Enclosure Glovebag Pro	e cedure					
	22		Locati				Non-Exempted	J ( ) and N	ion-Friat	le Pro	Abate	emen	t
Location of Asbestos-Containing M	laterial (ACM)	Use	Normal d Sole intenai	ly by	Asbestos	Description Containing N	laterial (ACM)	Amo	unt	-	1)	pe	Г
TO BE ABAT In Facility (13)			todial S (12)		(i.e. the	rmal systems surfacing, VA her miscellan	s insulation, T, or	(Spe SF or	cify	Remova	Repair	Encapsulate	Enciosure
		Yes	No	N/A						val	ir	ulate	ure
kitchen ar	ea .		X			VAT/Mas	tic	500	SF	x			
										-			
Name of Registered Waste	Hauler		N	JDEP W	aste   C	ubic Yards	Name of	Registered	Londell			i le	
Lilich Corporation				auler ID 3724	F-100 CFC	Waste	<ul> <li>energywyddianau</li> </ul>	Registered S, Landf					
City, State Woodland Park, New	Jersey				Di	sposal Date	City, State Morrisvi						
Completed by Momo Glavatovic		Title vice p	resid	ent		Signature	- ^ ^ ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Da 08	te /02/2	016		

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of	Building C					۷ ,	,		
	August 17, 2016	5					Frank	Lur	ch Demolition	32	50	12	- 1	
Agencies Notified  [ x ] EPA  [ ] DEP  [ x ] DOL  [ x ] DOH	[ ] Amen	ion Notificat ded Notif dment #_ gency (inc	ication		Street Ad	idress te, Zip Cod				DEC		l W		
[ ] DCA	justifi	cation)			Name of	Contact	, ,		re	lephone . AU()	7-7	301/		IJ
	[ ] Cance	llation				Frank 1			Trans.	500F0T0		Comment of the Land		- 1
Name of Facility Where Al	estament in Taking	Dlaga (2)		FACI	LITY I	NFORM	ATION	Т	pe of Facility (4)	ASBESTO	S COL	NTRO IG	L&_	
	ilding	riace (3)						1,	[ ]	School (k-12)		the property selections	The same of the sa	FLYARL 19H
Street Address									9 - 9 - 9 - 9	Subchapter 8 (oth			دا استارا	inge
	Wilson Avenu	e								Other (i.e., privat homes, etc.)	e & cor	nmerci	ii buildi	ings,
City		County	(6)		County C	ode (7) USE ONLY	2	Sc	quare feet 2000 sf	# of Floors	Bldg	. Age 8	0	
Manalapan		Monn	nouth		011110	002 0112		Cı	urrent Use (Prior if b	eing demolished)			<u> </u>	
Name of Monitoring Firm	Hired by Building (	Owner (8)			ASCM N	o. T	Name of	Aba	Building tement Contractor (9					
Gu	ardian Contract					287			Guardia	n Contracting,	Inc.			
Street Address	39 Rte. 9, Unit 6	51					Street Ad	idres		ute 9, Unit 61				
City, State, Zip Code	EV STATES WAS						City, Stat	te, Z	ip Code		005	755 16	7.1	
To: Project Manager for Monit	ms River, NJ 08		Telephone N	umber			Telephon	ne Ni		ver, New Jerse License N		/33-12	2/1	
Nicholas Feri			732-349-9	932			732-34	9-9	932	00624				
Scheduled Start Date (10) 8/29/16			Scheduled C 9/2/16		n Date (1	1)	Name of	OSI	HA Monitor E.M.S.L	. Analytical				
Occupancy Status During				C 41 -4-			Street Ac	ddres		elton Road				
	ility Closed/Vacated tement Performed						G: G	. 7		Tion Road				
	er – Describe						City, Star	ite, Z		ay, New Jerse	y 088	54		
Scope of Work (Check all	that annly)	-					[ ]	1	Full Containment v	vith Negative Pres	sure			
Scope of Work (check an	ши ирріу)						[ ]	ĺ	Mini-Enclosure					
L 1	sfor≥3 lf		[ ]	Renovati			[ ] [x]	]	Glovebag Procedur Non-Exempted (*)		Procedu	ire		
[x] ≥16	0 sf or ≥260 lf		[x]	Demoliti	on		[ x ]		Non-Exempted (*)	and Non-Phable				
						6	D		c		Abat	ement	Гуре	
Location	of		Is Location ormally use				Description of the contract of			Amount	R E	R E	E N	E N
Asbestos-Containing N	Material (ACM)		Solely by			N	Material (A	ACN	(I)	(Specify SF	M	P	С	C
TO BE ABA		Maint	enance/Cus Staff	stodial			., thermal ulation, su			or LF)	0	A I	A P	L
(13)	J		(12)				VAT,	or			V	R	S	S
57 V/26			NO	27/4		oth	er miscell	lane	ous)		A L		L	R
		YES	NO	N/A									Е	E
Exterior			X		7.000	stos sidir	g/windo	w c	aulk	1500/150	X			
Interior			X		Mast	100	poses and 100 miles			10 sf	X	-		-
Exterior			X		Total Control	cement/1				3 sf / 10 sf 1000 sf	X		-	-
Exterior	Houler		JDEP Waste	Houler I		dation w	aterproof ards of Was	_	Name of Register		Λ			
Name of Registered Waste Guardian Co	ontracting, Inc.			)223		10			T.R.R.F.					
City, State	, New Jersey			Disposa 9/2/16		211 <del>-22</del>	City, St Tullyt		n, Pennsylvania					
Completed by (Print or Ty	pe)	Title	/// 42/09/2		Signat	rurd	/	1	1		Date			
Nicholas Fer	rnicola		ct Manage				\ ·-	1			8/1	7/201	0	
		*L	o not use t	his form	for asb	estos licer	isure exen	mpte	ed activities.					

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms' River, New Jersey 08755



### DEMOLITION / RENOVATION NOTIFICATION

	Project #:	100	stmark:		Notificat	ion.			20
 [.	TYPE OF NOTIFICATION (O - Original R - Revis	ed C - Can	celled):	0	II.	IS ASBESTOS P	RESENT? (Yes/	No):	Y
III.	FACILITY INFORMATION (identify owner, remova		and other op	erator)					
	OWNER NAME: Frank Lurch De	emolition							
	Address: P O Box 42								
	City: Avon by the Sea	State:	NJ		Zip:	07717			
	Contact: Frank Lurch				Tel:	732-740-9814			
	REMOVAL CONTRACTOR: Guard	ian Contra	cting, Inc	).		NJ License:	00624		
	Address: 1889 I	Route 9, U	nit 61						
	City: Toms River	State:	New Jer	sey	Zip:	08755			
	Contact: Nicho	las Fernico	ola		Tel:	732-349-993	2		
	OTHER OPERATOR (if different)					NJ License:			
	Address:								
	City:	State:			Zip:				
	Contact:				Tel:				
IV.	TYPE OF OPERATION (D - Demo O - Ordered I	Demo R - I	Renovation	E - Emergency	Renovation):	D			
V.	FACILITY DESCRIPTION (Including building nam								
	Building Name: Building								William William
	Address: 100 Wilson Av	/enue							
	City: Manalapan	State:	NJ		County	Monmouth			
	Site Location: Basement & exterior								
	Building Size: 2000 sf	# of Floor	s:	2	Age in	Years: 80			
	Present Use: Building			Prior Use:	Buildi	ng			
VI.	PROCEDURE, INCLUDING ANALYTICAL MET	HOD, IF AP	PROPRIAT	E, USED TO DET	TECT THE PR	RESENCE OF ASBI	ESTOS MATER	IAL:	
	IS MATERIAL ASSUMED TO BE ASBESTOS?							Nonfi	riable
VII.	APPROXIMATE AMOUNT OF ASBESTOS INCI	LUDING:						Asbestos	Material
	1. Regulated ACM to be removed			RACM		LOCA	ATION	1 2000 PM	Fo Be loved
	<ol><li>Category I ACM not removed</li></ol>			To Be Removed					Cat II
	Category II ACM not removed	1						Cat I	Cat II
	Surface Area (Square feet): 1500 sf,150 sf	f,10 sf	Siding,	window caulk,	, tar	Exterior			
	Surface Area (Square feet): 3 sf, 1000 sf,	10 sf		ment, foundati roofing/mastic	on	Exterior /ir	nterior		
	RACM Off Facility Component (Cubic feet):								
	SCHEDULE DATES ASBESTOS REMOVAL (MM/I	DDAW.	Start:	8/29	9/16	Complete	9/2	/16	

ς.	DESCRIPTION OF PLANNED DEMOLITIO	N OR RENOVATION WO	RK, AND METHOD(S) TO	D BE USED	(1) In the second second	75.0
Ki. Prior to ren	DESCRIPTION OF WORK PRACTICES AN AND RENOVATION SITE: noval, the work area around the building will be roped bedures. All waste will be placed in double 6 mil. Bags	off with caution tane and warnin	g signs. Plastic sheeting will be	e placed on the ground below a	ASBESTOS AT THE I	DEMOLITION noved by non-
xii.	WASTE TRANSPORTER #1 Name:	Guardian Contracting,	Inc.	ASB		112/1
	Address:	1889 Route 9, Unit 61		, nor	PIOS CONTROL	
	City: Toms River	State:	New Jersey	Zip:	08755	
71 - 12 - 12 - 13 - 13 - 13 - 13 - 13 - 1	Contact Person:	Nicholas Fernicola				
	WASTE TRANSPORTER #2 Name:					
	Address:					
	City:	State:		Zip:		
	Contact Person:					
		T.R.R.F.				
xiii.	WASTE BISTOS ID STO	Bordentown Road				
	City: Tullytown	State:	Pennsylvania	Zip:	19007	
	Telephone: 215-943-9732		Permit #:	101494		
xiv.	IF DEMOLITION ORDERED BY A GOVE	RNMENT AGENCY, PLEA	SE IDENTIFY THE AGE	NCY BELOW AND ATTA	CH COPY OF ORDE	2
XIV.	Name:		Title:			
	Authority:					
	Date of Order (MM/DD/YY):		Date Ordered to Begin	n (MM/DD/YY):		
	FOR EMERGENCY RENOVATIONS			5-12		
XV.	Date and Hour of Emergency (MM/DD/YY)					
	Description of the Sudden, Unexpected Ever					-1-7
	Explanation of how the event caused unsafe	conditions or would cause e	quipment damage or an unr	easonable financial burden:		
xvi.	DESCRIPTION OF PROCEDURES TO BE ASBESTOS MATERIAL BECOMES CRU	E FOLLOWED IN THE EVI MBLED, PULVERIZED, O	ENT THAT UNEXPECTE R REDUCED TO POWDE	D ASBESTOS IS FOUND ER	OR PREVIOUSLY NO	ONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRA THE DEMOLITION OR RENOVATION A AVAILABLE FOR INSPECTION DURING					
	Nicholas Fernicola / Project Ma (Printed Name/Title)	anager	(Signature of Owner	er/Operator)	August 1	7, 2016 Date)
xviii.	I CERTIFY THAT THE ABOVE INFORM	NATION IS CORRECT.		/	1	
	Nicholas Fernicola / Project M (Printed Name/Title)	anager	(Signature of Own	er/Operator)	August 17	7 <u>, 2016</u> Date)

CK# 25723

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

		ı		CATIO	N OF ASE	BESTOS ABATE C 8:60 and 5:16	Committee of the commit	)ECE		V į		
Date of Notification (1)	26/16	10		Name	e of Buildin	ng Owner/Operato	r (2) Fabiand	4410		· · · · · · · · · · · · · · · · · · ·	1 may	
Agencies Notified	Type Notific	cation		Stree	et Address			J AUG 2	2 20	16		
EPA DEP DOL	☐ Initial☐ Amende Amende	nent #	<u></u>	City,	State, Zip (	Code Cro	osswicks, NJ	ASSESTOS O	ONT	7/7;_,	est o	
M DOH □ DCA	justifica	ition)	'9	Name	e of Contac Su			Telephone Num	to the second second		J	
				FA	CILITY INF	ORMATION	-					
Name of Facility Where		Resident					Type of Facilit  ☐ School (K-	12)				
Street Address						H 400		r 8 (Other than K-1 private & commerce		dings	è	
City (5)	Cross	wicks, N	1.084	15			Square Feet 2500	# of Floors	В	ldg. A	ge )+/-	$\dashv$
County (6)		WICKS, IV	3 000	Cou		7) (STATE		Prior if being demol	<u>-   -</u> ished)	150	) T / =	$\dashv$
	Essex		,		ONLY)		<u> </u>					]
Name of Monitoring Firm (8)	MECS	lding Owner		ASCM	No.		ment Contractor (	9) mental Servic	es It	ıc.		
Street Address	PO Box	x 341	1			Street Address		Box 322	33, 2			=
City, State, Zip Code Cr	osswicks,	NJ 0851	5			City, State, Zip C		vn, NJ 08501				
Project Manager for Mor Bill We	itoring Firm isgarber		75,000	ephone 09) 29	No. 8-4070	Telephone No. (609) 2:	59-9688	License No.	0049	3		
Start Date (10)		Scheduled	1 7			Name of OSHA						=
7/27/16			7/29/	16		III Company	DB Env	vironmental				
Occupancy Status Durin  Facility Closed/Vacate				ment		Street Address	4 Rerk	eley Place				
Abatement Performed  Other - Describe:						City, State, Zip C	Code					=
Scope of Work (Check a	Il that apply)						Freehol	d, NJ 07728				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	п шас арріу)	<b>X</b> R	enovat emolitio	ion on		Mini-En	ag Procedure	egative Pressure on-Friable Procedu	ıre			
		1	Locati	1					P	bater		
Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	Material (ACM) <u>ED</u>	) Ma	d Solel intenar ustodia Staff? (12)	ice/		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							fe	Œ
Baseme		_	×		Th	ermal Pipe In		60 lf	×			
Baseme		_	×			Pipe Debr		40 lf	×		_	_
Crawl spa	ace	_	×		Th	ermal Pipe In	sulation	25 lf	×	$\vdash$	_	$\dashv$
Name of Registered Was	te Hauler		1	JDEP \	Vaste	Cubic Yards	Name of Reg	istered Landfill	1			-
Stevens Environn	nental Ser	vices, Inc	<u>.                                    </u>	lauler ID 182	No. 292	of Waste 2 CU		GROWS Lar	ndfill			_
City <sub>∓</sub> State	Allentow	vn. NI				Disposal Date 7/29/16	City, State	Morrisville,	РΔ			
Completed By Mahlon E. Ste		Title	roiec	t Mar	nager	Signature		Date	7/26	5/16		=
1774HIOH E. Ste		1	-,,00		-0	-1/1V/						

ASB-41

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

Date of Notification (1)				Nom	o of Duildin	20.0	wner/Operator	(2)	YE		1	W.	Ė,	244
	17/16	4		Ivaiii	e oi buildii	ig O	whenOperator	D'Amie		S En	14	1.7	a tating	
Agencies Notified	Type Notifi	cation		Stree	et Address				11	1110			-	11
□ EPA	Initial	and .							į.	AUG 2	2 20	)16_	_ [	4/
DEP	Amende Amendr			City,	State, Zip	Code			1				1	
	Emerge	ncy (includir	ng				Fre	eehold, NJ	- 70		CAR	<del>na</del>	ened.	_
DOH DCA	justifica Cancella			Name	e of Contac		r D'Amico		Telep	hone Numi	ber			
									_					
Name of Facility Whee	A b atamant in	Taldas Dia	- (2)	FA	CILITY IN	FOR	MATION							
Name of Facility Where		Resident						Type of Facility						
Street Address		resident	iai			_		School (K-1		r than K-12	2)			
								Other (i.e., homes, etc	private &	commerci	al buil	dings		
City (5)	7.110							Square Feet		Floors	ТВ	ldg. A	ge	
	F	reehold,	NJ					2400		2			+/-	
County (6)	nmouth			Cou	nty Code ( ONLY)	7) (	STATE	Current Use (F	rior if bei	ing demolis	shed)			
Name of Monitoring Firm		Iding Owner		ASCM		I NI	mo of Abotom	nent Contractor (	2/					
	nvironmer			ASCIVI	INO.	IN		ens Environ	10 m	Service	se I	10		
Street Address	IVII OIIIIIOI	itui				St	reet Address	CIIS LIIVITOII	mema	SCIVICO	25, 11	IC.	_	_
SECTION SECTIO	4 Berkele	y Place						PO I	30x 32	2				
City, State, Zip Code						Ci	ty, State, Zip C			-				
	reehold, l	NJ 07728	turi			_		Allentow	n, NJ	08501				
Project Manager for Mon			S 100 100 100 100 100 100 100 100 100 10	phone	GREEK STATE OF STATE OF	Te	lephone No.		Lice	nse N <del>o.</del>		_		
	unocore		1		0-8408		(609) 25			0	049	3		
Start Date (10) 8/18/16		Scheduled (			ate (11)	Na	me of OSHA N		ECS					
Occupancy Status Durin	g Abatement		8/19/	10		St	reet Address	10.	IECS				_	_
☐ Facility Closed/Vacate				ment		00	eet Address	PO I	30x 34	1				
Abatement Performed						Cit	y, State, Zip C			_				
M Other - Describe: 8	am to 4 pr	m						Crosswick	s, NJ	08515				
Scope of Work (Check a	Il that apply)						Пг.::0::-	1.1						
<b>1</b> ≥3 sf or ≥3 lf		<b>⊠</b> R	enovat	ion			Mini-End	tainment with Ne losure	gative Pi	ressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			emolitio				Gloveba	g Procedure empted (*) and No	an Criable	o Dropodus				
		Is	Location	on	1	-	INOII-EXE	inpled ( ) and N	DII-FIIADR	e Procedur	Τ.	bate	ment	$\neg$
		l N	lormally	/								Тур		
Location of Asbestos-Containing M			d Solel ntenar		Asbest		Description of containing Mate		Amo	ount				
TO BE ABAT			ustodia Staff?	al		ther	mal systems ir	nsulation,		ecify	Re	æ	Enca	En
IN Facility (13)			(12)			oth	rfacing, VAT, er miscellaneo	or us)	SF 0	r LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							a a	-	late	Jre
Kitche	n		×			S	heet Floori	nσ	190	) sf	×		-	
			1			-		***		<u> </u>	-			
							11.5							
														$\neg$
Name of Registered Was	te Hauler			JDEP V			bic Yards	Name of Regi	stered La	andfill				
Stevens Environm	nental Ser	vices, Inc	.   -	lauler IE 182	290 292	of \	Waste 1 CU		GROV	WS Lane	dfill			
City <del>,</del> State		20000				Dis	posal Date	City, State						$\exists$
	Allentow						9/19/16	HOX /	Morr	isville,	PA			
Completed By		Title	:	. 1.7.			Signature	11		Date	0/15	//1 /		
Mahlon E. Ster	vens	P	ojec	Man	iager		1/1/				8/17	/10		_

ASB-41

## NOT

State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	CX	1285
T		

Date of Notification (1) 1/28/16				Building C ian Misi	Owner/Opewicz	erator (	2)				- 1	 S //		Negative Control
Agencies Notified Type Notification  EPA Initial		5	Street Ad	dress				(D)	里(		ij	W	B	Property of the Party of the Pa
DEP Amended Amendment Emergency (i		- L	Mahwa	e, Zip Coo h, NJ 0							2	201	ò	
DOH justification) DCA Cancellation		11 88		ian Misi				lel	ephone	9108	; UC	JN I F	OL!	
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIO	N	Type of Facility (	4)	7 (2)-10	LICE	NS	ING	×	
	100000						School (K-1							
Street Address		1,655,54,0					Subchapter Other (i.e. p				uildi	ings, h	ome	s,
City (E)							etc.) Square Feet		f Floors			dg. Ag		_
City (5) Mahwah							2,500	2	1110013		51	A 1700 - 110		
County (6)			County C				Current Use (Pri	or if bei	ing demo	olished	)			
Bergen				SE ONLY)		_	Residential							
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			of Abatement Cor Restoration In		(9)					
Street Address					11.5		Address Corporate Way	, Suit	e 5484	1				
City, State, Zip Code							ate, Zip Code / Cottage NY	10989	9					
Project Manager for Monitoring Firm			Telephon	e No.			one No. 64-7166		Licens 01289					$\exists$
Start Date (10) 8/27/16	Scheduled 8/28/16	Com	pletion D	ate (11)	1		of OSHA Monitor ech Olszewsk		1			-200		
Occupancy Status During Abatement (Check	Only One	1					Address		700 (15 900 15 15 15 15					
Facility Closed/Vacated During Entire F	eriod of Ab	atem	ent				rliament Drive	е						
Abatement Performed Outside of Norm Other – Describe:	al Facility F	lours			_ [		ate, Zip Code City, NY 1095	56						
Scope of Work (Check All That Apply)	192.5													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	gardeness;	novat moliti				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure					70	
	Τ		Т				Non-Exempte	u ( ) ar	IU INOTI-F	Habie	1000	Abate	Tolking.	$\neg$
Location of	No	ocatio mall	y		Desc	cription	of			L		Тур	e	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)		tenan dial S (12)	taff?		tos Conta	ining M ystems ng, VA	aterial (ACM) insulation, Γ, or	(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			/AT		0	00 SF	-	-	-	-	-
Ground Floor	$\perp$	X				VAT		0	00 SF	×		-		$\dashv$
Name of Registered Waste Hauler		I N	JDEP W	aste	Cubic Y	'ards	Name of	Regist	ered Lar	ndfill				-
ATC		Н	auler ID N2431	No.	of Wast	e	Minerv	а						
City, State Shirley, NY 11967					Disposa 8/28/1	6	City, Star Wayne		, OH 4	4688	1			
Completed by Sanford Alper	Title Senior	Pro	ject Ex	ecutive	Sig	gnature	1			Date 8/17		1		

CK# 4037

				FICAT	ON OF AS	lew Jersey BESTOS ABATE C 8:60 and 12:12	MENT		E I V		7 7		
Date of Notification (1)			(r			ing Owner/Operato	r (2)				Annual Control	Total Carried	_
8-1	7-16			_		Tom WE	-SHI PU	ADE	VZ 2 20	16	Ш	7/	
Agencies Notified	Type Notifical	ion		Str	eet Addres		ONIA A	UE			richaer.	10,1194	
	i⊠ Initial ☐ Amended						UNIA A	UE	S CONTR	101	17		=
₩ DOL	Amendme		_	City	, State, Zip	HADDON F	ITI O N	- Lic	NAN.	2.5		1	
⊠ DOH	Emergenci justificatio		ling	Nar	ne of Conta		Tech Tech		phone Num		=	44.1	_
□ DCA	Cancellatio	10.5		1,40	The state of the s	OM							
L				F		FORMATION		1 =		-			=
Name of Facility Where At	patement is Ta	king Pla	ce (3)				Type of Facili						
	ESIDE	VCE					☐ School (K- ☐ Subchapte		ar than K-12	2)			
Street Address							Other (i.e.,	private 8			lding:	5,	
City (5)							homes, etc Square Feet	/	Floors	TE	ldg.	Age	
Au	ALON						1000	" "	)		50		
County (6)				Co	unty Code	(7) (STATE	Current Use (F						=
CAPE	MAY	<u> </u>			E ONLY)		VAC	LAN	I				
Name of Monitoring Firm H	ired by Buildin	g Owne	r	ASC	A No.	Name of Abatem		1000					
(8) N	A					Street Address	CO INI			_			=
Street Address						369 5	SPRU	CE	AUE				
City, State, Zip Code						City, State, Zip C	ode			280	25	. 5	
Project Manager for Monito	ring Firm		Te	ephone	No.	Telephone No.			nse No.				_
			1-			856-77			004	44			_
Start Date (10)	Sch				ate (11)	Name of OSHA N	Monitor N/A						
9-6-15	1 1/6			-16		Street Address	14/12			=		==	
Occupancy Status During A						Street Address							
Abatement Performed O						City, State, Zip Co	ode						=
Other - Describe:						-,							
Scope of Work (Check all the	nat apply)												
2000 March 1997 March		□ R	enoval	ion		☐ Full Con ☐ Mini-Enc	tainment with Ne losure	gative P	ressure				
≥3 sf or ≥3 lf ▼≥160 sf or ≥260 lf			emolitic			Gloveba	g Procedure	=	<b></b>				
		la.	Locati	~~		Non-Exe	mpted (*) and N	on-Friab	e Procedur	_	bate	ment	
		N	iorma#	y							Тут		
Location of	== L/ACM	100000000000000000000000000000000000000	d Solei ntenan		Ashest	Description of os Containing Mate	erial (ACM)	Am	ount			m	
Asbestos-Containing Mate TO BE ABATED	riai (ACIVI)	C	ustodia	31		thermal systems in	sulation,	(Sp	ecify	Re	R	Encapsulate	Enclosure
IN Facility			Staff? (12)			surfacing, VAT, other miscellaneou		SF	x LF)	Remova	Repair	psu	losu
(13)			No	N/A			en <b>t</b>			a)	71	ate	9
		Yes	140			7.0.1.1.0.1	15	75	~ . ~	1		-	_
SIDING	- 	1		X		TRANSIT		()	20 3 F	X		-	_
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											-		
				UDES:	(	Outie Verda	Name of Regi	etore d !	andfill				_
Name of Registered Waste H	lauler			UDEP V auler IC		Cubic Yards of Waste		stered L		٠,٨			
KLEMCO I	NC		[	790	4		<u>C. M.</u>	(	M.U.	. [4			_
City, State			_			Disposal Date	City, State	מ חור	1.A15				
	ADE	M.	)			Signature _ ^	_ W00	ט שע	Date				=
Completed By MiCHAEL KLO		Su	P.			Thul	1076	-	Date &-	-1-	<u> </u>	16	_

CK 12 4037

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	(1	ursuant	to NJAC	8:60 and 12:120	"				Tidor o	
Date of Notification (1)	16	Name		Owner/Operator	(2) CEDWIN	AUG 22	20	16	Alternation	IJ
□ BPA	Notification al ended endment # ergency (including		Address 7 0 State, Zip	0 Hau	-2000,1-100	VEBESTOS CO	NTA NG-	ر 6_		Mozo
☑ DOH jus	tification) ncellation	Name	of Conta			Telephone Numb	er			
			SA	N C FORMATION		L				ᅴ
Name of Facility Where Abateme	nt is Taking Place (3)		IUI Y INI	FORMATION	Type of Facility	(4)				$\dashv$
RESIDE					School (K-12		8			
Street Address					Other (i.e., po homes, etc.)		l build			
City (5) OC EXAM	1 CITY				Square Feet	# of Floors	1	ig. Ag	31555	
County (6)			ty Code ( ONLY) -	7) (STATE	LACK		ned)			
Name of Monitoring Firm Hired by (8)	Building Owner	ASCM N	No.	Name of Abatem	ent Contractor (9)					
Street Address				Street Address 369 5	SPRUCE	AUE				
City, State, Zip Code .		70 MGB 170 MB 20		City, State, Zip Co	SHAPE	W.J 08	05	<b>Z</b> _		
Project Manager for Monitoring Fi	m To	elephone N	ło.	Telephone No. 856-77	7-0472	License No.	14			_
Start Date (10) 9 - 6 - 16	Scheduled Comp	oletion Date		Name of OSHA M	fonitor N I A.					
Occupancy Status During Abatem	nent (Check only che	)		Street Address						
Facility Closed/Vacated During Abatement Performed Outside Other - Describe:	Entire Period of Aba of Normal Facility Ho	tement		City, State, Zip Co	ode					
Scope of Work (Check all that app ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□ Renov. ☑ Demoli			☐ Mini-Enc	a Procedure	pative Pressure	ė			
	Is Loca Norma						Al	Type		
Location of Asbestos-Containing Material (Al TO BE ABATED IN Facility (13)	CM) Used Sol Maintena Custox Staff (12)	ely by ance/ fial ?		Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIDING	Yes No	N/A	T	RAWSITE	=	77505c	X			
O DIV G		1/1								
								_	_	_
				61: 7:-4:	Name of Regis	torod Landfill				$\dashv$
Name of Registered Waste Hauler		NUDEP Wa Hauler ID N	Va.	Cubic Yards of Waste	C IAA	C M L)	M			
KLUMCO INC. City, State		17901	4	Disposal Date	City, State	<u> </u>	-			=
MAPLE SHADE					_ W00	DBINE	_			=
Completed By MICHAEL KLEAM	SUP.			Signature	17h	8	~('	)-	16	

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had I	E	P	E	17	11/1	[2]	hearth or a
WI	The second	S	L	U	W	<u>L</u>	1
$\Pi$							
1 111	1	AUG	2	2 1	2016	4	11/1

	(1.2		C 8:60 and 12.12	11111	AUG 22	2016	111	111
Date of Notification (1)			ding Owner/Operato	14 DEV	ELOPER	5		J. Santa
Agencies Notified Type Notification	on		18 GLAS	s rdeo	RIDGENSING	TROL.	g.	- Professionary
☐ DEP ☐ Amended Amendment ☐ Emergency		City, State, Zip	Code 1000 BUK	+ HEIGH	475 M.J	08	097	2
DCA justification Cancellation	)	Name of Cont			Telephone Numi			
			VEORMATION		1 ====			
Name of Facility Where Abatement is Tak	ing Place (3)	PACIDITI	U-OIGHATION	Type of Facility	(4)			
RESIDENCE	E . 200 (0)			School (K-1	2)			
Street Address					8 (Other than K-12 private & commerci .)		ngs,	
City (5) STONE 1+	AR BOI	R		Square Feet	# of Floors	2	g. Age O +	
County (6)		County Code USE ONLY)	(7) (STATE		rior if being demolis	shed)		
Name of Monitoring Firm Hired by Building	Owner	ASCM No.	I Name of Abatem	nent Contractor (9	CONTRACTOR OF THE PROPERTY OF			=
(8) Name of Moraloffing Fifth Affect by Balloting	Owner	ADOM NO.	KLEN	5000	NC			
Street Address			Street Address					
			City, State, Zip C		DCE ALE			
City, State, Zip Code		naka sanan manan da ka		SHADI	E W, J C	800	52	
Project Manager for Monitoring Firm	Tele	phone No.	. Telephone No.	0 01100	License No.		*	
			Name of OSHA	9-0472	0044	4_		
Start Date (10) Sche	eduled Complet			SEPH K	Loyur			
Occupancy Status During Abatement (Che		10	Street Address					
☑ Facility Closed/Vacated During Entire Po	eriod of Abaten			SPRUCE	= ALE			_
Abatement Performed Outside of Norma     Other - Describe:	al Facility Hour	S	City, State, Zip Ci	SHADE	W. J. 08	220		
Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Renovation		☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedur	·е		
- 1	Is Location						atemen Type	ıt
Location of	Used Solely		Description of		A	<del></del>	Ť	T
Asbestos-Containing Material (ACM) TO BE ABATED	Maintenano Custodial		tos Containing Mate , thermal systems in		Amount (Specify	20	ᆈᇛ	En
IN Facility	Staff? (12)		surfacing, VAT, other miscellaneous	or	SF or LF)	Remova	Encapsulate Repair	Enclosure
(13)	Yes No	N/A				al	late	ие
SIDING		XII	RAN SIT	E	2750 SF	X		1
						$\vdash$		-
						$\vdash$	-	+-
		DEP Waste	Cubic Yards	Name of Regis	stered Landfill			
Name of Registered Waste Hauler	1000000	uler ID No	of Waste	1 ^ -	4. C. M. 1	). K	1	
KLEMCO INC City, State		7904	Disposal Date	City, State			<u> </u>	
MAPLE SHADE W.					DBINE	N.	<u>J.</u>	
Completed By MiCHAEL ICLEMIN  Title	SUP.		Signature	OKL	Date C	17-	-16	

	NOTIFICATIO	N OF AS	ew Jersey BESTOS ABATEA 5 8:60 and 12:12	0) [[]]]	CEIV		The same of the sa	Maria of the second second second	
Date of Notification (1)			ng Owner/Operator	ConTRAC	AUG 22 2016			1	
Agencies Notifica Type Notification		: Address		Lance	ESTOS CONTRO	\3 D		D. Stranger	
□ BA - Mainmanded	Circ	State Zip	RT. 50		MENG MENG	/L_7:			=
DOL Amendment □ Emergency	including 1		IFIELD -	N.7.	28530				_
DOH justification Cancellation	_ Name	e of Conta	$\sim$	116	Telephone Numb	per			_
			ORMATION						
Name of Facility Where Abatement is Taki	ng Piace (3			Type of Facility  General (K-1					
Street Address				Subchapter	8 (Other than K-12 private & commercial	al buile			
City (5)				Square Feet	# of Floors	1,500,000	dg A		
OCEAN C	174	Cada	?; (STATE	1000	rior if being demolis	1 -	40		=
County (6) CAPE MAY		ONLY		Vac	ANT				_
Name of Monitoring Firm Hired by Building	Owner ASCM	No	Control of the Contro	ent Contractor (9					
(6) N./A			Sveet Address	ACO JN		====			
Street Address			369	S. Spr	UCC AVE				=
City, State Zip Code			Ch. State Zip C	6.00	DE N.T	09	809	5 2	<u>-</u>
Project Manager for Monitoring Firm	Talephone			5-0472	0044	4_			=
Statt Date (10)	duled Completion Da	:e::11	JOSEPH	MODEL OF THE	TR _				
Occupancy Status During Abatement (Che		_	Street Address			٠.			
M Facility Closed/Vacated Dunno Entire Pr	Suod of Aparetties		369 S	. SPRUCE	E AVE	===		==	=
Abatement Performed Outside of Norma	i Facility Hours		MAPLE	_	N.T 08	05	2		
Other - Describe  Scope of Work (Check all that appl)  □≥3 st or ≥3 tf	Renovation Demoisor	!	Full Con	tainment with Ne losure c Procedure					
≥160 st or ≥260 If	7*		Non-Exe	mpted (*) and No	on-Friable Procedu		bater		
7	is Location Normally		Description of			<u> </u>	Тур	e 	
Location of Asbestos-Containing Material (ACM)	Used Solely by	Asbes"	es Containing Mate Thermal systems in	eria: (ACM,	Amount (Specify	Re	æ l	Encapsulate	Enc
TO BE ABATED  IN Facility	Custodia: Staff?	71 5	surfacing VAT	o:	SF or LF)	Removal	Repair	psula	Enclosure
(13=	. ; <u>s</u>		03.6. Hill 00.10.100			a		le	G
	** N: N± y		TRAW SITE	-	750 SF	X			
SIDING	· X		I KAM JIII	-	1,000				
							$\bot$		
Name of Registered Waste Hauler	NOEPW		Cubic Yards of Waste	Name of Regi	stered Landfill	۰۸			
Kionco INC.	1790	<u> </u>	Osposal Date	City, State	C.M. Ve	-	==		==
City State MAPLE SHADE A	1.5			Moor	BINE Date	<u>[.]</u>			=
Completed 5: Tice	LICE. PRESI	OCNI	Signature	2006	- 8	-17	<u>-1</u>	6	=

AUG 2 2 2016

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Date of Notification (1)	ē	.	Name of Buil	ding Owner/Operato		15	TRUCTIO	M	AT CH	21 0	
Agencies Notified Type Notifica	tion	7	Street Addre	300 77	TH CT		LIGE	123,742	7777	or autoria	
☑ BPA ☑ Initial ☐ DBP ☐ Amended				200 11	_ ان	=					=
15 DOL Amendme	nt#		City, State, Zi		(		11 7		90	<u> </u>	12
Emergenc		9		SEA I	SLE CI	TY	M).	(	380	2	12
DOH justification			Name of Cont			1	Telephone Nun	nber			
☐ DCA ☐ Cancellation		علب		rank E	OUARD						
Name of Facility Where Abatement is Ta	king Place	(3)	FACILITY II	NFORMATION	Type of Facili	thi (A					
RESID					School (K	30.00 N	,				
Street Address	C/4 C						Other than K-1	2)			
Street Address					Other (i.e., homes, et	, priva	ate & commerc	al bu	ilding	ıs,	
City (5) AUALON	١				Square Feet	_	# of Floors	T	Bldg.	Age () +	
	<u></u>	-	0 + 0 -	(7) (OTATE		= 1		-1-	_	U'	
County (6) APE MAY			County Code USE ONLY)	(I) (SIAIE			if being demol		)		
							CANT				
Name of Monitoring Firm Hired by Buildin	g Owner	A	SCM No.	Name of Abatem			- 1				4000000
(8) N/A		_1-			LEMCO	ر ر	LNIC.				
Street Address				Street Address	S. Spr	UC	E AVE				
City, State, Zip Code				City, State, Zip C			C MUC				
City, State, 21p Code				MAPLE	SHAD	E	N.J.	0	80	52	
Project Manager for Monitoring Firm		Teleph	one No.	Telephone No.			License No.				7
				856-7	79-047	2	099	14			
Start Date (10) Sch	eduled Cor	mpletio	n Date (11)	Name of OSHA N	Monitor						
8/29/16	916	5/10	The same of the sa	7	OSEPH	1	LOMM				
Occupancy Status During Abatement (Ch	eck only o		<del></del>	Street Address							=
Facility Closed/Vacated During Entire F	1.5	88	ent	369	S. SPI	au	CE Aug	-			
Abatement Performed Outside of Norm				City, State, Zip Co		=	<u> </u>			=	=
Other - Describe:				MAP		DE	N.J	0	80	52	_
Scope of Work (Check all that apply)											_
					tainment with Ne	egativ	e Pressure				
≥3 sf or ≥3 lf >≥160 sf or ≥260 lf	Dem	ovation		☐ Mini-Enc	losure g Procedure						
2 100 St 01 2200 II	Ø Della	CitiCit			mpted (*) and N	on-Fi	riable Procedu	re			- 1
	Is Loc	cation						T-	Abate	ment	
8	Nom	กลผู้ง						'	Ту		- 1
Location of	Used S			Description of				-	$\overline{}$		-
Asbestos-Containing Material (ACM)	Mainte			tos Containing Mate			Amount	_		ᄪ	m
TO BE ABATED IN Facility	Sta		(i.e.,	thermal systems in surfacing, VAT, of			(Specify SF or LF)	Re	R	2	교
(13)	(1:			other miscellaneou		1	J. G. C. )	Removal	Repair	Encapsulate	Enclosure
	Yes 1	NO N	I/A					a	]	late	ire
SIOING		>	-	TRANSIT	F	7,	000 SE	X		$\vdash$	$\neg$
010100		+	-	1100		4	100 BE	~			$\dashv$
	-	+	+			-	<del></del>	-			$\dashv$
		-		-		_		-			
Name of Registered Waste Hauler		NUDE	P Waste	Cubic Yards	Name of Regi	stere	d Landfill				$\neg$
KLTMCO INC		Hauke	904	of Waste	C. W	. 15	2. M. L	),	A		
City, State	u 1			Disposal Date	City, State	N	2111	h /	_		
MAPLE SHADE		<u>1. J.</u>			WOO	וע	STANE	4.			=
MiCHAEL Kinn Title	VIP			Signature_	10 X		Date /	7	11	6_	

08/18/2818 11:34

NO. 189 #682

## State of New Jersey

			NOT		ATIO	W OF A	New Jersey BBESTQ8 ABAT AC 8:50 and 6:1	Sall reserve Marketine	CK		2		)	3
Date of Notification (1)		—			Nem	of Buildi	ng Owner/Operator	(2)	THE	-1	127		-	
8 /	15 /	16			Ca	mden C	atholic High Sch	ool T	TPE		1	NAME OF THE OWNER O		2
Agencies Notified	Type Notific	cation		_	Stree	Address		<del></del>	11-13-16		1	11//		7
⊠ EPA	M Initial				0.000	0 Cuthbe		115		- Figh	U .	IJ.	E	1 11
⊠ DOLWD	Amando	be				Blate, Zip	NAME OF TAXABLE PARTY.	- 111-	14	* (1.07, 7)	-		and the last	7/1
MOD 🔀	Amenda			-	-		, NJ Dendz	U	II AUG	0.0	100			III
Ø DCA	⊠ Emerge		cludin	9	250	e of Conta			I claphone !		20	115	_	HU
(NJAC 5:23-8)	justificat	60			10.0000.720	ry Whip		l	BE	(4)1041		8		low
		-					NFORMATION	<del></del>		S CO	Jro	recounts.c	entered.	
Name of Facility Where	Abatemont is	Taking	Plac	ø (3)				Type of Facility	(4)	NSIN	G	11.11	2	-
Camden Oatholic		10000	1000					School (K-1	2)	1	- P & P & 14			cra,
Street Address							·	Other (i.e., s			ı bud	let lear		
300 Cuthbert Road				12				homes, sto.		nn w/Cla	i Dul	iging	15,	
City (5)			-					Square Faet	8 of Floors		Bld	g. As	ger	
Charry Hill								30,000	2		E	00	7	
County (6)				-	Cau	nty Code	(7) (STATE USE ONLY)		rior if being der	nolisha	8	_		
Camden						5.	,	School						
lame of Monitoring Firm	Hired by Bui	ding C	יופוי	(B)	ASCM	No.	Name of Abatem	ent Contractor (9	)		_		_	—·"
MDG Environment	t			,-/			100	onmental, LLC	E).					
lest Address					—		Stront Addrass			-			_	_
1000 Maplowood D	rive. Suite :	207					823 Cutler Av	onue						
Ity, Style, Zip Code				-			Gily, Stale, Zip Co				_			
Maple Shade, NJ Di	3052						Maple Shade							
roject Managar for Mon		-		Tele	enong	No.	Telephone No.		License No	2.				
Chris Macri				8	86-769	1-B300	858-755-0099	ř.	00842					į
fart Dale (10)		Schod	uled C	ample	tion Da	ate (11)	Name of OSHA N	lenitor					-	
_08 / 19 /	100000000000000000000000000000000000000				2 /		EMEL Analyt	ical. Inc.						
Occupancy Status During		Check	only	nnoi	-		Street Address				_	_	_	
Fricility Closed/Vauste					ment		200 Route 13	II North						
Abatement Performed	Outside of N	ionnal l	Facili	y Hou	rs - Des	acribe .	City, State, Zip Co			- "		_		1
Time of Abatement:	AM	PIÝ	A/	_PM	·	MA	Cinnaminson							
cope of Work (Clinch al	that apply)			_			4,-11	pal <del>-</del>	-1	—	~	_		
3 ≿3 of or ≥3 ¥ ≥180 of or ≥200 if				aovat Hilomi			☐ Mini-Enc	ainment with No leaure Prucedure mpted (*) and No						
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Lecellen	1077			Narms of Sol		5 15	Opegription e		<u> </u>		7	70 T	g	m
Asbastos-Confelning i		n)		intena		100	estos Conteining Ma a., thermal systems i		Amount (Specify		Remova	Repair	E)	Enclose.
IN Facill			Cus	2000	Slaft?		surreing, VAT,	or	SF of LF)	1	5	-	Encapsulate	20
(13)		-	Yas	(12) No	I NA	1	other mlacellane	(פטכ					影	44
brary	,			Ø		Floar T	Tie and Mastia		12 8F	D	N I		П	П
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												$\Box$	П	П
ame of Rogistered Wast	le Heulor				IJDEP I		Cubic Varda of	Name of Regis		1-1				
Freehold Cartage				1"	16936	3.5.5 (3.5) (1.5)	1	Cumberlar	nd County La	ndfill				
Liastinio on calc	THE STREET						Disposal Date	City, State	.,,			_	- '	
ly, State	,						D8/22/2016	Newburg,	PA					
reservation of the property of	po)	TMIe							PA	Dole 8/k			_	_,_

AHH-41 EI HAL

\* Do not use this form for adbostos llocrisure exempted activities.

Date of Notification (1) 8/17/16		ne of Building O					V/ (5)			
Agencies Notified  Type Notification  Initial Amended Amendment # Emergency (including	City	eet Address r, State, Zip Cod ach Haven N		Section 2	AUG :	CONT	ROL S			
DOH justification) Cancellation	Eri			**************************************	Tele	phone N	lumber			
Name of Facility Where Abatement is Taking Place (3) Eric Johnson Private Home Street Address		FACILITY INFO	RMATION		10 1000	r than K	-12)	linge	hama	
City (5) Beach Haven NJ 08008				etc.) Square Feet 1000+	# of 2	Floors	B 3	ldg. A		5,
County (6) Ocean		Inty Code (7) ATE USE ONLY)		Current Use (F Home			ished)			
Name of Monitoring Firm Hired by Building Owner (8) N/A	A	ASCM No.		of Abatement C naco Inc.	ontractor (	(9)				
Street Address				Address Box 329						
City, State, Zip Code	10,000			State, Zip Code it Berlin NJ 08	3091					
Project Manager for Monitoring Firm	Tele	ephone No.	4	hone No. 753-9800		License 00727				
Start Date (10)         Schedule           8/30/16         9/1/16	d Comple	etion Date (11)	Name Sam	of OSHA Monito	or					
Occupancy Status During Abatement (Check Only On	e)	1 - 1	Street	Address						
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe:	batement Hours	t	City, S	State, Zip Code			× -9/			
Scope of Work (Check All That Apply)				-						
	enovation emolition			Full Contain Mini-Enclos Glovebag P Non-Exemp	ure rocedure	1979 			e	
ls	Location				T			Abate	ement	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Use Mai Cust	lormally d Soleiy b intenance odial Staff (12)	f? Asbesti	Description os Containing I thermal system surfacing, V other miscella	Material (ACM) as insulation, AT, or	(S	mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure
Exterior Siding Yes	No I	N/A X	Exterior Si	iding	22	00 SF	x			
		<del></del>								
Name of Registered Waste Hauler	500000000000000000000000000000000000000	EP Waste ler ID No.	Cubic Yards of Waste	li salas s	of Registe	red Lan	dfill			
United Roll Off	224	CIVITATION PROPERTY IN	5		O.W.S.					
City, State Elm NJ			Disposal Date			1006	7			
			9/1/16	Morri	sville PA	1 1900	1			

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Date of Notification (1)				Name of	Building	Owne	r/Operator	(2)	17-	CORPORATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED	77.00		-	1		
08/12/16				Meridia	a Lifest	yles	II, Linde	n, LLC		1) E			11	h a		·
Agencies Notified	Type Notification			Street Ac					115	打			1	W	E	The
EPA EPA	Initial .				outh Wo		Avenue			11					1	Ш
DEP DOL	Amended Amendment	#			ie, Zip Co i, NJ 07				14 1	1	AUG	2	2 21	016		
⊠ DOH	Emergency justification)		-	Name of					-{-	Tele	ephone	e Nur		/Ib	-11	7
DCA	Cancellation			Michae	el Goras	s, Jr.			ř L	A					4	1
Name of Facility M/hara	Ab atamana in Taliin	DI (2)		FACIL	ITY INFO	DRMA	TION	-	Commence of the second		Line	No	HUTP	O/ 3		1
Name of Facility Where Meridia, Downtown									of Facility (	10.5	The state of	The Parket			a di carago	ĝ
Street Address	- Dodina Droom,					_		H	School (K-1 Subchapter	12) r 8 (Othe	er than	K-12	2)			
4 West Main Stree	t							1 1/21	Other (i.e. p etc.)	private 8	& comr	nerci	al build	dings,	hom	es,
City (5)									re Feet	# of	Floors	s	В	ldg. A	ge	
Bound Brook								6,50			2			50+-		
County (6) Somerset				County C (STATE U	ode (7) SE ONLY			l	ent Use (Pri		100000	nolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No		Name		nmercial tement Cor			-				
N/A	Timod by Danding	Owner (0)		/\ook	140.				Contract		0.000					
Street Address							277.000000	Addre					-			
									Drive							
City, State, Zip Code							10000		ip Code							
Project Manager for Mor	sitoring Firm		т.	Telephon	o No			sex, N	J 07461		Licer	oo M	_			
Project Manager for Mor	iitoring Firm			relepriori	e No.			-864-2			011		0.			
Start Date (10)	Scheduled	Com	pletion D	ate (11)		Name	of OSI	HA Monitor								
08/15/16		08/29/16	3		100 AC		Ame	eriSci								
Occupancy Status Durin	g Abatement (Chec	k Only One)	)					Addres								
X Facility Closed/Vac Abatement Perform									30th Stre	et		-				
Other – Describe:		iai i aoiity i i	iours				1000000		, NY 100	16						
Scope of Work (Check A	ll That Apply)											_			-	
≥3 sf or ≥3 lf		Rer	novat	tion			F	Ful	l Containm	ent with	Nega	tive F	ressu	re		
≥160 sf or ≥260 lf		X Der	moliti	on			H		ni-Enclosure ovebag Prod							
							≥	No.	n-Exempte	d (*) and	Non-	Friab	le Pro	cedur	е	
		Fig. 12. 2000 Supplies	ocatio	950111					1					Abate Tv	ment pe	t
Location Asbestos-Containing		Used	rmall Solel		Achael		Description ontaining M		(ACM)	Δ	mount					
TO BE ABA	ATED	Maint Custoo				therm	al systems	s insula		(S	pecify		Re	Z.	Enca	Enc
In Facil	ity		(12)	(55.00)			facing, VA r miscellar			SF	or LF	)	Removal	Repair	Encapsulate	Enclosure
2nd Flo	or	x	No	N/A	V	Vhite	e insula	tion l	ooard		10 S.I	F.	X		ate	re
Exterior Exterior			X			Car	alking nsite shir	nales			50 L. 10 S.I		X			
Building ir		+-+	X				Floor tile				00 S.I		x		-	
Exterio			X		The contract of the		f membr				00 S.I		x		_	
Roof	X				*/		of flashi				00 S.I					
Name of Registered Was	Same and the second second		X N	JDEP Wa	aste		ic Yards	ny	Name of				Х			
Atlantic Carting			H	auler ID N		1837727	/aste		G.R.O.							
City, State			118	90713	-	Disr	120 osal Date		City, Stat	3,403,304,244,6		-				
Wayne, NJ							completi		Morrisv		А					y
Completed by		Title	s 2			T	Signature	)	<i>c</i> ·			Da	te			
Marko Stankovic President							Marko	Stan	<i>kovic</i>			30	3/12/	16		

Check# 0374

Date of Notification (1)	T		f Building	Owner	/Operator	(2)			•			-			
8/17/16			Alper	t Group			*	F*****		e-way n		- 100			
Agencies Notified Type	Notification		Street A					1171 1	3 (6	2	E	W	7 -1	- 1	1
EPA X	Initial			ker PI, S	Chicken Chi	64		IIUIT			med 11 memory (control of	L.	Salet Spring City	71	
	Amended			ate, Zip C										Service Control	
The state of the s	Amendment # Emergency (including			ee, NJ	07024	ła .			AU		~	20	16		111
ĭ DOH	justification) Cancellation		Name o	f Contact		100		T	elepho	one	Numbe	er		4	W
□ DCA □	Cancellation		EAC	ILITY INF	ODMA	TION		1 4	SHE'S	materials:	S CON	176	THE STATE OF	and a	- Trans
Name of Facility Where Abaten	nent is Taking Place (	3)	PACI	LITTINE	UKMA	IION	Type of F	acility (4)			ENSIN		1000	14.	- 1
Middle Building	3 <del>7</del> 0 30000 <del>3</del>							ool (K-12)	inded of inflation of our	AC-474 DEPT SA	ETAL ARCHANISTS	N. Marine		en relative	ere our eli
Street Address				***************************************			Sub	chapter 8 (O					16		
550 Central Ave	34						Oth	er (i.e. privat	e & co	mm	ercial b	uild	ings,	hom	es,
City (5)							Square F		of Flo	ors		BI	dg. A	ge	
Orange							20,000	5	5			5	0+		
County (6)				Code (7)	`			Jse (Prior if b	Company of the Control of the Contro			)			
Essex							3.21.3500.500.000.000	oned Com	ACTION AND ASSESSMENT	ial	Bldg				
Name of Monitoring Firm Hired	by Building Owner (8)		ASCN	/ No.		12.00		ent Contract							
n/a			n/a					ntracting I	nc						
Street Address n/a							Address Palisade	Δνο							
City, State, Zip Code						3527/50	tate, Zip C								
n/a							ield, NJ								
Project Manager for Monitoring		Telepho	ne No.		Teleph	one No.		Lic	ens	e No.					
n/a		n/a			9734	160.6026	j	01	125	5					
Start Date (10)		npletion I	Date (11)		With the second	of OSHA N		2000							
8/26/16	9/26/1							ntracting I	nc						
Occupancy Status During Abate	\$3 \$258	- 58					<sup>Address</sup> Palisade	Δνα							
Facility Closed/Vacated Du Abatement Performed Out							tate, Zip C		_		<u> </u>				
Other - Describe:		710010				4	ield, NJ								
Scope of Work (Check All That	Apply)						.0.0, . 10	0.000	_	111111111111111111111111111111111111111					
≥3 sf or ≥3 lf	Пв	Renova	tion				Full Co	ntainment wi	th Ner	nativ	e Pres	Sur	a .		
≥160 sf or ≥260 lf	(I)	emolit					Mini-Er	nclosure		gauv	01100	Juit			
						×	Gloveb Non-Ex	ag Procedure cempted (*) a		n-Fr	riable P	roc	edure	,	
	le	Locati	on		584 888			7					bate		
Location of	1	Normal	у		D	escription	of					_	Ty	oe .	
Asbestos-Containing Materia		d Sole intenar			tos Cor	ntaining M	laterial (AC		Amou	nt				m	_
TO BE ABATED In Facility		odial S	37 - 37 C Comp	(i.e.		l systems acing, VA	insulation		(Speci SF or L		No.		Re	ncap	incl
(13)		(12)				miscellan				,	Kemova		Repair	Encapsulate	Enclosure
	Yes	No	N/A								_			ate	ю
1st FI			х		VA.	T & Mas	stic		168 S	3F	ĸ				
2nd Fl		x		VA	T & Mas	stic		96 S	F	×					
3rd FI			х		VA	T & Mas	stic		96 S	F	K				
4th FI		x		VA	T & Mas	stic		96 S	F	K	1				
Name of Registered Waste Haul	JDEP W	To the same		Yards	Na	me of Regis	tered l	Lanc	dfill						
Harmony Contracting Hauler II 033137					of Wa		3	ROWS La	ındfill	I					i i
City, State Garfield, NJ			Dispo	sal Date	1	y, State Iorrisville,	PA								
Completed by	Title					Signature				$\neg$	Date				
Tina Caporino Secretary											8/17/	16			

ASB-41 (R-06-08)

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

Date	e of Notification (1)				Name of	f Building	Owner/C	Operator	(2)	D/E	G	5	$\mathbb{W}_{\underline{\mathbb{Q}}}$				1
Age	ncies Notified	Type Notification			Street A	ddress			$\neg \uparrow$		ALLO	2 2	0010	- 60	111	III	
	EPA	Initial		L					1	шШ	AUG	22	2016		L	4	
P	DEP DOL	Amended Amendment	+#		City, Sta	te, Zip Co	ide		Out.		Manager or sometime					Sec. 200	
	DOL	Emergency	(including	-	Nama of	Contact		9)		AS	BESTO		NTRO			2	
	DOH DCA	justification) Cancellation		1	Name of	Contact			Ĺ	MARKATTURE PROPERTY.	1 596	e Neu	Offiline		entare.		
لسا					FACI	LITY INFO	DRMATI	ON					***************************************				
	ne of Facility Where	Abatement is Takir	ng Place (3	3)					□ s	of Facility ( School (K-1 Subchapter	2)	r than	K-12)		, LS*		
										other (i.e. p tc.)	rivate &	comm	ercial b		2000		es,
City	(5)	Ä				2				e Feet		Floors			dg. A	.ge	
Cou	nty (6)					Code (7) JSE ONLY		_	Currer	nt Use (Prid	or if bein	g dem	olished)				
Nan	ne of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Cor Contracti	2	9)					
Stre	et Address				J				Addres: Palisa	s .de Ave				(200)			
City	, State, Zip Code								tate, Zip								
										IJ 07026							
Proj	ect Manager for Mor		Telephor	ne No.		9734	one No 60.60	26		0125	e No. 5						
Star	t Date (10)	ed Com	pletion [	Date (11)				A Monitor Contracti	ng Inc								
Occ	upancy Status Durin	g Abatement (Che	ck Only Or	ne)		200		Street									-W. W. Y.
	Facility Closed/Vac	ated During Entire	Period of A	Abatem	ent	a a				de Ave							
H	Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours			_	City, St Garfi		o Code IJ 07026							
Sco	pe of Work (Check A	Il That Apply)	5-3														
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti				×	Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	ecedure					e	
			T 10	Landi					11011	ZXOIIIPTO	7 / 0110	10111	Tidale !	100		ement	
	Lagation	of	1/2/52	Location Normall	2000 C		Das	scription	of				_	_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  Left Eacility  Used S  Mainte Custod				intenar todial S (12)	ice/ staff?		tos Cont thermal surfac	aining M systems cing, VA niscellan	laterial insulat T, or		(Sp	nount pecify or LF)	Nonitoral	Domova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								-	-			
	3RD F	L			X			e Fittin				2	K	-			
	4TH F	L			X		Pipe	Insula	tion		6	LF	K				
											COMPLETE SECTION						
Nan	ne of Registered Was	ste Hauler		1000000	JDEP W auler ID		Cubic of Was			Name of	Register	ed Lar	ndfill				
City	, State						Dispos	sal Date		City, Stat	е			-			
9	,																
Con	pleted by		Title				S	ignature					Date				

Check# 0381

Date of Notification (1) 8/17/16					Building Group	Owner/C	Operator	(2)	Fin'	F			V		100 G	
Agencies Notified	Type Notification		CONTRACT OF	Street A						The second	1				111	11:
	P57		1	1 Park	er PI, S	Suite 64	1		IImi							
EPA DEP	initial Amerided		ŀ		te, Zip Co				-11111	A	JG-	222	016			4
× DOL	Amendment			85.00	ee, NJ (				121 34							à
DOH DCA	Emergency ( justification) Cancellation	including	To any to the annual and	Name of	Contact		E 53		(SPAC)	ASBE		Number		11.8		A PACESTRA PA
				FACI	LITY INFO	ORMATI	ON		<u> </u>		Last Market	312.00		*********	whi see	
Name of Facility When	Abatement is Taking	g Place (3	3)	•				Туре	of Facility (	4)						
North Building							•		School (K-1							
-Street Address									Subchapter Other (i.e. p				ildir	nne	home	20
550 Central Ave									etc.)	invale &	COMM	ici ciai bi	anun	ıys,	ПОПТ	;5,
City (5)									re Feet		loors			lg. A	ge	
Orange								20,0		4			50	)+		
County (6)				County (	Code (7) USE ONLY	1		10000	nt Use (Pri		100000000000000000000000000000000000000	7 (C. C. C				
Essex									indoned (			Bldg				
Name of Monitoring Fi	rm Hired by Building (	Owner (8)		ASCN	No.		E		tement Cor	1	3)					
n/a				n/a			1		Contracti	ng Inc						
Street Address								Addre								
n/a								*	ade Ave							
City, State, Zip Code n/a							55		ip Code							
	L Anitorina Eirm			Talanha	ns No				NJ 07026			na Nia				
Project Manager for M n/a	onitoring Firm			Telephor n/a			9734	none N 460.6	026	4.5	0125	se No. 55				
Start Date (10)				npletion (	Date (11)		Contract Contract		HA Monitor							
8/26/16		9/26/1							Contracti	ng Inc						
Occupancy Status Dur	ing Abatement (Chec	k Only Or	ne)					Addre								
Facility Closed/Va	cated During Entire F	eriod of	∆.bater	nent					ade Ave							
Other – Describe:	med Outside of Norm	at Facility	/ Hour	5		000,000			ip Code							
							Gan	ieia, i	NJ 07026							
Scope of Work (Check	All That Apply)	E-2007					-	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				- X	Ful	l Containme ni-Enclosure		legati	ve Pres	sure			
E 2100 31 01 = 200 11			)GITIOII	1011			X	Glo	vebag Prod							
							×	No	n-Exempted		Non-F	riable P	roce	dure		
		100	Locat										Α		ment	
Locati			ormal				scription					-	-	Ту	<i></i>	
Asbestos-Containir TO BE A	g Material (ACM)	10.500000000	intena			tos Cont thermal					ount ecify	7	,		En	т
In Fac	ility	Cust	todial 8 (12)	Staff?	(1.0.	surfac	cing, VA	T, or	dion,		r LF)	Kemova		Repair	cap	nclo
(13	})		(12)			other n	niscellar	eous)				oval		ar	Encapsulate	Enclosure
		Yes	No	N/A											æ	
1st				х		Pipe	Insula	tion		40	LF	×				
2nd	FI			X		Pipe	Insula	tion		49	LF	K				
3rd	FI			Х		Pip.e	Insula	tion		211	LF	×				
4th	FI			x		Pipe	Insula	tion		50	LF	×				
Name of Registered W	aste Hauler			JDEP W		Cubic			Name of	Registere	d Lar	ndfill				
Harmony Contract	ing		1.0	lauler ID 33137	No.	of Was		~~~	GROW		lfill					
City, State Garfield, NJ						Dispos TBD	al Date		City, State Morrisv							
Completed by		Title					ignature		IVIOITISV			Date				
Tina Caporino		Secr	etary				.gr.acure	•0				8/17/	16			

ASB-41 (R-06-08)

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





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Date of Notification (1)		N	Name of B	uilding Ov	vner/Operator	(2)	107	3 6.	12	II \	1			
Agencies Notified Type Notific	ation		Street Add	Iress			11911	ALLC	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	o or	116	i	H	
☐ EPA ☐ Initial	reconstant.							AUG	3 2	/ 21	)16		1	
DEP Amend			City, State	, Zip Code	3		1 7							
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DOH justifica	ition)	N	Name of C				1,	Telep	hone	Numb	er	are same	and the set of	മായ്
Name of Facility Where Abatement is	Takina Place (3)		FACILI	TY INFO	ROITAM	Type	of Facility (4	1)						
Name of Facility Where Abatement is	raking Flace (5)						School (K-1	53						
Street Address			1			F	School (K-1) Subchapter Other (i.e. pl etc.)	8 (Other			build	ings,	home	es,
City (5)		×				Squar	e Feet	# of F	loors		В	dg. A	ge	
County (6)			County Co STATE US			Curre	nt Use (Pric	or if being	demo	olished	4)			
Name of Monitoring Firm Hired by Buil	ding Owner (8)		ASCM	No.			tement Con Contracti	n na nakibon sa mala	9)					
Street Address					200000000000000000000000000000000000000	Addres								
City State Zie Code							de Ave							
City, State, Zip Code							J 07026							
Project Manager for Monitoring Firm		T	elephone	No.		hone No			Licens	e No.				
					973	460.60	026		0125	5				
Start Date (10)	Schedule		pletion Da	ate (11)			lA Monitor Contractii	ng Inc						
Occupancy Status During Abatement	Check Only One	∌)	Maria - 1 - 100			Addres		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000		17.57			
Facility Closed/Vacated During E Abatement Performed Outside of			ent				de Ave				-198100		*	
Other Describe:	Normal Facility	nours					NJ 07026							
Scope of Work (Check All That Apply)						noid, i	40 07 020					- 2		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovati emolitic				Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure					۵	
	lei	Locatio	ın T			1101	LXCIIIpted	( ) dild	1,0111	Ilabio			ement	t
Location of	No	ormally	/		Description	n of				-		Ту	ре	_
Asbestos-Containing Material (ACI TO BE ABATED	Mair Mair	Solely	ce/		s Containing Nermal system	Material			ount ecify		70		En	m
In Facility	Custo	odial St (12)	taff?		surfacing, VA	T, or	don,		r LF)		Remova	Repair	caps	Enclosure
(13)				(	other miscellar	neous)					val	air	Encapsulate	sure
	Yes	No	N/A							-	_			
2ND FL			X		VAT & MAS				SF	-	2			
EXTERIOR			X		Roofing Ma	terial		22,00	00 SF		2			
										$\Box$				
Name of Registered Waste Hauler		4. J. (1973) 62	IDEP Was auler ID N	19000000	Cubic Yards of Waste		Name of F	Registere	ed Lan	dfill			×	
*City, State					Disposal Date		City, State	9		10				
Completed by	Title	Signature					Date				-			

CHECK # 0/2239

#### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 08/12/2016					Name of Building Owner/Operator Jeff Mandelbaum	(2)										
Agencies Notified	Type of No	tificati	ion		Street Address	F	(1)	F 0	1//	ET						
	( V ) 1-16		ur u		80 Main Street Suite 5	10 ME	<u>C</u>		W	5						
(X) USEPA	(X) Initia				City, State, Zip Code	112				-11						
(X) NJDEP (X) NJDOL	1.0		a nent#		West Orange, NJ 0705	2 / [1] 113 DIN7 /										
(X) NODOL	18000000000000000000000000000000000000		ncy (includi	ina	Name of Contact	14 14		Numbe		1						
( ) DCA		ificat		9	Jeff Mandelbaum	a de la contraction de la cont				O PER CONTRACT						
( ) = 0.1		cella				AS	BEST	OS CC	NTRO	L&						
				ACILIT	Y INFORMATION			CENSI		To the same of the same						
Name of Facility Where Abateme		ace (3	)		Type of Facility (4)		•									
Commercial warehouse	building				( ) School (K-12) ( ) Subchapter 8 (other than K-12)											
Street Address					(X) Other (i.e. private & comm		ies, e	tc.								
140 Spring Street						j	88									
<u>City (5)</u>	County (6)		County Cod (State Use 0		Sq. Feet: 20,000 # of F	loors 1	Bld	g. Age	80							
New Providence	Union		Totale Ose (	<u>Jilly</u>	Comment the different demotion	- d\.										
		(0)	ACOMAN		Current Use (if being demolish	ea).										
Name of Monitoring Firm Hired b Sky Environmental	y Blag. Owner	(8)	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Envir	onmental Salu	tions	Inc								
Street Address						omnemai som	HOIIS	, IIIC.								
140 Boulevard																
City, State, Zip Code					City State, ZipCode											
Mt. Lakes, NJ					Union City, NJ 07087											
Project Manager for Monitoring F					Telephone Number			Number								
Leonid Shereshevsky	973-58			~ (11)	(201)325-0055 Name of OSHA Monitor		10	1124		-						
Scheduled Start Date (10)			mpletion Date	3 (11)	ISES, Inc.											
08/22/2016	09/08/															
Occupancy Status During Abater  ( ) Facility Closed/Vacated Du					Street Address											
( ) Abatement Performed Outs	ide of Normal F	acility	Hours -		3300 Hudson Avenue											
( X ) Other - Describe:			3		City, State, Zip Code											
work areas unoccupied durin					Union City, NJ 07087											
warehouse maintenance crew or Source of Work (Check all that a		(	) Demolition	1	( X ) Renovation											
			, = • · · · · · · · · · · · · · · · · · ·		65 Western M. Ber 65 M. A. 000000											
( ) Minor Project (< 25 SF	or < 10 LF A0	CM)			( ) Full Containment with											
( ) Small Project (>25 <16 ( X ) Large Project (>160 SF					<ul><li>(X) Mini-Enclosure with N</li><li>(X) Glove-bag Procedure</li></ul>			cedure								
( X ) Large ( Toject ( Too of	01 - 200 Ei 7	(Olvi)			(X) Non-Exempted (*) an											
Location of Asbestos-	Is Location				Description of ACM	Amount			ent Type	)						
Containing Material (ACM) To be Abated in Facility (13)	Solely by M Custodia				i.e. thermal systems insulation, cing, VAT, or other miscellaneous.)	(Specify SF or LF)										
To be Abated III I acinty (10)	Oustodia	Otan	: (12)	Julia	sing, VAT, or other miscentificous.		Z,	71	Enc	En						
							Remova	Repair	apsı	Enclosure						
	YES N	OV	N/A				val	¥	Encapsulate	ure						
400																
Office space & main			X	TSI pi	pe and pipe elbows	~ 120 LFT	X									
warehouse Office space & main			X	9"X9"	VAT and associated mastic	~ 1200 SFT	X									
warehouse				2000000												
Office space & main warehouse			Х	Mastic	and associated 12"X12" floor tile	~ 3000 SQ FT	Х									
Name of Reg. Waste Hauler	NJ	DEP \	Waste Haule	r ID#	Cubic Yards of Waste	Name of Reg. Lar		100 1000								
Atlas Disposal Options,	Inc.   50	)452			30	Grand Central										
						1963 Pen Arg	yl Ro	ad								
City, State 311 East Blackwell Street,	Dover NIO	7201		Disp.		City, State Pen Argyl, PA	180	72								
	Title	7001			8/20/16	Date Date	100									
Completed by (Print or Type) David Camacho	Project S	line	rvisor	Signa	1 / / / / V	08/12/2016										
David Calliacilo	110,000	apo	. 11501		H11/2/10/	50,12,2010										
		-		7												

CIC 3705

Date of Notification (1)				Nam	e of Buildin	ng Owner/Operator	(2)	MEC		W	1010
	7/16	,				- GO1-V	45		7 ibs 11 	(J	LT.
Agency Notified	Type Notification			Stree	et Address	too uneq:	ce gy	11 = 51			
□ EPA	& Initial	2	3744	City	State, Zip	Code .		At At	<del>16 2 2 1</del>	2010	)
DEP 200L	Amended Amendment #	ŧ		237	7.17	Code ONT, N	J 076	28		2222 C	
	☐ Emergency (in	cluding		Nan	e of Conta	nd )	<u> </u>	Telephone Num	ber	and the second	1
DOH DCA	justification)  D Cancellation				200	SOLAS					*** k.
<u> </u>						FORMATION		Contraction of the second	Complement of the Complement o	and water of	Aug 10
Name of Facility When	e Abatement is Takin	g Place (	3)				Type of Facility	(4)			
	R. Gol					S4	School (K-12	25			
Street Address	<u>.                                    </u>	37			<del></del>	:	C Subchapter	3 (Other than K-12	)		
Stieet Atlaness				-			POther (i.e. pr homes, etc.)	ivate & commercia	e duscenys,		
City (5)							Square Feet		Bidg. Age		
Cut (2)	TUCH				200		2000.	- Z	1.9	2	7
				Cou	nty Code (	7) (STATE USE	Current Use (P	rior if being demol	ished)		
Be	NGEN			ONL				SI DENCE			
Name of Monitoring Fr		Owner	ASC	M No.		Name of Abater	nent Contractor (	9)			v: 100 - 0
(8)						Best Re	moval In	С			
Street Address						Street Address	•				
				-			th River	St			_
City, State, Zip Code						City, State, Zip		07601			
						Hackens	ack, N.J	License No.			
Project Manager for M	lonitoring Firm		Telepi	hone N	0.	Telephone No.	-7444 -				
	· · · · · · · · · · · · · · · · · · ·				-	Name of OSHA		00300			
Start Date (10)		led Comp	l l k		1)		Environm	ental			
Occupancy Status Du		ck only or	1.			Street Address	DILY 22 Onion	011001			
		•		• •		280 H	uyler St				
☐ Facility Closed/Vac	ated During Entire Po ned Outside of Norma	eriod of Al	batemo Hours,	ent		City, State, Zip	Code		8		
☐ Abatement Perform ☐ Other – Describe:	B;00 AM TO	2:3	00	13 -		S. Ha	ckensack	, N.J. 0	7606		
Scope of Work (Chec	k all that apply)					D Full	Containment will	Negative Pressu	re		
□≥3sfor≥3#					Renovation	/ D Mini	-Enclosure		1.51		
D ≥ 160 stor ≥ 260 lf				00	emolition	☐ Glov	rebag Procedure -Exempted (*) an	d Non-Friable Pro	cedure		
		T	la La	cation	T				A	bate Tyr	
				mally						1	
	ation of ining Material (ACM)			olely b	Ast	Description estos Containing N	laterial (ACM)	Amount	20		9
TOBE	ABATED	1 '	Cust	bodial	(6	e., thermal system surfacing, VA	s insulation,	(Specify SF or LF	Removal	Rop	cap
1	Facility . (13)	l		297	- 1	other miscellar		1	ova	Repair	Encapsulate
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BASEME	707		$\perp$		_	VAT		2130	- /	H	H
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				-						$\vdash$	Н
		٠,				1 Cartie Venda - f	Name of Pos	istered Landfill			
Name of Registered V	Maste Hauter noval Inc		NJDE ID No		te Hauler	Cubic Yards of Waste		a Enterp	risas	T.T	
best ker	noval Inc			710	9	307		a Birterpi	. 2000	,	
City, State						Disposal Date	City, State				
	ack , N.J.	0760	01			9/4/16	Wayne	sburg, Ol		3	
Completed by	Title					Signature D	عسمرار		Date 8/17	211	c
J.Maioran		Estim	_			1 (			1 37.	1	>
ASB-41	*	Do not us	se this	form fo	r asbestos	Scensure exemple	d-activities.				

### NC

State of New Jersey FIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	X	_	10	Y	4		_ )
Name of Building Owner/Operator (2) Meridia Lifestyles II, Linden, LLC							
Street Address	principal section of the section of	E	<u>_</u>	100	il.	Ŋή.	10

08/12/16	ication (1)			11 11 (11)		the state of the s		Operator ( , Linden	**************************************								
Agencies No	tifod	Type Notification				ddress	yies ii	, Linden	, LLC			4					
Agencies No	unea	Type Notification				outh Wo	A boo	venue		Property .	F	7	4		g ji	3	No.
EPA EPA		Initial				ate, Zip Co		VOITGO			<u>_</u>	4		11 V	1 1	19	All
DEP DOL		Amended Amendment	#		333	n, NJ 07				11						-	
All Control		Emergency				f Contact					Tele	phone	Nur	nbero	10	+	
DOH DCA		justification) Cancellation				el Goras	s. Jr.										in.i.
Ш			<u> </u>	1		LITY INFO		TION		1	1					1	
Name of Fac	ility Where A	Abatement is Takir	ng Place (3)						Type o	of Facility (	4), 300	c To	20	ONT	301	in de Gr	21,913
Meridia, [	Downtown	Bound Brook,	LLC						□ \$	chool (K-1	2)	1470	- V	211/1/12			1
Street Addre									_	Subchapter Other (i.e. p					linae	home	00
7 East Ma	ain Street									tc.)	iivale &	COIIII	Her Ci	ai buiit	nings,	ПОПЕ	25,
City (5)	60									e Feet	# of	Floors	3	17 503	ldg. A	ge	
Bound Br	ook								3,000			1		107	0+-		
County (6)						Code (7) USE ONLY				nt Use (Prid			nolish	ned)			
Somerset		5						1		mercial I				250000	5.5585		
	nitoring Firm	Hired by Building	Owner (8)		ASCN	ЛNo.				ement Con Contract		333.6					
N/A						-		Street			OIS, LL						
Street Addre	SS								dsall [	-							
City, State, Z	ip Code		<del></del>		- 101127			City, St	ate, Zip	o Code							
										J 07461							
Project Mana	ager for Mon	litoring Firm		Te	lepho	ne No.		Teleph	one No 364 <b>-</b> 2			Licer 011		0.			
0: 10: 14	0)		Scheduled C		_41	D-t- (11)		2000		A Monitor		011	3/				
Start Date (1 08/15/16	U)		08/29/16		ellon	Date (11)		Ame		A MONITO							
The second second second	Status During	g Abatement (Che		0	1-11-11			Street /	A IV/ CANAGE	S							-
Local N S		ated During Entire		tomor	.+					Oth Stree	et						
X Facility Abatem	ent Perform	ed Outside of Norr	nal Facility Ho	ours	11.			City, St	ate, Zip	Code							
Other -	Describe: _						- 12	New	York,	NY 100	16						
Scope of Wo	rk (Check A	II That Apply)						-		X				1000	- Inches		
☐ ≥3 sf or	≥3 If		Reno	ovatio	n				Full	Containme	ent with	Nega	tive F	ressu	re		
≥160 sf	or ≥260 If		□ Dem	olition	1			-		i-Enclosure							
								$\boxtimes$		vebag Frod i-Exempted		Non-	Friab	le Pro	cedur	е	
			Is Loc	cation	6										Abate		t
	Location	of	Norr	mally			D	escription	of						Ту	pe	_
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Name of Reg				X J	DEP W	/aste		c Yards	Tilly	Name of I		12		0.000			
Atlantic Ca		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Hau	ler ID	No.	of W	aste		G.R.O.	1075.6						
City, State				190	)713	11-11-11-11	Dien	50 osal Date	-	City, State							
Wayne, No	1						9.6	completion	on	Morrisv		4					
Completed b			Title		- 72	317		Signature			-, ,	-0.7	Da	ite			10 miles
Marko Sta			Preside	ent				Marko	Stank	kovic			1 530	8/12/	16		
				1000								-			40E	-	

CK 3703

Date of Notification (1)		N	ame/o	of Building	Owner/Operator	(2)	FO			
8/16/18			de	· J	OSE PIM	ENTEL		E I W		
Agency Notified Type Noti	fication	S	treet A	Address		į	1			
D EPA Z Initial			- 0	1 7			AUG	2.2.201		#
□ DEP □ Amend □ DOL Amend	ed iment#	6	ay, St	ate, Zip C	1007	. 24	0767	2 2016	)	4
☐ Emerge	ency (including	N		of Contag		-	Telephone Num			t
DOH justifica		100	-	R	incentel					- i
U DCA U COLLEGE	adoli .				DRIMATION			ilysing.		
Name of Facility Where Abatement	e Talina Piana (3)		FAUIL	2111867		Type of Facility	(4)			
Name of Paciny Where Abatement	S Taking Face (5)					School (K-12				
				<del>ن</del>		D Subchapter	8 (Other than K-12	:) ·		
Street Address			1/2			Differ (i.e. pr	rivate & commercia	al buildings,		
CT. (5)	<del></del>					Square Feet		Bldg Age	!	
City (5)	<		10.00			2100.	2	194	0	
County (6)	<del>-,</del>	10	county	Code (7	(STATE USE	Current Use (P	rior if being demol	ished)	P. C. E. C.	
COUNTY (6) RECCOEN	į.		MLY)			RESI	DENCE	2		
Name of Monitoring Firm Hired by B		ASCM P	No.		Name of Abaten	nent Contractor (				
(8)		¥3			Best Re	noval In	c			
Street Address	<u>_</u>				Street Address					1,500
						th River	St			
City, State, Zip Code					City, State, Zip C					
•						ack, N.J				
Project Manager for Monitoring Firm	Tel	lephone	No.		Telephone No.	à.,,	License No.			
		٠.			201-329		00388			
	Scheduled Completic		(11)		Name of OSHA		2252			
8 29 16 Occupancy Status During Abatemen	8/30)1				Street Address	Environm	ental		-	-
50 50 50 50 50 50 50 50 50 50 50 50 50 5						yler St				
D Facility Closed/Vacated During E	ntire Period of Abate Normal Facility Hou	ement rs a	,		City, State, Zip C	ode	-		1	
Abortement Performed Outside of a Other - Describe: \$:00 AL	(40 5:00	J.	1-		S. Had	ckensack	, N.J. 07	7606		
Scope of Work (Check all that apply					D Sall	Campianan training	Negative Pressui	re		
₽ 23 st or ≥ 3 ff		£	Ren	ovation	· O Mini	Enclosure				
□ ≥ 160 sf or ≥ 260 lf		E	2 Dem	notition	∠2 Glov	ebag Procedure Fremoted (*) an	d Non-Friable Pro	cadure		
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	U. E.C. 111252	Locatio ormality		100 8				-	Ty	<del>pe</del> T
. Location of Asbestos-Containing Material (		d Soleh		Ashe	Description stos Containing M		Amount	<b>_</b>		m l
TO BE ABATED	Ç	ntenan ustodia		(Le	., thermal systems	insulation,	(Specify SF or LF)	em	Repair	cap
IN Facility (13)		Staff? (12)			surfacing, VAT other miscellan		<u> </u>	Removal	a l	Encapsulate
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				-					$\vdash$	-
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Name of Registered Waste Hauter Best Removal I		DEP W No.	asie h	Muler	Waste	Winann	a Enterpr	ises	T.T	.C
Dest Kemoval 1	110	171	109		2/2e	/	a Bucerpi	. 1000	, 111	
City, State					Disposal Date /	City, State				
Hackensack , N	.J. 07601		01988255		8130)17	Wayne	sburg, Oh		3	
Completed by	Title				Signature O	. '0. 0.'	$\supset$	Batte 8)16	۱/	6
J.Maiorano	Estimat				1 _ 1 _ 2	منصون		1 - 110	11	
ASB-41	* Do not use th	is form	for as	bestos b	censure exempted	Pactivities.				

/2016 10:25	2012520	321				AM	AC	p was	Name of the Control o		10.4		PAGE 0
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Name of Facility Where Ahar	smant is Te	KING PL	Ca (7)	<del></del>	CASE!	NFORM.	TION	Type of Fac			-		-=
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78 *****								Bubch!	BOLDE & (1) PRODUCE BOOKS	K-12)			,
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strant Address		***************************************				·····	A.MA	C Contract	ing Inc.			20.00	-
ly, bloto, Zip Code		·—	· ».		de como por di la companyo	*********	185 V	Medand Av	<b>w</b> .				
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PAGE \$2/03 AMAC 08/15/2015 12:49 2012620321 AUG State of New Japany WOTIFICATION OF ASSESTED ABATEMENT (Pursuant is N.IAC 8:59 and 12:130) STOS CONTR LICENSING Name of Building Owner/Operator (Z) Dele of Notificiation (1) MICHAEL KALPE Type Nothentier U Initial EPA City, a DEP Amended 07017 N.3 13 DOL Ameniment # CLIFTON Emergency (including Telephone Number Name of Cordact DOH us@Aceton) MICHOEL KARPEL. Conpodeton DCA Type of Facility (4) Name of Facility Where Abalament to Taking Place (3) ESIDONCE School (K-12) Substrugter 9 (Other than K-12) Other (I.e. private & commercial buildings, homes, @ of Floors Bldg Age BOURTO FOR City (5) CLIFTON 4 60 GOUNN (6) ASS ASC COUNTY CODE (1) 45, DOWN DAY Nems of Mankering Firm Hand by Suliding Owner (6) ASCM NO. Name of Abstement Contractor (8) A.MAC Contracting Inc. Street Address Street Address 185 Vraeland Ave. City, State, Zip Code City, State, Zip Code Midland Park, NJ License No. Project Manager for Monitoring Firm elephone No. Telephone Ma. (201)282-5841 Q0156 Name of OSHA Monitor Scheduled Completon Date (11) Sterr Date (10) Omega Environmental Services arion Status During Abatement (Check Only 8/30 Strong Address Occupanty 280 Huyler St. Faciny Closed/Vecased During Entire Period of Absternant Absternant Performed Outside of Normal Facility Hours Other - Describs; City, State, Alp Code Mackensack, NJ 07608 Spope of Work (Check All That Apply) Full Confaminent with Negative Pressure Non-Exempled (\*) and Non-Exempled (\*) and Non-Exempled (\*) Rehovation 23 af cr 23 ff 2760 st or 2260 St Non-Exercised (") and Non-Friable Procedure Abstement le Location Туре Namely Uses Solely by Description of Ambeston Curtistring Material (AQM) (i.e. thermal systems insulation, surfacing, VAT, or either misoellansout) Location of Asbestos-Contening Meterial (ACM)
TO RE ABATER
In Facility Amount Maintenance (Specif peproblem Custodied State? SP OC LEN (12) (13) Yes NIA No 656 ST FLOOR INSULA MON Name of Registered Weste Hauter AUDE F W Name of Registered Landfill Custic Yerds Hauler ID No. of Wester Newark Carting, Inc. IESI PA Bethlehem Landfill Corp. D460P Clay, State PIOPOS Date Chy, State Newark, NJ Bethlehem. PA Completed by Signatura Joseph Vocaturo Yice President ه/ 116/16

ASB-41 (A-00-08)

Do not use this form for espesion township exempted activities.

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Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM N	Ю.					(0)				
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City, State, Zip Code						V	Voodla	and Park N	J 0742	4				
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Project Manager for Mo	onitoring Firm			973-494		10 378		2-6298		01266				
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M15 Cafeteria			1/		
			Qı	uantiti	ies
Floor	Location	ACM	SF	LF	
Basement	Throughout	Pipe Insulation/Fittings			41
		Totals	0		41
1st Floor	Throughout	Pipe Insulation/Fittings			20
1st Floor	Lobby	Ceiling Plaster	6997		_
1st Floor	Locker Room and Main Office	VAT/Mastic	370		
		Totals	7367		20

