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

0V 4 1578

D-1- (11-115 11 12)							-7	(-K -	+	1)	()		
Date of Notification (1) 12/2/16				of Building t Sutton		Operator	(2)								
Agencies Notified Type Notif	fication		Street	Address				1	E	0 [W	E		
▼ EPA □ DEP □ Amer □ Amer				ate, Zip C		3		The second secon	nı	· ·	- 7	201	6		
X Emer	gency (including cation) ellation	3	Name	of Contact	t			Telepi	ا ط hone Nu		ý	LUI	9		
			FAC	ILITY INF	FORMAT	ION		ASBESTUS CONTRO							
Name of Facility Where Abatement i Private Residence	s Taking Place (3)			LICENSING										
Street Address							School (K-12 Subchapter (X Other (i.e. pretc.)	2) 8 (Other than K-12) rivate & commercial buildings, f					ies,		
City (5) Roselle							Square Feet 1,628 SF	1,628 SF 2			Bldg. Ag Built in				
County (6) Union				Code (7) USE ONL	Y)		Current Use (Prior Residential	r if being	demolish	ned)					
Name of Monitoring Firm Hired by Bu	uilding Owner (8)	ASCM No. Name of Abatement Contra Unicorn Contracting (
Street Address			Street Address 205 Route 46, Suite 7					7A							
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512											
Project Manager for Monitoring Firm		Telepho	ne No.			one No. 333-9176	10000	icense N 1232	0.						
Start Date (10) 12/3/16	12/4/1	6	mpletion	Date (11)			of OSHA Monitor ovision Consult	ants, In	ıc.						
Occupancy Status During Abatement Facility Closed/Vacated During B	Entire Period of	Abater	ment				^{Address} Wagaraw Rd.,	Bldg. 3	35 E						
Abatement Performed Outside c Other – Describe: Normal Worki	of Normal Facility	y Hour	'S				ate, Zip Code awn, NJ 0741	0							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	percent	Renova Demoli	tion X Mini-Enclosure X Glovebag Prod					nt with Negative Pressure edure (*) and Non-Friable Procedure							
	Is	Locat) and N	UII-FIIADI	Abatement					
Location of Asbestos-Containing Material (AC TO BE ABATED	(M) Use	Norma ed Sole intena	ely by		tos Conta		aterial (ACM)	Amou		Тур					
In Facility (13)	Cus	todial ((12)	Staff?	(i.e.	surfac	systems cing, VAT niscellane		(Spec SF or		Remova	Repair	Encapsulate	Enclosure		
	Yes	No	N/A				**			al		ate	ге		
Basement			X		Pipe	Insulat	tion	90 L	.F	Х					
Name of Registered Waste Hauler			JDEP W		Cubic	Yards	Name of Re	gistered	Landfill						
Unicorn Contracting Corp.	lauler ID 035844		of Was	3333	Tullytowr	X72_		COVE	ery F	ascil	ity				
City, State Totowa, NJ 07512			TBD	al Date	Ofty, State Tullytown	, PA									
Completed by Dimo Golcev	Title Gene	ral M	lanager		Sig	gnature	1/1		Dat 12	e /2/16)				
ASB-41 (R-06-08)						* Do not	use this form for as	sbestos li	censure	exem	pted a	activiti	ies.		

			st	ate of	New J	ersey		Check # 15760							
						TOS ABATEMENT				G	E				
Date of Notification	(1)	(Pursu				7 and 12:120-7			1125						
12/1/2016	•		The state of the s		Hal	. N. A. HONOLOGICA - (1. #1. H.				DEC	- 7	20	16		
Agencies Notified	Type Notifica	tion	Stree	et Add	ress										
[]EPA	[X]Initial		7	Mari	on T	errace			1	25050					
[]DEP	Notifica	ation	City	State	e, Zip	Code			ASI	BEST		ING	ROL 8		
[X]DOL	[]Amended					NJ,07040				L10	11110	EDVIII			
[X]DOH	Notifica	ation	Mamo	of Cor	ntact		la la	Celephone	Number						
	[]EMERGENCY	z	-		Hal	1	ľ	rerebuone	Number						
[]DCA	[]Cancellat	ion			1141	-		*							
				FAC	ILITY	INFORMATION									
Name of Facility Whe	re Abatement	is Taki	ng Pl	ace (3)		f Facilit	y (4)							
Hilton Hall							School (F	(-12)							
Street Address							13.550-536		er 8 (Othe				1		
7 Marion Terra	ace								e., priva nomes, etc		comme	rcıa	1		
							Square		# of Floo		ldg.	Age			
City (5)	¢	County	(6)			inty Code (7)	13		3		89				
Maplewood		Essex			(SI	PATE USE ONLY)	Curren	t Use (Pr	ior if be	ing de	emoli	shed)		
								-11000000000000000000000000000000000000					***		
Name of Monitoring F	irm hired by I	Buildin	g As	CM No.		Name of Abate	ment Co	ntractor	(9)						
Owner (8) N/A						AZTECH M	IANAGE	EMENT,	Inc.						
Street Address						Street Addres	s								
						86 Chris	tophe	er St.							
City, State, Zip Cod	e					City, State,	Zip Code	e							
					Montclai	r, No	07042	2							
Project Manager for	Monitoring Fir	m Te	lepho	ne Numl	ber	Telephone Numb	ber		1	icens	e Nun	ber			
		N	/A			(973) 744	-8800)		003	71				
Scheduled Start Date	(10) Sched	i. Comp	letio	n Date	(11)	Name of OSHA 1	Monitor					-			
12 10 20	016 1	177	L3	201		N/A									
	ar Mor		Day	Year	r										
Occupancy Status Dur [X] Facility Clos						Street Address	s								
of Abatement															
[]Abatement Per Hours - Descr	riormed Outsid ribe:«OffHours			Facili	ty	City, State, 2	Zip Code								
[]other - Descr			-	ript»											
Scope of Work (Check	all that appl	-y)	**********								1.372				
[X]>3 sf or	>3 1f	г	X1 Ren	ovatio	n	[]Full (Negative	Press	ure				
[]≥160 sf o				olitio		[X] Glove									
			Is			[]Non-F	riable 1	Procedure		172					
Location	of		ocati			Descriptio	n of			AD	acem	ent T	E		
Asbestos-Con		1	Used	_		Asbestos-Cont			Amount	R	K	C	N C		
Material (TO BE ABA				nance/		Material ((i.e., thermal		s	(Specify SF or	M	P	A P	I O		
In Facil:			ustod: aff (sulation, surfa	acing, V	AT,	LF)	V	I	S	S		
(13)		Yes	No	N/A		or other miscel	llaneous	5)		Î	R	L	R		
Basement				X	Pipe	insulation	on		20 LF	X	-	·	E		
			-								-				
			-	 	-						+-	1			
Name of Registered Wa	aste Hauler	N:	DEP V	Taste	Cul	oic Yards	Name o	of Regist	ered Land	fill		1			
AZTECH MANAGE		на на	auler	ID No.	0.0000	Waste 1.5		anan makap a n meriji	Enterp		IN	C			
City, State	2007 C C C C C C C C C C C C C C C C C C	1	7040)	Die	sposal Date		State							
Montclair, NJ			2/14/2016		rg, Oh:	io 4	468	8							
					12	/	/ ,			e#1					
Completed By (Print	1777					Signature	1	1-11		Date			7710110 0		
Constantine Vi	nt			1 jon	Want b	as With	-	12/1	/201	6					
						1000	HALLE	willow	1						

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\bigcirc 1	200	14

State of New Jersey

Ch 2621	DE	C [\mathbb{V}	E								
Date of Notification (1)				Nam	e of Buildin	ng Owner/Operator	(2)		EC .	- 7	201	6	
12/	06 / 10	6		Sa	ntander l	Bank, N.A.		1 1 1	20	1	701	Q	
Agencies Notified	Type Notification			Stree	t Address			1					
⊠ EPA				75	State Str	reet		ASBES	TOS	CO	NTR	OL &	
⊠ DOLWD	Amended			City,	State, Zip	Code		<u></u>	LICE	NSI	VG_		
☐ DCA	Amendment #		-	4 4 3333	ston, MA								
(NJAC 5:23-8)	Emergency (in justification)	nciuain	g		of Contac			Telephone Nun	her				
	☐ Cancellation			Su	san Peck	(Telephone Number						
				FΔ	CILITY IN	NFORMATION							
Name of Facility Where A	Abatement is Takin	g Place	e (3)			II OIIIIATION	Type of Facility (4	1)					
Santander Bank		•					School (K-12)	7					
Street Address							☐ Subchapter 8	(Other than K-12	2)				
1197 Amboy Avenu	ie						Other (i.e., prinhomes, etc.)	vate and comme	rcial b	uildin	gs,		
City (5)							Square Feet	# of Floors	TR	ldg. A	70		
Edison							2.000	2		45	ge		
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)			shed)	-10			
Middlesex					,	.,		Joing domoi	onea				
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Hillmann Consultin	g			622	52	JVN Restora							
Street Address						Street Address							
1600 Route 22 East						47 Foster Ro	ad						
City, State, Zip Code						City, State, Zip Co	ode			-			
Union NJ 07083						Staten Island	NY 10309						
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.		License No.					
Tammy Lomax			90	08-577	-6171	718-605-6256		00774					
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor						
12 /17 /	16	12_/	31	/	16	Testor Tech							
Occupancy Status During	Abatement (Chec	k only o	one)			Street Address							
□ Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ment		10 59 Jackso							
Abatement Performed	Outside of Normal	Facility	y Hour	s - Des	cribe	City, State, Zip Co	de						
Time of Abatement:pm to 11:00 pm, Si	unday 10:00 to	vı/	PM- m	Satur	day 2:00	LIC NY 11101	1						
Scope of Work (Check all	that apply)	5.00 p			Alvi		W 05 5000000					-	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re □ De	novati molitic	(T) (T) (T)		☐ Mini-Encl			re				
		0.35	Locat						1	atem	ent T	vne	
Location (570		Vorma d Sole			Description of		920		T			
Asbestos-Containing N TO BE ABA		Ma	intena	nce/		stos Containing Mat ., thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facility		Cust	odial	Staff?	(surfacing, VAT,	or	SF or LF)	oval	Ę.	psu	Sur	
(13)		Yes	(12) No	N/A	1	other miscellaned	ous)				late	O.	
1st Floor				-	Din a las								
1 11001					Pipe ins	sualtion and Fitti	ngs.	95 LF		Ш		Ш	
Name of Registered Waste	e Hauler		937.53	JDEP V	With the second second	Cubic Yards of	Name of Registe	red Landfill		1			
Newark Carting			H	auler IE NJ-56	1_000000	Waste IESI							
City, State				.10-00	•	Disposal Date	City, State			1000			
Newark, NJ		12/19/16 BethJehem,PA											
Completed By (Print or Typ	oe) Title	8		-8-2		Signaturé //	111	Da	te	- 11			

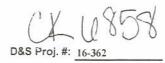
Ralph Barnhardt

12-06-16

Project Manager

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

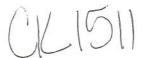
				Pursuant to NJAC 8:60 and 5:16)									
Date of Notification (1)	6		Nam	e of Buildi	ng Owner/Operato								
Agencies Notified Typ	e Notification		Stree	et Address		Jensen	the desired and the second	DEC	= 7	50	16		
DEP DEP	Initial Amended Amendment #		City,	State, Zip		NII.	ASBE		S CC ENS				
⊠ DOH _	Emergency (inclu justification) Cancellation	ding	Nam	e of Conta	ct	orestown, NJ	Telephone Nun	ADDRESS OF THE PARTY.	EIVO	140			
					Cythia Jensen FORMATION		L		_	-			
Name of Facility Where Abate	ment is Taking P	ace (3)		CILITIN	FORIVIATION	Type of Facility	r (4)						
	Reside	ntial				School (K-1	School (K-12)						
Street Address							8 (Other than K-1 private & commerce)		dings,				
City (5)	Moorestown,	NJ 0	8057			Square Feet 3500	# of Floors	В	ldg. A	1			
County (6) Burling		210 0	Cou	inty Code (7) (STATE	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired		er	ASCM		Name of Ahaten	nent Contractor (9)				_		
(8) ME(5577 FEB. 1577					vens Environi		es, Ir	1C.				
Street Address	O Box 341				Street Address		30x 322						
City, State, Zip Code Crossv	vicks, NJ 085	515			City, State, Zip C	Code	n, NJ 08501				_		
Project Manager for Monitoring	# (C) (C) (C) (C) (C)	Te	elephone	No.	Telephone No.		License No.				=		
Bill Weisga				<u>8-4070</u>		59-9688		00493	3		_		
Start Date (10) 12/27/16	Schedule	1/15	5/17	ate (11)	Name of OSHA	33.53.53.55.5	ECS						
Occupancy Status During Aba					Street Address	DO D	241				=		
☐ Facility Closed/Vacated Dural Abatement Performed Outs ☐ Other - Describe: 8 am	ide of Normal Fa	of Aba cility Ho	tement ours		City, State, Zip C	ode	30x 341				=		
Scope of Work (Check all that				Crosswicks, NJ 08515									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	X	Renov Demoli	ation tion		Mini-End Gloveba	gative Pressure n-Friable Procedu							
1		ls Loca Norma	illy						batem		\neg		
Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)		sed Sol laintena Custoo Staff (12)	ance/ dial ?		Description of os Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
()	Ye				other miscellanec	jus)		val	ai.	ulate	sure		
Basement		×		Th	ermal Pipe Ins	sulation	415 lf	×		1	\neg		
Crawl Space		×		Th	ermal Pipe Ins	sulation	20 lf	×		1	\Box		
Name of Registered Waste Hau	ulor	Ь,	NJDEP \	Alasta I	Cubic Yards	I Name of Decis	4						
Stevens Environmenta		nc.	Hauler ID		of Waste 6 CU	Name of Regis	GROWS Lar	ndfill					
	entown, NJ				Disposal Date 1/15/17	City, State	Morrisville,	PA					
Completed By Mahlon E. Stevens	Title	Proje	ct Man	ager	Signature	n	Date	12/2	/16				



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

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	DEC	1	7	2016		

														1		
Date of Notification (1)	1 [6]			and the second	er/Operator (2)				I A	SBESTO)S CC	MIT	301	2		
	pe Notification		BARBA treet Add	RA KREU	JIZER		X		/ / /	110	ENO	Ha	IUL			
☐ EPA ☐ In		11°	illeet Addi	633												
	mended endment #:		ity State	Zip Code												
M DOI 1_	mergency	- `			H, NJ 08844	1.										
DOH (i	ncluding	IN	ame of Co		11, 143 0004-				Telepho	ne Numb	er					
D DCA	ustification)		DADD	ARA KRE	IIT7ED				1 _		_					
	Cancellation		DAKD		ILITY INFORM	ATIO	NI				-			_		
Name of facility where a	hatamant in te	alcina nla	200 /2\	170	ILIT I INI OTTIVI	1101	•	LTvn	e of Facility	· (A)						
Name of facility where a	ibatement is to	aking pia	ice (3)					l l'yp		ool (K - 12	2)					
BARBARA KREUT	TZER								Subc	hapter 8 (Other t	han k	(-12)			
Street Address										r (Private/s./Homes,		rcial				
								Squ	uare Feet	# of Flo		В	ldg. A	ge		
City (5)		Cour	nty (6)			County Code (7)								-		
						(Sta	ate use only)	Cu	rrent Use (Prior if be	ng den	nolish	ed)			
HILLSBOROUGH			MERSET													
Name of Monitoring Firm	n Hired by Bld	g. Owne	er (8)		ASCM No.		Name of Abatement Contractor (9)									
0						_	D & S RESTO	RATIO	N, INC.							
Street Address							Street Address	A								
City, State, Zip Code						-	20 California A City, State, Zip Code				-					
ony, orato, Esp obdo						1	Paterson, NJ 0									
Project Manager for Monit	-	Telephone Number			Licens	e Numb	er									
8							973-345-802				01169	11				
Start Date (10)		Sched	. Complet	ion Date (11)	-	Name of OSHA Mo	nitor								
**************************************			•	•	,		D & S Restora	ition, In	ıc.							
12/02/16 Occupancy Status During	Ahatement ((12/23				_	Street Address									
Facility closed/vaca	V 20			ement.			20 California A City, State, Zip Cod									
Abatement perform							City, State, Zip Cou									
Describe: N Other-Describe: N	ORMAL HOU	IRS				-	Paterson, NJ 0	7503								
Scope of Work (check al	100001100						Γ	Full Co	ontainment	w/negativ	e press	ure		_		
≥ 3 sf or >3 If	⊠ Re	enovatio	n				×	Mini-e	nclosure	250	87					
≥160 sf or ≥260 lf	☐ De	molition					¥		pag proced exempted (*		friable	nroo	مطبيتم			
Location of	Is	location	normally	used solely	1			1 HOH-E	xempled () and Nor	R	R	E			
asbestos-containing	g by		nance/cus		use over	n of a	sbestos-containing		Amount	52520 / CC	e m	e p	n	E n		
material (acm) to be abated in facility (13	= -			T	material (/	ACM)			(Specify LF)	SF or	0	a	a	C		
(10		Yes	No	N/A					N. W. Colored		v e	r	р	_		
BASEMENT			$\square X$		PIPE INSU				6 l ft							
BASEMENT BOILER			X		BOILER IN	SUL	ATION (fire box)) 5	4 SQ FT							
						hatas de la se					42					
											+14-		닏			
Registered Waste Hauler		INIDE	D Hauta-	ID# I C	ubic Yards of V	lacto	Name of Desister	d l and			_ LL	Ш				
D & S RESTORATIO	N, INC.	135	P Hauler 06	Department in the Confession	ubic Yards of V .yds.	vaste	Name of Registere TULLYTOWN			ECOVE	RY					
City, State				Disposal D			City, State						- Contract of the Contract of			
PATERSON, NJ 07				12/05/1			TULLYTOWN	N, PA								
Completed by (Print or Ty	374.500 B 3475		D3 100		Signature					Date	100					
BOGDAN JOLDZIC	I PI	RESIDI	ENI							1 12/01	/2016):				



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

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	DEC	_	7	2016		
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Date of Notification (1)		Name	of Building C	Owr	er/Operator (2											
	28 / _	2016	_		ERE	Property	уΤ	rust			AS	BES			NO	
Agencies Notified	Type Notifica	ation			Street	Address							2.0	1-14	211.44	7
⊠ EPA	☑ Initial				154	5 Route 2	22	East								
☑ DOLWD	Amended Amendme			Ī	City, S	tate, Zip Coo	de									
□ DOH □ DCA	Emergen		ıdina		Ann	andale.	Ne	w Jersey (7002							
(NJAC 5:23-8)	justification		aun ig	ı		of Contact				Tele	ephone Nu	umber	66			
	☐ Cancellat	ion			Ale	k Heilste	dt						_	A	_	
				-	FAC	CILITY INF	OR	MATION		•					900000	
Name of Facility Where A	Abatement is T	aking P	Place (3)					Type of Facility	100						
Runyon Property	•								School (K-12		er than K.	-12)				
Street Address											(Other than K-12) vate and commercial buildings,					
1561 Route 22						homes, etc.										
City (5)						Square Feet	# (of Floors			g. Ag					
Clinton		otto transco				1,326		2			66 Y	ears				
County (6)		Coun	ty Code (7)(S	STAT	TE USE ONLY)	Current Use (Pr	rior if b	peing dem	olishe	d)						
Hunterdon									Unoccupie							
Name of Monitoring Firm	Hired by Build	ling Ow	ner (8)	F	ASCM I	No.			ent Contractor (9)							
Kleinfelder							Contract of the Contract of th		racting Serv	ices,	LLC					
Street Address						8		et Address	190000 000							
1340 Charwood	Road, Suit	e l							Michigan A	venu	ie					
City, State, Zip Code	070					1		, State, Zip Co								
Hanover, MD 210 Project Manager for Mon			1.	Talar	hone I	Kalamazoo, MI 49006 hone No. Telephone No. License No.										
Dan Beard	itoring i iiiii		14.00		8-877-			269) 375-9	9595	-	01208	•				- 4
Start Date (10)	15	Schedule						ne of OSHA M	12.20.00072		01200					-
12 / 12 /			/						Γesting & Co	neu	Itina Se	nvice	20			
Occupancy Status During								et Address	lesting & Co	nisu	iting Se	SIVIC	23			-
☐ Facility Closed/Vacate					nent				tor Bood							
☐ Abatement Performed					rrs - Describe City, State, Zip Code											-
Time of Abatement: _	AM	PM/_		PM	Plainwell, MI 49080											
Scope of Work (Check al	I that apply)								A 22 282 524	11238	5086					
☐ >3 sf or >3 lf			7 Reno	vatio	ın.			Full Cont	ainment with Ne	gative	Pressure					
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 If		Ė] Demo					☑ Glovebag	Procedure							
								☐ Non-Exe	mpted (*) and No	n-Fria	able Proce	edure				
74 27			Is Lo	cati mal								L	Aba		ent Ty	ре
Location Asbestos-Containing			Used			Asbesto	os (Description o Containing Ma			Amount		Rer	Repair	Enc	En
TO BE ABA			Maint				the	rmal systems i	insulation,		(Specify		Remova	oair	aps	Enclosure
IN Facili (13)	ty		Custoo (12)	otan r	,		urfacing, VAT, er miscellane		1	SF or LF)		<u>a</u>		Encapsulate	ure
(13)		,		No	N/A		Ott	iei illisociiane	ousj						le	
Building & Garag	ge Exterior				X	Trans	site)		1	,950 SF	=	X			
First & Second F				_	X	Joint	Co	mpound		3	,995 SI	F	X			X
Kitchen	1501			7	×	Floor					40 SF	-	X	П	П	X
		X			Insulation/Wir	ndow Glazing		256 LF		X						
Basement/Exter	=_	JDEP V			ic Yards of	Name of Regi				4	ш					
		auler ID	No. V	Nas												
Hazmat Environr		20 Tons High Acres Landfill Disposal Date City, State						_								
City, State	sever • The second several second several seve						Fairport, NY									
Buffalo, NY								0:/	rairpoπ,	INY		Det				
Completed By (Print or Type) Title								Signature	Thegory	4.7	Vac	Date	120	120	16	
Gregory G. Moe Director of Abatement									, regary	· • ·	(00	1.1	120	/20	10	