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LVI						And in contrast
	DEC	_	8	2016	1	IU,

Data of Natification (4)	N									III DE	<u>C</u> –	8 2	016	11
Date of Notification (1)	1 /	16						wner/Operator	- AC-12-5-10	-d tore				-
								LLC & Baile	ey Corner Land	, LLC Job #16	12-21	38 C	nk.#	NA
Agencies Notified	Type Notific	cation				et Address				ASBES	ICEN			1 &
⊠ DOLWD	☐ Initial ☐ Amende	· d			P	D Box 6,	4 Ro	ockland Ride	ge	L	10/11	C11 47		
☑ DHSS	Amenda				City,	State, Zip	Cod	le						
DCA	☐ Emerger	11/2		a	Ro	ockland,	DE '	19732						
(NJAC 5:23-8)	justificat			9	Nam	e of Conta	act			Telephone Nu	mber			
	☐ Cancella	ation			Ri	chard J.	Ges	sner, Jr.		1				
					F.A	CILITY	INFO	RMATION						
Name of Facility Where A	Abatement is	Taking	Place	e (3)					Type of Facility	(4)				
Former Acme & He	ss Building	gs							School (K-1:	10,400,040,00				
Street Address		70-7-27							☐ Subchapter	8 (Other than K-	12)			
1007-1013 US 40 Ha	arding High	nway							Other (i.e., p     homes, etc.)	private and comm	ercial	buildi	ngs,	
City (5)									Square Feet	# of Floors		Olda	۸۵۵	
Pilesgrove									oqualo i cct	# 011 10015	١,	3ldg <b>56</b> ·	A	
County (6)					Cou	nty Code	(7)/ST	TATE USE ONLY)	Current Use (Pr	ior if being demo	lichod)	1000	-/-	
Salem									Vacant	ior il being derrio	iisrieu)			
Name of Monitoring Firm	me of Monitoring Firm Hired by Building Owner						N:	ame of Abatem	ent Contractor (9)					
Criterion Laboratori					ASCM				d Mold Service					
Street Address								reet Address	d Moid Service	es, corp.				
3370 Progress Drive	370 Progress Drive, Suite J							3859 Sylon I	Roulovard					
City, State, Zip Code								ty, State, Zip C						
Bensalem, PA 19020	Bensalem, PA 19020													
Project Manager for Monit				Tol	ephone	No	_	Hainesport,	NJ 08036					
Mike Panepresso				0.00	15-244		1	lephone No.		License No.				
Start Date (10)		Schedu	led C	100	etion Da			609-702-0400		00862				
12 /14 / _	16				0 /			ime of OSHA N EMSL Analyt						
Occupancy Status During	Abatement (0	Check	only c	ne)				reet Address						
☐ Facility Closed/Vacated					ement				te 130 North					
☐ Abatement Performed (	Outside of No	ormal F	acility	Hou	ırs - Des	cribe	- 0	y, State, Zip C						
Time of Abatement:	AM	PM/		_PM		AM	10 93	Sinnaminsor		400				
Scope of Work (Check all t	that apply)							Jimammsoi	i, NJ 00077					
									tainment with Neg	ative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			Re		tion on			Mini-Enc	losure					
		2	Z Dei	пони	OII			☐ Gloveba	g Procedure mpted (*) and Nor	-Friable Proced	IFO			
			Is	Loca	tion				- Jana Hol	T Habie T Toced				
Location of				lorma				Description of	f			oatem	T	
Asbestos-Containing M TO BE ABAT		)			ely by ance/	Asbe	estos	Containing Ma	terial (ACM)	Amount	Ren	Repair	Enc	Enc
IN Facility					Staff?	(1.6	e., the	ermal systems surfacing, VAT,	insulation,	(Specify	Removal	a-	aps	Enclosure
(13)		-		(12)	1		otl	her miscellane	ous)	SF or LF)	1 =		Encapsulate	lre
			Yes	No	N/A				NOTE OF				Ф	
SEE ATTACHED SCOP	E OF WOR	RK [				ATTAC	HED	1				П	П	
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-	$\overline{\Box}$										Ш			
						Vaste	200 02000000	oic Yards of	Name of Registe	ered Landfill				
The to management						No.	Was 5	ste	Grand Cent	ral				
City, State						Disposal Date City, State								
Lafayette, NJ								2/30/16	Penn Argyle	e. PA				
Completed By (Print or Type	e)	Title						Signature /\			240			
Kimberly A. Trumbett		Offi	ce C	oord	linator					D	ate	5-1	011	
SR-41					dinator 2-5-20								UIL	0

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Date of Notification (1)				autilizza.	Na	ame	of Building	g O	wner/Operator (2	2)		DEC	(m)	) (1	110	1
12/	6 /	16				Han	nilton St	ree	t Associates,	LLC	Job #1611-	-2137	(	hk.	#453	3
Agencies Notified  EPA	Type Notifica	ation					Address	3			ASB	ESTO		ON		_ &
⊠ DOLWD	☐ Amended	b				1	Box 215									
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	☐ Cancella	tion				-	e Lettier									
						FAC	CILITY IN	IFC	RMATION							
Name of Facility Where A		laking	Place	(3)						Type of Facility						
Residential Proper	ty									☐ School (K-1		K-12)				
Street Address										Other (i.e.,	private and co	mmerc	ial bu	ilding	S,	
City (E)										homes, etc	151		DI	da A		
City (5) Franklin										Square Feet	# of Floor	S	BI	dg. A	ge	
County (6)					10	20110	tu Cada (7	71/07	TATE USE ONLY	Current Hee /F		a madiah	29/			
Somerset						Journ	ty Code (/	)(31	TATE USE ONLY)	Current Use (F Vacant	nor ii being ut	211101151	eu)			
Name of Monitoring Firm	Hired by Ruile	dina O	wner /	'8\	AS	CM	No	N	ame of Abateme		))					
Horizon Environme		ung O	wilei (	(0)	7.0	CIVI	NO.		Asbestos and							
Street Address									treet Address	a word der vic	ез, оогр.					
PO Box 316									3859 Sylon B	oulevard						
City, State, Zip Code						_	ity, State, Zip Co									
Thorofare, NJ 0808								1000	Hainesport, N							
Project Manager for Moni				Те	lepho	one I	No.	-	elephone No.		License N	No.	_	_		
Dave or Steve Flani	igan			8	856-	848	-0800		609-702-0400		00862					
Start Date (10)	3	Schedu	uled C	omp	letion	n Dat	te (11)	Na	ame of OSHA M	onitor						
12 /19 /	_16_	1	/	_ 2	27	1_	17		EMSL Analyti	cal, Inc.						
Occupancy Status During	Abatement (	Check	only o	ne)				St	treet Address							
□ Facility Closed/Vacate	ed During Enti	re Peri	iod of	Abat	temer	nt			200 U.S. Rout	te 130 North						
Abatement Performed								Ci	ity, State, Zip Co	de						
Time of Abatement: _	AIVI	PIV	1/	_PN	VI		AM	l s	Cinnaminson	, NJ 08077						
Scope of Work (Check all	I that apply)								-	12/2	N. 12	n	anta	r 117		
≥3 sf or ≥3 lf			☐ Re	nova	ation					Ne	egative Pressu	ire E	1010	SULY.	V	
≥160 sf or ≥260 lf			☑ De							Procedure						
									☐ Non-Exe	mpted (*) and N	on-Friable Pro	cedure				
Location	of		100	1000	ation nally				Description	£			Ab		ent Ty	ре
Asbestos-Containing I		1)	Use	d Sc	olely b		Asbe	stos	Description o s Containing Ma		Amour	nt	Rer	Repair	Enc	Enc
TO BE ABA					nance al Stat		(i.e	., th	nermal systems i	nsulation,	(Specif		Removal	air	aps	Enclosure
IN Facilit (13)	ty		Out	(12				c	surfacing, VAT,		SF or LI	F)	<u>a</u>		Encapsulate	ıre
V - 7			Yes	No	0 1	N/A									е	
1 <sup>st</sup> Floor Bathroom					D	3	Linoleu	ım			40 SF		$\boxtimes$			
2 <sup>nd</sup> Floor, Master Bed		D	◁	Floor T	ile			500 S	F	$\boxtimes$						
Basement					D	3	Pipe Ins	sula	ation		75 LF		$\boxtimes$			
					Г								П	П	П	П
Name of Registered Waste Hauler						EP V	Vaste	Cı	ubic Yards of	Name of Reg	istered Landfil	1				
Waste Management		er ID	No.	100000	aste 5	Grand Ce										
City, State								-	sposal Date	City, State						
Lafayette, NJ						1/27/17				Penn Arg	yle, PA					
Completed By (Print or Ty	/pe)	Title			Signatu				Signaturé			Date	9			
Kimberly A. Trumbe	.X							ce Coordinator						10-	110	

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				Ш	17	<u> </u>	
m							
		nec.	_	8	2016		Ш.
		ULU			61111		

Date of Notification (1)					Name	of Buildin	n Ov	vner/Operator (	(2)		Hi De	EC -	8	2016		11
12 /	6 /	16					-	t Associates		Joh	#1611-2	2137		hk. #		3
									,,	001	L			University of		1
Agencies Notified  EPA	Type Notific  ☑ Initial	ation				Address					ASBES	LICEN			JL.	Š.
⊠ DOLWD	☐ Amende	d				Box 215			š.			LIOLIA	011	44		
☑ DHSS	Amendm					State, Zip 0										
☐ DCA	☐ Emerger	ncy (ind	cluding	9		cky Hill, I	1120	18553		1_						
(NJAC 5:23-8)	justificati					of Contac				Te	elephone N	Number				
	☐ Cancella	tion			Но	pe Lettie	ri		Accessed to the control of the contr	4						
					FA	CILITY IN	IFO	RMATION								
Name of Facility Where A		Taking	Place	(3)					Type of Facility	(4)						
Residential Propert	ty								School (K-1)			( 10)				
Street Address						735	S 3/7/11/11		<ul><li>☐ Subchapter</li><li>☑ Other (i.e., p</li></ul>				bui	ldinas		
									homes, etc.					dingo		
City (5)									Square Feet	#	f of Floors		Bld	g. Age	9	
Fran	ıklin															
County (6)					Cour	nty Code (7	)(STA	ATE USE ONLY)	Current Use (Pr	ior if	being den	nolished	1)			
Somerset									Vacant							
Name of Monitoring Firm	Hired by Buil	ding O	wner	(8)	ASCM	No.	Na	me of Abatem	ent Contractor (9	)						
Horizon Environme	ntal						1	Asbestos an	d Mold Service	es, C	Corp.					
Street Address							Str	reet Address								
PO Box 316							3	3859 Sylon E	oulevard							
City, State, Zip Code							Cit	y, State, Zip C	ode							
Thorofare, NJ 08086	6						ŀ	Hainesport, I	NJ 08036							
Project Manager for Moni	toring Firm			Tele	phone	No.	Tel	lephone No.		L	icense No	).				
Dave or Steve Flani	gan			8	6-848	-0800	6	309-702-0400	1		00862					
Start Date (10)		Schedu	uled C	omple	tion Da	te (11)	Na	me of OSHA N	lonitor							
12 /19 /	16	1	/	_ 27	/	17	E	EMSL Analyt	ical, Inc.							
Occupancy Status During	Abatement (	Check	only o	ne)			Str	eet Address								
□ Facility Closed/Vacate							2	200 U.S. Rou	te 130 North							
Abatement Performed	Outside of No	ormal l	Facility	y Hour	s - Des	cribe	City	y, State, Zip Co	ode							-
Time of Abatement:	AM	PM	1/	PM-		AM	0	Cinnaminsor	, NJ 08077							
Scope of Work (Check all	that apply)											10 11 10 11 10				
☐ >3 sf or >3 lf			□ Re	novoti	on			⊠	ı Ne	gativ	e Pressure	e emc	101	ura	/	
≥160 sf or ≥260 lf			☐ Re					Glovebac	g Procedure							
									mpted (*) and No	n-Fr	iable Proc	edure				
				Locat									Aba	temer	t Ty	ре
Location ( Asbestos-Containing N				Vorma d Sole		0.000		Description of					R T	R	ш	Щ
TO BE ABA		"	Ма	intena	nce/			Containing Ma ermal systems			Amount (Specify		Removal	Repair	Car	Clo
IN Facilit	у		Cust	odial ( (12)	Staff?		5	surfacing, VAT,	or		SF or LF)	)	VA	7	Encapsulate	Enclosure
(13)		+	Yes	No.	N/A	-	ot	her miscellane	ous)						ate	(b
													20/10		-	
Entrance Closet, Kitch	hen & Dinir	ng				Floor Ti	le				320 SF					
			$\boxtimes$							0						
			П	П								5	3		7	
			_	П	2000								3			
Name of Desisters 4 \0/s at	- 11		ш										Ш			
Name of Registered Waste				726	NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste											
Waste Management	3				17273	17273 5 Grand Central										
City, State				posal Date	City, State		10-7									
Lafayette, NJ		,					1.	/27/17	Penn Argy	le, F	PA					
Completed By (Print or Ty		Title					Signature \ Date									
Kimberly A. Trumbe	tti	Off	fice C	coord	inator	10		1 9X1 1	~			12.	-6	-16		

									1177					- 11
Date of Notification (1)	Name of Building Owner/Operator (2)  Hamilton Street Associates, LLC / Job #1611-2137									- 8	2( hk. i	116	2	
		16	-		па	million Si	reet Associates,	LLC 13	100 #1011-2	137	C	ΠK. i	1403	.3
Agencies Notified  EPA	Type Notification				27222	Address Box 215	i		ASBE	ESTOS				L &
□ DOLWD     □ DOLWD	☐ Amended				City, S	State, Zip	Code		*	L10/10	12 5 6	2		
□ DHSS	Amendm				Ro	cky Hill,	NJ 08553							
□ DCA (NJAC 5:23-8)	☐ Emergen justificati		Jaing		Name	of Contac	ot .		Telephone N	lumber				
(1.10.10 0.10 0)	☐ Cancellat				Но	pe Lettie	ri			1				
· ·							NFORMATION							
Name of Facility Where	Ahatement is 1	Taking P	Place	(3)	1.0	CILITI	VI OKWATION	Type of Facility (	1)			_	on the	
Commercial Prope		raking r	1400	(0)				School (K-12)						
Street Address	City							Subchapter 8		(-12)				
508 Hamilton Stre	at							Other (i.e., pri	vate and com	mercial	bui	lding	S,	
City (5)								homes, etc.) Square Feet	# of Floors		DIA	~ ^c		_
Franklin								Square Feet	# 01 F10015		DIU	g. Ag	je	
County (6)					Cour	aty Code /	7)(STATE USE ONLY)	Current Use (Price	or if hoing don	nolichoc	17			
Somerset					Cour	ity Code (	I)(STATE USE UNLT)	Vacant	i ii beirig deri	ionsnec	1)			
Name of Monitoring Firr	m Hirad by Build	dina Ou	nor (	0\ T	ASCM	Ma	Name of Abstone							
Horizon Environm		airig Ow	ner (	0)	ASCIVI	NO.	Name of Abateme							
	ientai							d Mold Services	s, Corp.					
Street Address							Street Address							
PO Box 316							3859 Sylon B							
City, State, Zip Code	00						City, State, Zip Co							
Thorofare, NJ 080							Hainesport, N	NJ 08036						
Project Manager for Mo				0000	phone		Telephone No.		License No	١.				
Dave or Steve Flai				100000		-0800	609-702-0400		00862					
Start Date (10)		Schedule				7.0	Name of OSHA M							
12 /19 /	16_	_1_	_ /	_27	_ / .	17_	EMSL Analyt	ical, Inc.						
Occupancy Status Durir	.5776				-0.00		Street Address							
☐ Facility Closed/Vaca							200 U.S. Rou	te 130 North						
☐ Abatement Performe Time of Abatement:							City, State, Zip Co	ode				- 3		
Time of Abatement.	AIVI	PIVI/_		PIVI-		Alvi	Cinnaminson	, NJ 08077						
Scope of Work (Check a	all that apply)													
≥3 sf or ≥3 lf			7 Rei	novati	on		☐ Full Cont	ainment with Nega	ative Pressure	÷				
≥160 sf or ≥260 lf		$\boxtimes$	-	nolitio	1676 (15)		Glovebag							
							Non-Exe	mpted (*) and Non	-Friable Proc	edure				
				Locat							Aba	teme	nt Ty	/pe
Location Asbestos-Containing	11.70	.		orma	ely by	Asha	Description o		A		Z.	Re	щ	Щ
TO BE AB		^	Mai	ntena	nce/		estos Containing Ma e., thermal systems		Amount (Specify		Removal	Repair	icap	Clos
IN Faci			Cust	odial (12)	Staff?	1	surfacing, VAT,	or	SF or LF)		<u>S</u>	7	Encapsulate	Enclosure
(13)			/00	200	NI/A		other miscellane	ous)					ate	(D
Exterior		1	res	No	N/A	Roofing	n		400 SF	E	<b>A</b>	П		
Exterior					9				-					
Exterior				Siding			900 SF	- 100	3					
										3	Ш	Ш	Ш	
		L		Ц										
Name of Registered Waste Hauler						Naste	Cubic Yards of	Name of Registe	ered Landfill					
Waste Managemer	nt				17273		Waste 5	Grand Cent	ral					
City, State							Disposal Date	City, State						
Lafayette, NJ							1/27/17	Penn Argyle	e, PA					
Completed By (Print or 1	Гуре)	Title					Signature		761	Date				
Kimberly A. Trumb		Offi	ce C	oord	linato	r	(XI)				- 1	0 -	110	

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c ı	Job #1611-2137	- (	ے کاملا	UID # <b>45</b> 3	33	part of
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	Telephone Number	er				
e of Facility	(4)					
	3 (Other than K-12) rivate and commerc	ial bu	ilding	js,		
are Feet	# of Floors	Ble	dg. A	ge		
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evard 8036						
0030	License No. 00862					
or , <b>Inc.</b>						
30 North						
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re ocedure	gative Pressure W		liuk	e		
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I (ACM) ation,	Amount (Specify	Remova	Repair	Encapsi	Enclosu	

Date of Notification (1)	-			Name of Building Owner/Operator (2)								- 11
12 /6 /	16			Har	nilton St	reet Associates,	LLC /	Job #1611-21		Chk.		
Agencies Notified Type Notif	cation			Street	Address			ASBES				L &
				PO	Box 215				JUEN.	3HVC	-	
□ DOLWD				City, S	State, Zip C	Code						
□ DHSS   Amend     □ DCA   □ Emerge		20.000		Roo	ky Hill, I	NJ 08553						
(NJAC 5:23-8) justifica		cidanig		Name	of Contac	t		Telephone Nu	mber			
☐ Cancel	ation			Hop	oe Lettie	ri						
				FAG	CILITY IN	IFORMATION						
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility					
Commercial Property							School (K-12		(0)			
Street Address				0.000				8 (Other than K- rivate and comm		ildino	IS.	
512 Hamilton Street							homes, etc.)			•	15.1	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Franklin												
County (6)				Cour	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Somerset							Vacant					
Name of Monitoring Firm Hired by Bu	ilding C	)wner (	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environmental						Asbestos and	d Mold Service	es, Corp.				
Street Address						Street Address						
PO Box 316						3859 Sylon B						
City, State, Zip Code						City, State, Zip Co						
Thorofare, NJ 08086						Hainesport, N	1J 08036					
Project Manager for Monitoring Firm				phone		Telephone No.		License No.				
Dave or Steve Flanigan				6-848		609-702-0400		00862				
Start Date (10)12 /19 /16				tion Da ′/		Name of OSHA M  EMSL Analyti						
Occupancy Status During Abatement					17		icai, iiic.					
☐ Facility Closed/Vacated During Er		52	54	mont		Street Address 200 U.S. Rout	to 120 North					
☐ Abatement Performed Outside of					cribe	City, State, Zip Co						
Time of Abatement:AM						Cinnaminson						
Scope of Work (Check all that apply)						⊠1	No	gative Pressure	a so clo	liv	0 -	
≥3 sf or ≥3 lf		Re				☐ Mini-Enc	losure	gative i ressure	UVILIO	1 00 12		
∑ ≥160 sf or ≥260 lf		⊠ De	molitio	n		☐ Glovebag	g Procedure mpted (*) and No	n Friable Proces	lura			
		ls	Locat	ion		⊠ No⊓-Exe	impled ( ) and No	III-I Hable I Tocco		atem	ant Ti	uno.
Location of		1	Norma	lly		Description o	f			-		
Asbestos-Containing Material (AC	M)		d Sole intena			stos Containing Ma	terial (ACM)	Amount	Rem	Repair	nca	ncl
TO BE ABATED IN Facility			todial	Staff?	(i.e	<ul> <li>thermal systems is surfacing, VAT,</li> </ul>		(Specify SF or LF)	Removal	ä	Encapsulate	Enclosure
(13)			(12)			other miscellane		J. J. L. ,	1		ilate	ō.
		Yes	No	N/A						_	_	
Exterior					-	g & Flashing		2200 SF				
2 <sup>nd</sup> fl rear apt kitchen					Linolue			100 SF			Ц	
Flower Shop Main Room					Floor T			400 SF			Ш	Ш
1 <sup>st</sup> Floor Rear		Ц	Ц		Linoleu	1000		100 SF			Ш	Ш
Name of Registered Waste Hauler			6000	JDEP \ auler II		Cubic Yards of Waste	Name of Regis					
Waste Management			- 1	17273 5 Grand Central								
City, State					Disposal Date City, State							
Lafayette, NJ						1/27/17	Penn Argy	le, PA				
Completed By (Print or Type)	Title					Signature	1 11				a .	
Kimberly A. Trumbetti	0	ffice (	Coord	linator	•	LYX	1		12-	-le -	16	
ACD 44						V V	111					

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Date of Notification (1)					Name	of Building	g Ow	ner/Operator (	2)	II II DEC	- 8	201	6	TIL
12/	6 /	16			На	milton St	reet	Associates,	, LLC	Job #1611-213	7 (	Chk.	#453	3
Agencies Notified	Type Notific	ation			11-00-00-0	t Address				ASPESTO			OL	8
	☐ Amended	4			8.5	Box 215				Livi	<u>ENSI</u>	NG_		
☑ DHSS	Amendm					State, Zip C								
☐ DCA	☐ Emergen	cy (ind	cluding			cky Hill, I		8553						
(NJAC 5:23-8)	justificati				13000000000	of Contac	7			Telephone Num	ber			
	☐ Cancella	tion			Но	pe Lettie	ri			1 -	3			
					FA	CILITY IN	IFOR	RMATION						
Name of Facility Where A	Abatement is 7	Taking	Place	(3)					Type of Facility	r (4)				
Commercial/Reside	ential Prope	rty							School (K-1					
Street Address										8 (Other than K-12 private and comme		uilding	S.	
516 Hamilton Street	t								homes, etc			3		
City (5)									Square Feet	# of Floors	BI	dg. Ag	ge	
Franklin														
County (6)					Cou	nty Code (7	)(STA	ATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
Somerset									Vacant					
Name of Monitoring Firm	Hired by Build	ding O	wner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	9)				
Horizon Environme	ntal						1	Asbestos an	d Mold Servic	es, Corp.				
Street Address							Str	eet Address		Maria de la companya				
PO Box 316							3	859 Sylon E	Boulevard					
City, State, Zip Code							Cit	y, State, Zip C	ode					
Thorofare, NJ 08086	6						H	lainesport, I	NJ 08036					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Tel	ephone No.		License No.				
Dave or Steve Flani	gan			8	56-848	3-0800	6	09-702-0400	)	00862				
Start Date (10)	5	Sched	uled C	omple	etion Da	ate (11)	Na	me of OSHA N	Monitor					
12 /19 /	16		/	_2	7_ /	17	E	MSL Analyt	ical, Inc.					
Occupancy Status During	Abatement (	Check	only o	ne)			Str	eet Address						
□ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ement		2	00 U.S. Rou	te 130 North					
☐ Abatement Performed							City	y, State, Zip Co	ode					
Time of Abatement: _	AM	PN	N/	_PM		_AM	C	innaminsor	n, NJ 08077					
Scope of Work (Check all	that apply)										. 7			
≥3 sf or ≥3 lf			☐ Re	novo	tion			⊠ F □ Mini-End	Ne	egative Pressure	inclu	sul	1	
≥160 sf or ≥260 lf			☑ De	moliti	on			☐ IVIIII-EIIC	g Procedure					
						<u> </u>		☐ Non-Exe	mpted (*) and N	on-Friable Procedu	re			
				Loca							Ab	ateme	ent T	уре
Location Asbestos-Containing I	10.00	4)		lorma d Sol	ely by	Acho	ctoc	Description of Containing Ma		Amount	Re	Re	En	En
TO BE ABA		''	Ma	inten	ance/	(i.e	, the	ermal systems	insulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facilit	У		Cust	odial (12)	Staff?		5	surfacing, VAT	, or	SF or LF)	<u>a</u>		Encapsulate	sure
(13)		1	Yes	No		+	ot	her miscellane	ous)				ate	
Basement				П	N/A	Pipe In:	sula	tion		5 LF		П	П	П
2 <sup>nd</sup> Floor Master Bedr	_		100	-				1 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	200.00		_			
2 Floor Waster Bedr				Floor T	iie			212 SF			Ц	Ш		
			Ш			-								
Name of Registered Wast	1.00	NJDEP			bic Yards of	1	istered Landfill							
Waste Management	1	lauler l		Wa 5		Grand Ce	ntral							
City, State				-	posal Date	City, State								
Lafayette, NJ					1/27/17 Penn Argyle, PA					yle, PA				
Completed By (Print or Ty	rpe)	Title		Signature (\					D	ate				
Kimberly A. Trumbe	etti	01	ffice C	Coor	dinato	r		1881			12-	- lo -	16	

ASB-41 MAY 11

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

#### State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) HOMES LEET 12 105/16 Type Notification Agencies Notified 36 RIDGE Initial City, State, Zip Gode XXX ASBESTOS CONTROL & DEP Amended 07670 Amendment # TENAFLY DOL LICENSING Emergency (including Name of Contact DOH austification) Cancellation MIKE DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) cesin once School (K-12) Subchapter 8 (Other than K-12) Street Addre Other (i.e. private & commercial buildings, homes. X etc.) Square Feet # of Floors Blóg, Age City (5) 1,650 2 Current Use (Prior if being demolished) +56 County Code (7) County 15 (STATE USE ONLY) RESIDENTIAL. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. A.MAC Contracting Inc. Street Address Street Address 185 Vreeland Ave. City, State, Zip Code City, State, Zip Code Midland Park, NJ License No. Telephone No. Project Manager for Monitoring Firm Telephone No. (201)262-5841 00156 Scheduled Completion Dale (11) Name of OSHA Monitor Start Date (10) Omega Environmental Services 30/16 Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler St. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation 2160 sf or 2260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ TO BE ABATED In Fadility (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? surfacing, VAT, or SF or LF (12)(13) other miscellaneous) Yes No N/A BUSEMENT VAT Name of Registered Waste Hauter NJDEP Waste Cubic . of Waste Name of Registered Landfill Cubic Yards Hauler ID No. Newark Carting, Inc. IESI PA Bethlehem Landfill Corp. 04509 City. State Disposal Date City, State Newark, NJ 15/2/1804. Bethlehem, PA Completed by THE Signature Joseph Vocaturo Vice President 12105/16 Oles Mercel

not use this form for asbestos licensure exempted activities.

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K	Check # 9288	
	DEC - 8 2016	IJ,

Date of Ngtification (1)		-	Name of	Building	Owner/Operator	(2)	1	I hal			0 0	المال
12/05/16				M	ARK S	Ears		ASBE	CT	10.0	140	7
Agencies Notified Type Notification		***************************************	Street Ac	ddress		36 3000	- 1	NODE	110	ル ル ル	SINC	11
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X DOL Amendment		-	٠	TEO	WECK,	N. J	07	666				
Emergency justification)		- Livery and	Name of	Contact	ME SEC	. 8 e	Te	ephone Nu	mber	-	-	
DCA Cancellation					ORMATION	i N						
Name of Facility Where Abatement is Takin	g Place (3	1)				Type of Fac	ility (4)			***		MBM street
RESIDENCE	, a companie de la co						l (K-12) apter 8 (Oth	or than V t	25			
Street Address						☐ Other	(i.e. private	& commerc	al buil	dings.	home	es.
City (5)						Square Fee	t #0	f Floors	E	ildg. A	ige	(harrier o
TEANECK						2,500	- Inches	2	- The second	+1	0	
BENGO.	n, do recres revenues au autum de la comp		County C (STATE U			Current Use	I Prior if be		hed)			
lame of Monitoring Firm Hired by Building	Owner (8)	1	ASCM	No.		of Abatemen AC Contrac		(9)	N. 44-10-1-1-1-1-1			-
Street Address			***************************************			Address Vreeland A	.ve.					resident.
City, State, Zip Code		*.:*.*************************				itate, Zip Cod and Park, N						
Project Manager for Monitoring Firm	and the second second second second	O'D THE STREET	Telephor	ne No.		one No. 262-5841	e uminima estadores con concesión e como in Po	License N 00156	0-			arted water
tart Date (10) /2/20/16	Schedule		npletion E	Dale (11)		of OSHA Mo ga Enviror		ervices		A-2011-11803		725
scupancy Stafus During Abatement (Chec Facility Closed/Vacated During Entire I		e)	/			Address Huyler St			***************************************	on the second of		
Abatement Performed Outside of Norm Other – Describe:						tate, Zip God (ensack, N		And the second s			***************************************	
cope of Work (Check All That Apply)		***************************************	MARK TO THE REAL PROPERTY.									
≥3 sf or ≥3 ff ≥150 st or ≥250 lf		lenova lemolit				Mini-Encl Glovebag	Procedure					
			Ī		L	J Non-Exen	npted (*) an	d Non-Friat	le Pro	AL WALLAND	e iment	
Location of	1	Locati Iormal	ly		Description	of	NE SELECTION CONTRACTOR CONTRACTO		THE PARTY OF THE P		pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Mai	d Sole ntena: odial S	nce/		tos Containing M thermal systems surfacing, VA	faterial (ACM) sinsulation,	(\$	mount Specify or LF)	Ren	Re	Encar	End
(13)	Yes	(12) No	N/A		other miscellan			51 21 2	Removal	Repair	Encapsulate	osure
ATTIC.			V	VE	EMIW LIT	E	6	725F	/			
				March Advanced opening year for march		Mary of the second of the seco		**************************************				
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ame of Registered Waste Hauler wark Carting , Inc.		H	JDEP Wa auler ID N 1509		Cubic Yards of Waste		e of Registe PA Beth			Corp	1	
ry State ewark, NJ	***************************************	L_		PROTOCO	Disposal Date 12/20/16	ນ · City. Beth	State nlehem, P	A			***************************************	
	Title				Signature			I Da				· management (m

Ck# 3130

Control of the Contro				152					<i>*</i>	I E	PE		M	_E
Date of Notification (1)							_	vner/Operator (				: U	U	_15_
	6 /	16			Fe	dCap Re	habi	liation Service	ces					
Agencies Notified	Type Notific	ation		<del></del>	Stree	t Address					EC -	- 8	201	6
□ EPA		20			Wi	lliam J H	ugh	es Tech. Cen	ter Bldg 306 TS	SF Annex				20000
☑ DOLWD ☑ DHSS	Amended Amendm				City,	State, Zip	Code	•						
□ DCA	☐ Emergen	_	ludina	1	At	antic Cit	y Air	rport, NJ 084	05	ASBE		CO		IUL à
(NJAC 5:23-8)	justificati				Nam	of Contac	ct			Telephone-Nur	nber	1.000	1.01	
	☐ Cancella	tion			Ke	ith Webs	ter							
					FA	CILITY II	NFO	RMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)					Type of Facility (	4)				
Equipment Trailer									School (K-12)		200			
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr	Other than K-1)	2) ercial b	ildin	15	
1283 Elwood Rd.									homes, etc.)	ivato ana commi	oroidi b	allulli	, ,	
City (5)									Square Feet	# of Floors	В	dg. A	ge	
Hammonton														
County (6)					Cou	nty Code (	7)(STA	ATE USE ONLY)	Current Use (Prid	or if being demo	ished)			
Atlantic									Office					
Name of Monitoring Firm	Hired by Build	ding Ov	wner (	8)	ASCN	No.	Na	me of Abateme	ent Contractor (9)					
USA Environmenta	l Manageme	ent					E	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address							Str	reet Address						
8436 Enterprise Ave	е						1	1123 BEAVER						
City, State, Zip Code						City, State, Zip Code								
Philadelphia, PA 19	153						E	BRISTOL, PA						
Project Manager for Moni	toring Firm			Tel	ephone	No.	Te	lephone No.		License No.				
Mark Jenkins				2	15-36	5-5810	2	215-788-6040		00509				
Start Date (10)	5	Schedu	led C	ompl	etion Da	ate (11)	Na	me of OSHA M	lonitor					
12 /16 /	16	12	/	_1	6_ /	16	E	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (	Check	only o	ne)	27-27-27		Str	eet Address						
☐ Facility Closed/Vacate							1	1123 BEAVER	R STREET					
Abatement Performed							Cit	y, State, Zip Co	ode					
Time of Abatement: 7	:00AM- <u>4:00</u> F	PM/	P	VI	AM		E	BRISTOL, PA	19007					
Scope of Work (Check all	that apply)													
		r	⊠ Re	nova	tion			☐ Full Cont ☐ Mini-Enc	ainment with Nega	ative Pressure				
□ ≥160 sf or ≥260 lf			De					☐ Glovebag	Procedure					
NEW								Non-Exer     Non-Exer	mpted (*) and Nor	-Friable Proced				
Laggian	o.f			Loca				Description			Ab	atem	_	1
Location Asbestos-Containing N		1)	Use	d So	lely by	Asbe	estos	Description o Containing Ma		Amount	Rer	Repair	Encapsulate	Enclosure
TO BE ABA	TED	'			ance/ Staff?		e., the	ermal systems i	insulation,	(Specify	Remova	pair	aps	closi
IN Facilit (13)	У		Cusi	(12				surfacing, VAT, ther miscellane		SF or LF)	<u>a</u>		ula	иге
(13)			Yes	No	N/A		0.0	, incir in incircing	040)				e	
Equipment trailer			П	$\boxtimes$	$\Box$	Floor ti	le a	nd Mastic		16 SF		П		
Equipment transf						1100. 0		ila illaotto						
			Ш			-								
Name of Registered Wast	e Hauler			Ti	NJDEP	Waste	Cul	bic Yards of	Name of Regist	ered Landfill				-
BRISTOL ENVIRON		C		1	Hauler I 2099		18					ORI	ΓY	
City, State BRISTOL, PA							Dis	posal Date	City, State ERR HARB	OR TWP, NJ				
Completed By (Print or Ty	me)	Title			100		L	Signature	Data					
Brian Scafiro	P-0/		timat	or				A	Scolini	,	2/6	./,	6	
			110000	1000				nun	15 Control	, /	016	11	1	

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

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1	DEC	- 8	2016	
AS		S CC	NTROL NG	8_

												7 9000	
Date of Notification (1)			Name	of Building	g Owner/	Operator (	2)	<u>I</u>	805			1	
1217.116				angfan			W. Carlo	LODEO	TOO	2001	[[]]	٥	
Agencies Notified  Type Notificatio	n			Address V. 57th	Street	#906		ASBES	TOEV			. a	
DEP Amended	_			late, Zip C									
■ Amendmen     ■ Emergence	nt # 2			York, N		9							
DOH justification Cancellation	1)	g		of Contact fer Gab	-			Teleph	ione Nui	mber			
Name of Facility Where Abatement is Taki			FAC	ILITY INF	ORMAT	The state of the s		- F					
Former Marshall's Store	ing Place (	(3)				1.	Type of Facility	(4)					
Street Address							School (K	12) er 8 (Other ti	han K. 13	21			
1139 - 1151 Hamburg Turnpike						I	Other (i.e.	private & co			dings.	hom	es.
City (5) Wayne				-			etc) Square Feet 35,000	# of Flo	oors		Bldg A	ge	
County (6)			County	Code (7)			Surrent Use (Pr		domalish	_	i C		
Passaic				USE ONLY	r)	- 1	unoccupied	tor ir benig t	uemonsi	iedi			
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASC	M No		Name o	Abatement Co	intractor (9)					
Acer Associates Street Address						ecose	rvices, LLC	<u></u>					
1012 Industrial Drive						Street A 407 W	ddress Yest Lincoln I	Highway.	Suite :	500			
City, State, Zip Code West Berlin, NJ 08091							te. Zip Code PA 19341				S		
Project Manager for Monitoring Firm Matt DePalma			Telepho 856-80	ne No. 09-1202		Telepho	ne No 72-8884		cense N	lo			
0. 18						.010	_ 000-	0					
	Schedule	ed Cor	mpletion	Date (11)		Name of	OSHA Monitor						
12/13/16	1	127	mpletion	Date (11)		Name of EMSL	OSHA Monitor						
Occupancy Status During Abatement (Chec	ck Only Or	27 ne)	117	Date (11)		EMSL Street A							
0ccupancy Status During Abatement (Chec	ck Only Or	とこ ne) Absten	]I]	Date (11)		Street A 200 Ro City, Sta	ddress oute 130 No te Zip Code						
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe	ck Only Or	とこ ne) Absten	]I]	Date (11)		Street A 200 Ro City, Sta	ddress oute 130 No						
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12 \ 13 \ 100 Occupancy Status During Abatement (Check Abatement Performed Outside of Norrother - Describe  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If	ck Only Or Period of A mal Facility	Abatem y Hours	nent s	Date (11)		Street Ar 200 Ro City, Sta Cinnar	ddress oute 130 No te Zip Code minson, NJ Full Containm	rth nent with Ne e cedure				e.	
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Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	ck Only Or Period of A mal Facility  R D Is N Usec	Abatemy Hours Renova Demolit Location Jormall d Soled intenar odial S	nent s tion ion by by by coe/	Asbesi	Des tos Conta thermal : surfac	EMSL Street Ar 200 Ro City, Sta Cinnar Cinnar cription of aining Mat systems in	ddress bute 130 No te Zip Code minson, NJ Full Containm Mini-Enclosur Glovebag Pro Non-Exempte erial (ACM) sullation or	rth  nent with Ne e cedure d (*) and No Amou	on-Friab unt ofy		cedur Abate	emen	1
To be a specific of Asbestos-Containing Material (ACM)  Location of Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  Coccupancy Status During Abatement (Check All That Apply)  Abatement Performed Outside of Norroute Other – Describe  Other – Describe  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ck Only Or Period of A mal Facility  R D Is N Usec Mai Custo	Abatemy Hours Renova Demolit Location Normall Hormall	nent sition ion on ly ly by loce/ staff?	Asbesi	Des tos Conta thermal : surfac other m	Street Ar 200 Ro City. Sta Cinnar Cinnar Cription of a systems ir ing. VAT. iscellance	ddress bute 130 Nor te Zip Code minson, NJ  Full Containm Mini-Enclosur Glovebag Pro Non-Exempte  erial (ACM) bisulation, or ous)	rth ent with Ne e cedure d (*) and No (Spec	on-Friab int ofy LF)	le Pro	Cedur Abate Ty	emen pe	1
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Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Abatement Performed Outside of Norrother – Describe  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If   Location of Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)  Retail Area  Retail Area  Back Offices	ck Only Or Period of A mal Facility  R D Is N Usec Mai Custo	Abatem y Hours Renova Demolit Locatin Normall d Soled intenar odial S (12) No	tion on ly by hice/ staff?	Asbesi (i.e	Des tos Conta thermal : surfac other m Cei Floor	EMSL Street Ar 200 Ro City. Sta Cinnar  cription of aining Mat systems ir ing. VAT. iscellance ling Tile tile mas	ddress bute 130 Nor te Zip Code minson, NJ  Full Containm Mini-Enclosur Glovebag Pro Non-Exempte  erial (ACM) bisulation, or	rth eent with Ne e cedure d (*) and No (Spec SF or  28,000 31,000	int offy LF) SF SF	Removal X	Cedur Abate Ty	emen pe	1
Doccupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Abatement Performed Outside of Norrother – Describe  Scope of Work (Check All That Apply)  \$\frac{2}{2}\$ ≥3 sf or ≥3 lf  \$\frac{2}{2}\$ 160 sf or ≥260 lf    Location of Asbestos-Containing Material (ACM)  \text{TO BE ABATED}  In Facility  (13)    Retail Area    Retail Area   Back Offices	ck Only Or Period of A mal Facility  R D Is N Usec Mai Custo	Abatemy Hours Renova Re	tion on by	Asbest (i e	Des tos Conta thermal : surfac other m	Street Ar 200 Ro City. Sta Cinnar Cinnar Cinnar Street Ar 200 Ro City. Sta Cinnar Cinn	ddress bute 130 Nor te Zip Code minson, NJ  Full Containm Mini-Enclosur Glovebag Pro Non-Exempte  erial (ACM) asulation or nus)	rth  ent with Ne e cedure d (*) and No (Spec SF or  28,000 31,000	on-Friab	Remova)	Cedur Abate Ty	emen pe	1
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Abatement Performed Outside of Norrother - Describe  Scope of Work (Check All That Apply)  3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)  Retail Area  Retail Area	ck Only Or Period of A mal Facility  R D Is N Usec Mai Custo	Abatemy Hours Renova Re	tion on ly by hoce/ staff?	Asbest (i e	Desstos Contathermal: surfactother m Cei Floor Floor Cubic Yof Wast 150 Disposa	EMSL Street Ar 200 Ro City, Sta Cinnar Cinnar Cription of aining Mat systems ir ing, VAT. iscellance ling Tile (ile mas tile mas	ddress bute 130 Nor  Te Zip Code minson, NJ  Full Containm Mini-Enclosur Glovebag Pro Non-Exempte  erial (ACM) assulation or bus)  tic  Name of GROW  City, State	rth  ent with Ne e cedure d (*) and No (Spec SF or  28,000 31,000 23 S  Registered S via Mere	on-Friab	Remova)	Cedur Abate Ty	emen pe	1
Coccupancy Status During Abatement (Check  Facility Closed/Vacated During Entire Abatement Performed Outside of Norrother - Describe  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If   Location of Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)  Retail Area  Retail Area  Back Offices  Ame of Registered Waste Hauler  aste Management of Central NJ  IV. State	ck Only Or Period of A mal Facility  Is N User Mai Custo  Yes	Abatem y Hours Renova Demolit Usermall d Soled intenar odial S (12) No	tion on ly by hoce/ staff?	Asbest (i.e	Des tos Conta thermal : surfac other m Cei Floor Floor Cubic Y of Wast 150 Disposa TBD	EMSL Street Ar 200 Ro City, Sta Cinnar Cinnar Cription of aining Mat systems ir ing, VAT. iscellance ling Tile (ile mas tile mas	ddress bute 130 Nor te Zip Code minson, NJ  Full Containm Mini-Enclosur Glovebag Pro Non-Exempte  erial (ACM) assulation, or	rth  ent with Ne e cedure d (*) and No (Spec SF or  28,000 31,000 23 S  Registered S via Mere	on-Friab	Removal X X X	Cedur Abate Ty	emen pe	TI CON CONTRACTOR

#### CK4116

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Date of Natification (1)				Nam	ne of Buildin	ng Owner/Operator	(2)	1				
Date of Notification (1)	7-16			Ivaii		EARTHT	ECH COI	UTRACTIM	16		3.105	551
Agencies Notified	Type Notificatio	n		Stre	et Address			- DUMIN	LICE	12.12	NG	3171
□ ₽PA	☑ Initial					155 RT	50	<u> </u>			40	_
DEP	Amended Amendment	#		City,	State, Zip			20020		,		
<b>⊠</b> DOL	Emergency		ng	_	G-1	REEMFIE!	D M.	5 380 7	30		12.3	
DOH □ DCA	justification Cancellation			Nam	ne of Conta			Telephone Numb	per			
	Carcelation				GR	UCE						_
	64	£)		FA	CILITY IN	FORMATION						
Name of Facility Where			ce (3)				Type of Facility	0.8 5				
	ESIDENC	<u>E</u>					School (K-1	2) 8 (Other than K-12	)			
Street Address							Other (i.e., phomes, etc.	orivate & commercia	al buil	- 3		
City (5)							Square Feet	# of Floors	BI	dg. A		
	CAN CI	14					2000			50	) +	_
County (6)	A4 (A1)				Inty Code ( E ONLY)	7) (STATE		rior if being demolis	shed)			
	MAY	-				I Name of Abotem	ent Contractor (9					=
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCN	1 NO.		EMCO I					
	JIA					Street Address	IVICO I	NC		_		-
Street Address						369	S SPIEL	CE WIE				
City, State, Zip Code						City, State, Zip C		THE PAGE		_	_	=
City, State, 2ip code							E SHAD	E M.J	080	250		
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone No.		License No.				
						856-77	9-0472	0041	44			_
Start Date (10)	Sche	duled (	Comple	etion Da	ate (11)	Name of OSHA N	Monitor ,			10.00		$\neg$
12-14-16		2-	21	-16	, .		NIA					_
Occupancy Status During	Abatement (Che	ck only	one)			Street Address	-					
												_
Abatement Performed	Outside of Norma	il Facili	ty Hou	rs		City, State, Zip Co	ode	144				
Other - Describe:												_
Scope of Work (Check all	that apply)					□ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf .			enovat			Mini-End	losure	<b>9</b>				
≥160 sf or ≥260 lf		Ø D€	emolitic	n			g Procedure empted (*) and No	on-Friable Procedur	e			
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Location of Asbestos-Containing Ma			d Solet ntenan		Asbest	Description of os Containing Mate	erial (ACM)	Amount			ш	
TO BE ABATE		0.000	ustodia Staff?	ıl	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Rer	Re	Encapsulate	Enclosure
IN Facility (13)			(12)			other miscellaneo		SF G LF)	Removal	Repair	psul	uso
		Yes	No	N/A					<u>a</u>		ate	re
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Name of Registered Waste	a Hautar		LN	JDEP V	Naste I	Cubic Yards	Name of Regis	stered Landfill				-
100 AC	_			auler ID	No.	of Waste	( )	l.C.M.U.	1/			
- KLTMCO	INC			140	24	Disposal Date	City, State	L.C. M.U.	64			-
City, State	100 111	T				Disposal Date		DBINE				
Completed By	ADE IN	ر .				Signature A	1					=
	CMM _	<	UP.			DAL.	102	Date 12	-2	-16	)	
MITCHAU 19	CMM -	<u> </u>	UV.			-1-11-11					_	

## CK 4114

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		DEC	-	8	2016	W

Date of Notification (1)				Nam			mer/Operator							-
1.2-	7-16						MAY 9	COMI	ALR PAS		-			18
Agencies Notified	Type Notifica	ition		Stre	et Address 7 O		Hau	14.41 1/	WE		ENS	IIVO		-
D BPA	Initial Amended			City	State, Zip			CNU	10 C				-	=
₩ DOL	Amendme		_	City,			tal C	ITY 1	U. J	08	22	26		
<b>⊠</b> DOH	Emergence justification		ig	Nam	e of Conta				Teleph	one Numb	er		. 1	
□ DCA	Cancellation	on			54	ME								_
				FA	CILITY IN	FORI	MATION							
Name of Facility Where			e (3)					Type of Facility	y (4)					
RE.	SIDENC	E						☐ School (K-1	(2)	than K-12	Ÿ.			
Street Address								Other (i.e., homes, etc	private & o	mmercia x	l build			
City (5)	tani c	114						Square Feet	# of F	loors	- 11	dg. A	7.0	
County (6)	MAY			County Code (7) (STATE Use (Prior if being demolished) USE ONLY)  Current Use (Prior if being demolished)										
Name of Monitoring Firm		ng Owner	$\overline{}$	ASCM	No.	Na	me of Abatem	ent Contractor (						
(8) W	Δ						KLEMC	O INC	,					_
Street Address				Street Address 369 S. SPRUCE AUE										
City, State, Zip Code				City, State, Zip Code										
								SHAPE			02	2		_
Project Manager for Mon	itoring Firm		Tele	Telephone No.   Telephone No.   License No.   OO 44 4									_	
Start Date (10)	Sc	cheduled C	omple	tion Da	ate (11)	Na	me of OSHA N	Monitor						
12-13-1						_		N/A.					_	_
Occupancy Status During						Str	eet Address							
Facility Closed/Vacate	d During Entire	Period of	Abate W Hour	ment		Cit	, State, Zip Co	vde						-
Abatement Performed Other - Describe:	Outside of Non	IIIdi FaGiii	yriodi	3		- City	7, 3 late, 21p G		* 10					_
Scope of Work (Check al	that apply)						Full Con	tainment with Ne	egative Pre	essure				
☐≥3 sf or ≥3 lf			enovati				Mini-End	losure						
≥160 sf or ≥260 lf		₩ De	emolitio	n			Non-Exe	g Procedure mpted (*) and N	on-Friable	Procedur	е			
		Isl	ocatio	n								bater		
		12 months 2000	ormally Soleh				Description of				_	Тур	<del>-</del> T	-
Location of Asbestos-Containing M.		Mair	ntenan	œ/		tos C	ontaining Mate		Amo (Spe		_		5	ш
TO BE ABATE IN Facility	ED		ustodia Staff?		(i.e.,		nal systems in facing, VAT,		SF or		Remova	Repair	caps	nclo
(13)			(12)			othe	er miscellaneo	us)			oval	air	Encapsulate	Enclosure
		Yes	No	N/A									0	
SIDIN	G-			X	T	RU	AWSITE	<u> </u>	250	0 5=	X			
														_
Name of Registered Wast	e Hauler		100000	JDEP V	Company of the compan		oic Yards	Name of Reg	istered La	ndfill		4		
KLUMCO I	NC.		H	nuler ID	No.	of <u>v</u>	Vaste 3	C.M	. C. I	M.U	. V	7		
City, State						Disp	osal Date	City, State	no:	1117				
MAPLE SH		NJ					0:	woo	DBI	Data			_	-
Completed By		itle SU∯	1			Ì	Signature	100h	$\overline{}$	12.	- 2	-1	6	
MICHAEL KLO	MM -	000						<u> </u>						

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

(m).	E	C	E	0	$\mathbb{V}$	E	
X		DEC	_	8	2016		Complement Comments

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1 RESTORATION APE Type Notification Street Address LICENSING Agencies Notified Initial
Amer DEPA Amended City, State, Zip Code Amendment # DOL. ☐ Emergency (including elephone Number Ø DOH □ DCA justification) Name of Contact Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50+ WILDWOOD 1000 Current Use (Prior if being demolished) County Code (7) (STATE County (6) VACANT USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. INC KLEMCO Street Address Street Address PRUCE City, State, Zip Code City, State, Zip Code MAPCE HADE Telephone No. Project Manager for Monitoring Firm Telephone No. 856-779-04 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 17-14-Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Glovebag Procedure Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Used Solely by Location of Asbestos Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) Encapsulate (i.e., thermal systems insulation, (Specify Custodial Removal TO BE ABATED SF or LF) Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)No N/A Yes TRAWSITE SIDING Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No of Waste KLUMCO Disposal Date City, State WOODBINE MAPLE Signature

Completed By

MICHAEL

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			FICATIO	N OF ASBI	ESTOS	ABATE			al	17	5	71	9	
Date of Notification (1) 12/2/16			1	of Building arton Sch		Operator	(2)		Th.	E	J			
Agencies Notified  Type Notification  EPA  Initial	n			Address Mendham	n Road					D	EC	- 8	20	16
DEP Amended  DOL Amendmen	nt#		Li Control	ate, Zip Co stown, N		an			land hers					
X Emergend	y (including	]		of Contact	3 075	50			Telephé	ha Num	ber)	S C	ONT	ROL
DCA justificatio			M. Ri						Tambus		220	<u>.</u>	'VG	
Name of Facility Where Abatement is Tak	ina Dinas /	2)	FAC	ILITY INFO	ORMATI	ON	T	. F 'II' / 4						
Delbarton School	ang Flace (	3)						f Facility (4						
Street Address 230 Mendham Road			-0.27.27.37				St.	chool (K-12 ubchapter 8 ther (i.e. pri	(Other tha			dings	, hom	es,
City (5)							Square		# of Floo	ors	Е	ildg. A	Age .	
Morristown						27	3000		2		11 13	0		
County (6) Morris				Code (7) USE ONLY)	)	_	Current	Use (Prior	if being de	emolishe	ed)			
Name of Monitoring Firm Hired by Buildin	g Owner (8	)	ASCI	M No.				ment Conti nmental		, LLC				
Street Address							Address Box 483	3, 4 E Ga	te Drive					
City, State, Zip Code							tate, Zip wood,	Code NJ 0741	8					
Project Manager for Monitoring Firm			Telepho	one No.			one No. 764-22	76	Lice 703	ense No	· 6			
Start Date (10) 12/3/16	Schedul 12/15/		mpletion	Date (11)		Name	Name of OSHA Monitor							
Occupancy Status During Abatement (Ch	eck Only O	ne)				Street	Address				-(17.50			-
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	e Period of rmal Facility	Abater y Hour	ment	Ä	_	City, S	tate, Zip	Code	11				-	
Scope of Work (Check All That Apply)						-								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Personal Contract of the Contr	Renova Demoli					Mini-l Glove	Containmen Enclosure ebag Proce Exempted (	dure				e	
	Is	Locat	tion						***				ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		os Conta thermal surfac		laterial (A insulation T, or		Amoun (Specif SF or LF	у	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A										ate	(0)
Gym closet			×		pipe	insulat	ion		8 LF		X			
			Х		flo	oor tile			25 SF		X			
									**********					
Name of Registered Waste Hauler Freehold Cartage		+	JDEP W lauler ID 5939		Cubic `of Was		- 1	Name of Re Western						
City, State Freehold, NJ					Dispos TBD	al Date		City, State Birdsbord	o, PA				2000	
Completed by A. Scott Higgins	Title Pres	ident			Si	gnature	- 1	_	_	Date 12/2				

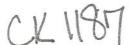
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Date of Notification (1)					Name	of Buildin	g Owner/Operator (	2)	INEGE	3 1	W	15	$\mathbb{H}$
	21 /	16			Am	y Fleck							
Agencies Notified	Type Notific	cation			Street	Address	T		DEC	0	2016		H
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□ DHSS	Amendn						e , NJ 08078		ASBESTO:	3 CO	NTR	OL	&
DCA			cluding	3		of Contac			LICE	-11511	VG_		
(NJAC 5:23-8)	justificat  Cancella				100	100000	A.		Telephone Numb	jer			
	L Cancella	ation				y Fleck							
					FA	CILITY IN	NFORMATION						
Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facili	Al 3000				
Resident								School (K-					
Street Address									er 8 (Other than K-12) , private and commer c.)		ilding	S,	
City (5)								Square Feet	# of Floors	Bl	dg. A	ne ne	
Runnemede								800Sf	1 Floors		98	90	
County (6)					Cour	aty Code /	7)(STATE USE ONLY)		Prior if being demolis		-		_
Camden COUNTY					Cour	ity Code (i	(STATE USE ONLY)		Prior ir being demoils	nea)			
Name of Monitoring Firm	Llined by Dui	14: 0		(O)	A C C A 4	NI.	Tal	Resident	(6)				
Name of Monitoring Firm	nired by Bui	iding C	wner (	(8)	ASCM	NO.	Name of Abateme		A \$1				
								1 Environme	ntal Service, LLC				
Street Address							Street Address						
							14 Read Drive	e					
City, State, Zip Code							City, State, Zip Co	ode					
							Sicklerville, N	NJ 08081					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.				
							856-318-1341		01158				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
11 /22 /	_16	1	1_ /	_ 2	3_/	16	Graham-Tech	n Environme	ntal Services, LL0	Э.			
Occupancy Status During	Abatement	(Check	only o	ne)			Street Address						
□ Facility Closed/Vacate				2.22.000	ment		14 Read Drive	Δ.					
Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement: 7/	AM-11:30PM	VI/	_PM-		_AM		Sicklerville, N						
Scope of Work (Check all	that annly)						Olekiei ville, i	40 00001					
Scope of Work (Check all	triat apply)						☐ Full Cont	ainment with N	Negative Pressure				
□≥3 sf or ≥3 lf			Re				☐ Mini-Enc	losure	5				
≥160 sf or ≥260 lf			□ Deligation     □ Deligation	moliti	on		☐ Glovebag	g Procedure	Non-Friable Procedu				
			le	Loca	tion	1	⊠ Moli-Exe	impled ( ) and i	Non-Friable Procedul	1			
Location	of			Norma			Description o	f		Ab	atem	ent I	T
Asbestos-Containing N		VI)			ely by	Asbe	stos Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABA					ance/ Staff?	(i.e	e., thermal systems		(Specify	Removal	air	aps	sols
IN Facilit (13)	У		Ouoi	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(1.0)			Yes	No	N/A		other misocharie	003)				te	
Outside						Asbest	os Shingles		80LF				
Outside					$\boxtimes$	Asbest	os Debris		40SF	$\boxtimes$	П	П	П
			_		+								
			Ш	Ш	Ш						Ш	П	Ш
Name of Registered Wast	e Hauler			198	NJDEP N		Cubic Yards of	Name of Re	gistered Landfill				
Graham-Tech Enviro	onmental S	Servic	e, LL(	C F	Hauler II		Waste	G.R.O.W	. North Landfill &	Tully	towr	1	
City, State					00346	000	Disposal Date	City, State					
14 Read Drive Sickle	erville. N.I	08081							odentown Rd. Mor	rievil	le P	Δ.	
Completed By (Print or Ty							10:				,. /	•	
Vernice Graham	he)	Title	eside	nt			Signature	A.	A I I	te ///	21-	10	

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Date of Notification (1)		*(=   - - - -  -  -  -  -  -					g Owr	ner/Operator (2	2)	IIII DEC	- 8	201	6	11
	/	16	-		Am	y Ford			Printed	TI TI DEC	,	201		
Agencies Notified	Type Notifica	ation			Street	Address				ASBEST	00.00	TAITE	201	2
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☑ DOH	Amended Amendme				City, S	State, Zip (	Code		L	1-1				
□ DCA	☐ Emergend		ıdina		Mer	cerville,	NJ 0	8619						
(NJAC 5:23-8)	justification		9		Name	of Contac	t			Telephone Nur	nber			
	☐ Cancellat	ion			Am	y Ford								
					FAG	CILITY IN	IFOR	RMATION					San Mari	
Name of Facility Where A	Abatement is T	aking P	lace	(3)					Type of Facility (					
Ford Residence									School (K-12) Subchapter 8		2)			
Street Address	_								Other (i.e., pri			uilding	S,	
									homes, etc.)	T# 651				
City (5)									Square Feet	# of Floors		dg. Ag <b>80</b>	je	
Mercerville					10	t. 0-d- /	7)/074	TE LIDE ON VI	1,600	3		00		
County (6)					Cour	ity Code (	()(STA	TE USE ONLY)	Current Use (Prior Residence	or ii being demo	iisrieu)			
Mercer				N T	ASCM	N	1.51-							
and the second s	Monitoring Firm Hired by Building Owne & Environmental Consulting Ser					No.	10000000		ent Contractor (9)					
	ental Consul	iting S	ervic	es					onmental, LLC					
Street Address							1000	eet Address						
PO Box 341								23 Cutler Av						
City, State, Zip Code	272							, State, Zip Co						
Chesterfield, NJ 08								laple Shade	, NJ 08052	133				
Project Manager for Moni	itoring Firm				phone			ephone No.		License No.				
Bill Weisgarber					9-298			56-755-0099		00842				
Start Date (10)	Co. 100	Schedule					l interest	ne of OSHA M						
12 /15 /		12	77		_ / -	16	E	MSL Analyt	ical, Inc.					
Occupancy Status During							Stre	eet Address						
☐ Facility Closed/Vacate	97.						2	00 Route 13	0 North					
Abatement Performed Time of Abatement: _							City	, State, Zip Co	ode					
Time of Abatement		F IVII/_		_ r ivi		CIVI.	С	innaminsor	n, NJ 08077					
Scope of Work (Check all	that apply)	11						□ Full Cook	tainmant with Noa	ativa Proceura				
≥3 sf or ≥3 lf		×	Rer	ovat	on			☐ Mini-End	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		Ē		noliti				☐ Gloveba	g Procedure					
						1		Non-Exe	mpted (*) and Nor	n-Friable Proced	T Towns			
			10000	Locat orma				Description			At	atem		T
Location Asbestos-Containing		n			ely by	Ashe	estos (	Description o Containing Ma		Amount	Rer	Repair	Enc	Enclosure
TO BE ABA		88			ince/ Staff?		e., the	rmal systems	insulation,	(Specify	Removal	air	aps	losi
IN Facilit	ty		Cust	(12)	Stair?			urfacing, VAT ner miscellane		SF or LF)	<u>n</u>		Encapsulate	лге
(13)			Yes	No	N/A		Oti	iei illiscellalle	ous)				é	
Basement			7		$\downarrow_{\Box}$	Pipe In	sulat	tion		115 LF		$\Box$		
Basement						Floor T				216 SF		Ī	П	П
Busement														
			_											$\exists$
Name of Desistered Mar-	to Haular	-   L			JDEP \	Nacto	Cub	oic Yards of	Name of Regist	tered Landfill			Ш	
Name of Registered Was	te Hauler			1,000	lauler II		Was			orth Landfill				
Freehold Cartage					15939		5			Ziui Landiiii				
City, State							1	posal Date	City, State	D.A.				
Freehold, NJ							1	2/19/2016	Morrisville,					
Completed By (Print or Ty	ype)	Title						Signature		1	Date			
Christina Lynch		Vice	e Pre	eside	ent of	Operatio	ns	(man)	- Clo		2/0	211	0	

CK# 0199

Date of Notification (1)					Building O		perator	(2)								
12/05/16				Cevan	Associa	ites				Ir		E I	7	5 1	W	E
Agencies Notified	Type Notification		5	Street Ad	ddress					danger man	U)-		<u> </u>	<u> </u>	LI	
☐ EPA	Initial Amended									1	27007		000000	a code		
DEP		4		110	te, Zip Cod	ie				-		D	EC	- 8	201	16
X DOL	Amendment Emergency				on, NJ			5,011/10/2000		T-1	d har	. Ni ima	hor			
DOH DCA	justification)		1	Name of	Contact					Tel	ephone			200	SAITE	201
☐ DCA	Cancellation			E40!	ITY INITO	DALATI	ON	es Testina		-	A	SBE	510	ENS	MG	TUL
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INFO	KMAII	JN	Туре	of Facility (4)				LIO	_140	110	
Residential House		9 (-/							School (K-12)							
Street Address			The second					T 8	Subchapter 8	(Oth						
								e	Other (i.e. privetc.)					1555		s,
City (5)									e Feet		f Floor	S	1 700	ldg. A 0+	ge	
Paterson								2000		2		!:		0+		
County (6)					Code (7) ISE ONLY)				nt Use (Prior idential Ho			nolisn	ea)			
Passaic		2 (2)	Т,	G0000000000000000000000000000000000000			Name		ement Contr							
Name of Monitoring Firm	n Hirea by Building	Owner (8)		ASCM n/a					Contracting							
Street Address				11/4				Addres		9 1111						
n/a									de Ave							
City, State, Zip Code									p Code							
n/a							Garf	ield, N	J 07026							
Project Manager for Mor	nitoring Firm		- 1	Telephor	ne No.			one No				ise No	).			
n/a				n/a				60.60			012	55				
Start Date (10)		Scheduled		pletion [	Date (11)				A Monitor	a Ind						
12/14/16		12/20/16	3					Addres	Contracting	y inc						
Occupancy Status Durin									de Ave							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ab	atem	ent		-			p Code			-				
X Other – Describe:		nar r dointy r	ouro			_			J 07026							
Scope of Work (Check A	II That Apply)				-			,								
23 sf or ≥3 lf	,,,,	□ Re	novat	ion			×	Full	Containmen	t with	n Nega	tive P	ressur	e		
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf		-	moliti					Min	i-Enclosure		0.700					
_									vebag Proce n-Exempted (			Friabl	e Pro	cedure	9	
		Τ												Abate	in at Jovenne	
		1000000	ocation rmall	100		Doc	arintian	of						Ту	ре	
Location Asbestos-Containing		Used	Solei	y by	Asbesto		scription aining N		(ACM)	А	mount				ш	_
TO BE AB	ATED	Main Custo			(i.e. t		systems		ition,		Specify F or LF		Ren	Re	ncal	incl
In Faci (13)			(12)	277.07.61			cing, VA niscellar			31	OI LI	)	Remova	Repair	Encapsulate	Enclosure
(,		Yes	No	N/A									=		ate	e e
1st Floor h	Kitchen			x		Floor	r Cove	ring		2	50 SF	-	x			
1st Floor h	Kitchen			х		Drywal	Com	oound		6	00 SF		ĸ			
						4										
Name of Registered Wa		-	100.00	JDEP Wauler ID		Cubic of Was			Name of R			andfill				
Harmony Contracting	ng Inc			33137		TBD			GROWS	La	natili					
City, State							sal Date		City, State	10 [	Δ					
Garfield, NJ		1 70				TBD	ionet		Morrisvil	ie, r	^	Da	ta			
Completed by		Title					ignature		0	٠,,			te 2/05/	16		
Kristina Caporino		Secre	lary				via	WIL	e Capor	rie	)	1				



		(1	Pursuan	t to NJAC 8:60	and 12:12	(0)		Entern Control				
Date of Notification (1) 12-05-2014				of Building Own Ita Kosek	er/Operato	r (2)	To the state of th	DEC	- 8	20	16	
Agencies Notified Type Notification	n		Street	Address			ASBI	ESTO	SC	ONT	ROL	
× EPA × Initial			City Ci	7:- 0-1-				LIC	ENS	ING		
X DEP Amended X DOL Amendme	nt #		100	ate, Zip Code ter NJ 07930	)							
Emergence	y (includin	g		of Contact	,		Telephone N	lumbar				
DOH justification Cancellation			Jolan	ta Kosek			1 relephone to					
			FAC	ILITY INFORM	ATION							
Name of Facility Where Abatement is Tak PRivate Dwelling	ing Place	(3)				Type of Facility (4	-)					
Street Address						School (K-12	2) 8 (Other than K-	12)				
						Other (i.e. pr	ivate & comme	rcial bu	ildings	, hom	ies,	
City (5)						etc.) Square Feet	# of Floors		Bldg.	Age		
Chester NJ 07930						n/A	N/A		N/A	.5-		
County (6)				Code (7) USE ONLY)		Current Use (Prio		ished)				
Morris  Name of Monitoring Firm Hired by Building	- 0 //					Private Dwelli	•					
Bioterra Slution	g Owner (8	5)	ASCI	M No.		of Abatement Cont ax Contracting L						
Street Address			-1-		Street Address							
1130 W Chestnut St					PO BOX 734							
City, State, Zip Code					City, State, Zip Code							
Union NJ 07083					Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquio			Telepho		Telephone No. License No.							
Start Date (10)	Schodu	lod Co		94-3762 Date (11)	973-692-6298 01266							
12-15-2016	12-19			Date (11)	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Che	eck Only O	ne)			Street Address							
Facility Closed/Vacated During Entire	Period of	Abater	ment		PO	3OX 734						
Abatement Performed Outside of Nor Other – Describe:	rmal Facilit	y Hour	S		tate, Zip Code	VI 07424						
Scope of Work (Check All That Apply)					Woo	dland Park NJ (	NJ 07424					
- 1000 He TO TO TO THE THE TO THE TOT	IVI		N.		12	7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	parameter .	Renova Demoli			É	Full Containmer Mini-Enclosure	nt with Negative	Pressu	ire			
					×	Glovebag Proce Non-Exempted		blo Dr				
	10	s Locat	ion			14011-Exempted	( ) and Non-i na	DIE FIC		ement		
Location of		Norma	lly	1	Description	of			Ту	ре		
Asbestos-Containing Material (ACM)  TO BE ABATED		ed Sole aintena		Asbestos Co	ontaining M	faterial (ACM)	Amount			Ш	_	
In Facility	Cus	todial ( (12)	Staff?	(i.e. them	facing, VA	s insulation, T, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
(13)		(12)	_		r miscellar		d.	oval	pair	sula	osure	
	Yes	No	N/A							te	G.	
Basement				pip	oe insula	tion	70 LF	Х				
Crawlspace			X	pip	e insula	tion	105 LF	Х				
Name of Registered Waste Hauler	100	JDEP W		ic Yards	Name of Re	egistered Landfi	11	1		_		
Amax Contracting LLC					of Waste							
City, State		Disposal Date			City, State					-		
Woodland Park NJ 07424	12-28-2016			Morrisvill	e PA							
Completed by Tome Maslarkov	ot 14	Signati t Manager			111/2 /	2/	ate					
TOTTIC IVIASIALNOV	Proje	CL IVIS	mager		-	1110	- 11	2-05-	2016	i		

#### nn 11/

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

	E	G	E		$\mathbb{V}$	In.
X	- 1	DEC		Ω	2016	

110 9			(Pursu	ant to NJ	AC 8:60 and 5:1	6)	The second secon	-0	0	004	_	
Date of Notification (1)		111-100-1	Nar	ne of Buildi	ng Owner/Operator (	(2)		<del>-</del> C-	Ö	2016	<del>)                                    </del>	
10 /16 /	15		S	tate of Ne	ew Jersey Departi	ment of Transp	oration					
Agencies Notified Type Notific	ation		Stre	et Address	,		ASBES	TOS	CO	VTR	OL 8	
⊠ EPA ⊠ Initial			10000		vay Ave., CN 600			LICE				
□ DOLWD			City	, State, Zip								
	ent # <u>6-12</u>		)	renton, N								
DCA Emergen (NJAC 5:23-8)   Emergen		ing		ne of Conta			Telephone Num	ber		1000000		
☐ Cancella			81	uis Limo			Tolophone Itali	iboi				
			F	ACII ITY I	NFORMATION							
Name of Facility Where Abatement is 7	Taking Pla	ice (3		AOILITTI	III OKIIIATION	Type of Facility (	4)					
Route 7 Bridge	3	•				☐ School (K-12						
Street Address		- 100				Subchapter 8	(Other than K-12)					
Rt 7						Other (i.e., pr homes, etc.)	ivate and comme	rcial b	uildin	gs,		
City (5)						Square Feet	# of Floors	TR	ldg. A	00		
Kearny						Square reet	# 01 110015		iug. F	ige		
County (6)			Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pric	or if being demoli	shed)				
Bergen				anty code	(r)(omile ode oner)	Current OSC (1 11	or it being demon	oneu)				
Name of Monitoring Firm Hired by Build	dina Owne	er (8)	ASC	M No.	Name of Abateme	ent Contractor (9)						
Cardno ATC	g	. (0)				ENVIRONMENTAL, INC.						
Street Address					Street Address	.,						
3 Terri Lane					1123 BEAVE	R STREET						
City, State, Zip Code					City, State, Zip Co	Property and the second						
Burlington, NJ 08016					BRISTOL, PA							
Project Manager for Monitoring Firm		Т	elephon	e No.	Telephone No.		License No.					
John Lutz				86-8800	215-788-6040		00509					
Start Date (10)0 FF SITE 12/5 S	Scheduled	Com	pletion E	Date (11)	Name of OSHA M							
5 / 23 / 16				16	The property of the property of the party of	VIRONMENTAL	INC.					
Occupancy Status During Abatement (0					Street Address		AL, INC.					
☐ Facility Closed/Vacated During Entire					1123 BEAVER	STREET						
☐ Abatement Performed Outside of No				escribe	City, State, Zip Co						-	
Time of Abatement:AM					BRISTOL, PA							
Scope of Work (Check all that apply)			(Marie Trans		Bitto TOL, TA	10007						
					☐ Full Cont	ainment with Nega	ative Pressure					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renov Demo	ation									
23 _ 100 01 01 2200 11	23 1	Jenio	iitiOii			mpted (*) and Non	-Friable Procedu	re				
			cation					Ab	atem	ent T	уре	
Location of	,   11		mally folely by		Description of			R	R	п	т	
Asbestos-Containing Material (ACM TO BE ABATED			enance/		estos Containing Mai e., thermal systems i		Amount (Specify	Remova	Repair	nca	nclo	
IN Facility	C		al Staff?	,	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure	
(13)	Vo		2) lo N/A	-	other miscellaned	ous)				late	0	
	Ye	2 200							_		-	
Underside of bridge piers				Sheet	packing		2800 SF	$\boxtimes$				
	П	Г						П	П	П	П	
		1		-								
Name of Registered Waste Hauler		┸		110/0040						Ш	Ш	
SERVICE TRANSPORT GROUP	INC			Waste ID No.	Cubic Yards of Waste	Name of Registe						
	, 1110.		20990 WIINERVA LANDFILL			MINDLIFF						
City, State			Disposal Date City, State WAYNESBURG, OH 44688									
NEW CASTLE, DE 19720		Y-47				WAYNESBU	JKG, OH 44688	)				
Completed By (Print or Type)	Title				Signature	0 0.	/ Da	te /	/			
Brian Scafiro	Estim	ator			Brian	Scafire	fg 12/2/16					

ASB-41  $B \le 15102$ \*Do not use this form for asbestos licensure exempted activities.

\*\* OF F  $\le$  ITE  $M \circ N \cdot 12/5/16$ 

		N	IOTIF	ICAT (Purs	ION OF	f New Jersey ASBESTOS AB IJAC 8:60 and 5	ATEMENT :16)				$\mathbb{V}_{-}$	E	
Date of Notification (1)	16 /	15				lding Owner/Operato		and the	C -{	3 21	916	100	
Agencies Notified  ☑ EPA ☑ DOLWD ☑ DHSS ☐ DCA	Type Notificat Initial Amended Amendmet	nt # <u>5-1</u>		St Ci	reet Addre	ss <b>(way Ave., CN 6</b> 0 ip Code		ACBEST	OS O CENS	ONT	ROI		
(NJAC 5:23-8)	justification  Cancellation	٦)	3		me of Con Luis Limo			Telephone I	Numbe	r			
				-	FACILITY	INFORMATION							
Name of Facility Where A Route 7 Bridge Street Address Rt 7	Abatement is Ta	king Pl	ace (3	)			Type of Facili  School (Kongress)  Subchapte Other (i.e., homes, et	-12) er 8 (Other than k , private and com	(-12) nmercia	l buil	dings	,	
City (5)							Square Feet			Bldg	. Age	)	
Kearny													
County (6) Bergen				Co	ounty Code	se (Prior if being demolished)							
Name of Monitoring Firm	Hired by Buildin	g Owne	er (8)	ASC	M No.	Name of Abatem	ne of Abatement Contractor (9)						
Cardno ATC							VIRONMENT						
Street Address						Street Address		NUMBER TAL, INC.					
3 Terri Lane						1123 BEAVE	R STREET						
City, State, Zip Code		****				City, State, Zip C	ode						
Burlington, NJ 0801						BRISTOL, PA	A 19007						
Project Manager for Monit	oring Firm		Te	lephon	e No.	Telephone No.	License No.						
John Lutz	a com <b>a</b> ctions		(	609-38	6-8800	215-788-6040	)	00509					
Start Date (10) ON SITE		eduled	Comp	letion D	ate (11)	Name of OSHA N	Monitor	1 00000			77.		
				7 /	16	BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During						Street Address							
∏ Facility Closed/Vacated     ☐ Abatement Performed C	During Entire P	eriod o	f Abate	ement		1123 BEAVE							
Time of Abatement:	AMF	PM/	PM	irs - De	_AM	City, State, Zip Co BRISTOL, PA							
cope of Work (Check all the	nat apply)					1							
] ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ D	enovat emoliti	on		Mini-Encl     Glovebag	Procedure	gative Pressure n-Friable Proced	ure				
Location of			s Loca Norma			5			At	paten	nent 7	Гуре	
Asbestos-Containing Ma TO BE ABATE IN Facility (13)		Use	ed Sole aintena todial (12)	ely by ince/	Asbes (i.e.	Description of stos Containing Mat , thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
nderside of bridge pie	rs			$\boxtimes$	Sheet pa	acking		2000 05	K7				
					2.100t pt			2800 SF					
		_								Ш	Ш		
me of Registered Waste H	laulor	Ш											
SERVICE TRANSPORT		).	Ha	JDEP V auler ID <b>20990</b>		Cubic Yards of Waste	Name of Registe MINERVA L						
, State EW CASTLE, DE 1972	20				1	Disposal Date	City, State WAYNESBU	IRG, OH 44688	}				
npleted By (Print or Type)	Title					Signature	Sectionary Stockers and Tolkers	, ,	4				

Signature

Date

ASB-41 MAY 11 \* Do not use this form for asbestos licensure exempted activities. SITE 11/23/16 \*\* \* BACK

Estimator

Brian Scafiro

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и Ц		UEU		ğ	2016	1	

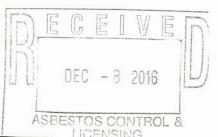
					Name of Bui	ilding Owner/Operato	or (2)		1 1				
	16 /	15				New Jersey Depa		ansp	ASE	BEST			
Agencies Notified  ☑ EPA ☑ DOLWD	Type Notifi  ☑ Initial  ☑ Amende				Street Addre	ss kway Ave., CN 60				<u>k_l</u> :		SIN	3_
☑ DHSS		nent #4.	-5/31/	16	City, State, Z								-
	☐ Emerge	ncy (inc		_	Trenton,								
(NJAC 5:23-8)	justificat			1	lame of Con				Telephone	Numb	er	BENEFE	
	Cancella Cancella	ation			Luis Limo	)							
Na (5 22 10 10					FACILITY	INFORMATION							
Name of Facility Where Ab	atement is	Taking F	Place (	3)			Type of Fac	ility (4	)				
Route 7 Bridge							School (	K-12)					
Street Address							Subchap Other (i.e	ter 8 (	Other than	K-12)	ial b.		1277
Rt 7							homes, e	etc.)	ate and cor	nmerc	ISI DU	illaing	S,
City (5)							Square Feet		# of Floors	3	Blo	dg. Ag	e e
Kearny								1				-	65531
County (6)				C	County Code	(7)(STATE USE ONLY)	Current Use	(Prior	if being der	molishe	ed)		-
Bergen									-	3.64	e e e		
Name of Monitoring Firm His	red by Build	ding Owr	ner (8)	ASC	CM No.	Name of Abatem	ent Contractor	(9)			-	-	
Cardno ATC						BRISTOL EN			NC.				
Street Address						Street Address							
3 Terri Lane						1123 BEAVE	VER STREET						
City, State, Zip Code						City, State, Zip Co							
Burlington, NJ 08016						-1	DL, PA 19007						
Project Manager for Monitorin	ng Firm		T	elephor	ne No.	Telephone No.	No. License No.					_	
John Lutz				609-3	86-8800	215-788-6040	C CC 12						
Start Date (10)	Sc	heduled	0							509			
	100	, icaaica	Comp	letion [	Date (11)	Name of OSHA Mi	A Monitor						
5 /23 /1	6_	0 N	Comp	oletion (	Date (11)			AL IA	IC.				
	6_	0 N	H	<u>LD</u>	Date (11)	BRISTOL ENV		AL, IN	IC.				
Dccupancy Status During Aba	6(Charing Entire	eck only	y one) of Abat	<u>OLD</u> ement		BRISTOL ENV	TRONMENTA	AL, IN	IC.				
Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs	6atement (Churing Entire	neck only Period of	y one) of Abat	ement	escribe	Street Address 1123 BEAVER	TRONMENTA	AL, IN	IC.				
Dccupancy Status During Aba	6atement (Churing Entire	neck only Period of	y one) of Abat	ement	escribe	Street Address 1123 BEAVER City, State, Zip Coo	STREET	AL, IN	IC.				
Occupancy Status During Aba	atement (Churing Entire side of Norm	neck only Period of	y one) of Abat	ement	escribe	Street Address 1123 BEAVER	STREET	AL, IN	IC.				
Dccupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement:  cope of Work (Check all that	atement (Churing Entire side of Norm	O N neck only Period o mal Faci PM/	y one) of Abat	ement urs - De	escribe	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET le 19007  nment with Nersure Procedure	gative	Pressure	NITO .			
Occupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	atement (Churing Entire side of Norm	Deck only Period of mal Faci PfM/ R S D	y one) of Abat lity Ho PM enova emoliti	ement urs - De dion	escribe	Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET le 19007  nment with Nersure Procedure	gative	Pressure				
Dccupancy Status During Aba  Facility Closed/Vacated Du  Abatement Performed Outs Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of	atement (Churing Entire side of Norm AMapply)	Deck only Period of mal Faci PfM/	y one) of Abat lity Ho Ph  enova emoliti S Loca Norma	ement urs - De dion tion	escribe _AM	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coc BRISTOL, PA	STREET  Je  19007  Inment with New Source  Procedure  oted (*) and No	gative	Pressure	Al	1	nent T	_
Dccupancy Status During Aba  Facility Closed/Vacated Du  Abatement Performed Outs Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Materia	atement (Churing Entire side of Norm AMapply)	Deck only Period of mal Faci PM/ R D Use	y one) of Abat lity Ho PM enova emoliti	ement urs - De tion on tion tilly ely by	escribe _AM	Street Address  1123 BEAVER City, State, Zip Coc BRISTOL, PA  Full Contai Mini-Enclo Glovebag & Non-Exem  Description of tos Containing Mater	STREET  Je  19007  Inment with New Source  Procedure orded (*) and No	gative on-Fria	Pressure ble Proced	Al	1	_	-
Decupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Materia TO BE ABATED IN Facility	atement (Churing Entire side of Norm AMapply)	Deck only Period of mal Faci PM/	y one) of Abat lity Ho enova emoliti s Loca Norma ed Sole aintena todial	ement urs - De fi-	escribe _AM	Street Address  1123 BEAVER City, State, Zip Coo BRISTOL, PA  Full Contai Mini-Enclo Glovebag is Non-Exemi  Description of tos Containing Mater thermal systems ins surfacing, VAT, or	STREET  Je  19007  Inment with New Source  Procedure ofted (*) and No lial (ACM) ulation,	gative on-Fria	Pressure ble Proced Amount Specify	Al	baten	_	_
Dccupancy Status During Aba Facility Closed/Vacated Du Abatement Performed Outs Time of Abatement:  cope of Work (Check all that  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Materia	atement (Churing Entire side of Norm AMapply)	Period of mal Faci	y one) of Abat lity Ho enova emoliti s Loca Norma ed Sole intena todial (12)	ement urs - De financially ely by ince/	escribe _AM	Street Address  1123 BEAVER City, State, Zip Coc BRISTOL, PA  Full Contai Mini-Enclo Glovebag & Non-Exem  Description of tos Containing Mater thermal systems ins	STREET  Je  19007  Inment with New Source  Procedure ofted (*) and No lial (ACM) ulation,	gative on-Fria	Pressure ble Proced		1	_	_
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The state of the s	D	EC	-	8	2016	The contract to the Street page	

Date of Notification (1)					Name of Bu	ilding Owner/O	nerato	r /2)		L			
10 /	16 /	1	5					rtment of Tra	nenoration	ASBES	HO. HO!	S CO Ensi	DNI
Agencies Notified	Type Noti	fication	n		Street Addre			atterne of the	risporation			-13231	IVC
⊠ EPA	☑ Initial	iioa Boi											
⊠ DOLWD	⊠ Ameno	ded				kway Ave., C	N 60	0					
☑ DHSS	Amend	lment i	¥ <u>3-5/2</u>	6/16	City, State, Z								
	☐ Emerge		ncludir	g		NJ 09625							
(NJAC 5:23-8)	justifica	Section 1			Name of Con	100,00			Telepho	one Num	ber		
	☐ Cancell	lation			Luis Limo								
N - 15 - 22 160 61					FACILITY	INFORMATI	ON						
Name of Facility Where Ab	atement is	lakın	g Place	(3)				Type of Facilit					
Route 7 Bridge								School (K-	12)				
Street Address								Subchapte Other (i.e.,	r 8 (Other th	an K-12	)		
Rt 7								homes, etc	busare and	commer	CISI I	Duildir	igs,
City (5)						\$6500 to 1000		Square Feet	# of Flo	ors	TE	Bldg. A	Age
Kearny													190
County (6)					County Code	(7)(STATE USE C	ONLY) Current Use (Prior if being demolished)					_	
Bergen				-			1	2013-00	3	2011101101	,00)		
Name of Monitoring Firm Hire	ed by Build	ding O	wner (8	B) AS	SCM No.	)							
Cardno ATC													
Street Address					BRISTOL ENVIRONMENTAL, I Street Address								
3 Terri Lane					Street Address 1123 BEAVER STREET								
City, State, Zip Code						City, State, Z							
Burlington, NJ 08016													
Project Manager for Monitoring	2 Firm		1	Telepho	ne No	Telephone No	DL, PA 19007						
John Lutz									License No. 00509				
Start Date (10)	Sc	hedule	ad Com		386-8800 215-788-6040 Date (11) Name of OSHA Mo				00509				
5/23/16					/ _ 16	Name of OSH							
	- A				/			RONMENTAL	, INC.				
Occupancy Status During Abate						Street Address	7.9				-0.00		
∑ Facility Closed/Vacated Duri     ☐ Abatement Performed Outside	ing Entire	Period	of Aba	tement	L	1123 BEAV							
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≥160 sf or ≥260 lf		⊠ i	Demoli	ion		⊠ Glovet	ag Pr	ocedure					
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Date of Notification (1)			-	Name of Du	ilding Owner/	0	- (0)		ASB			CONT
10 / 16	1	15								Li	V = 14	DING
			-	State of New Jersey Department of Transporation Street Address 1035 Parkway Ave., CN 600								
Agencies Notified   Type No		on		( C-04) ( C-14 50 ( C-14 5								
Ø DOLWD Ø Ame						CN 600	)					
		t # <u>2-5/</u>	20/16	City, State, Z								
□ DCA □ Emer			ding	Name of Con								
(NJAC 5:23-8) justifi	cation)			Luis Limo				Telep	hone Nur	mber		1 Car Sec. 11 - Carl
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City (5)							nomes, etc	5.)				3-1
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Bergen				County Code (	I)(STATE USE	UNLY)	Current Use (P	rior if being	demolis	hed)		
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Street Address				BRISTO	L, INC.		a votence					
3 Terri Lane				Street Addr								
Burlington, NJ 08016	ty, State, Zip Code						2007					
Project Manager for Monitoring Firm			Telephi	one No.	Telephone fo	TOL, PA 19007 ne No.   License No.						
John Lutz		1		386-8800	215-788-6			License				
	chedu	led Cor			Name of OSI		for	00509				
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CASTLE, DE 19720				.		AW	YNESBURG,	OH 44688				
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Scafiro Est	imato	or .		1	Ric .	li.	P. 1-n	-2"	-/	11	1/2	1



Date of Notification (1)				Name	of B	uilding Owner/Opera	ofor (2)		710	LILC	LICEN	ISIMG
	1	15		Sta	te of	New Jersey Dep	sioi (2) Isriment of	T		***************************************		100000000000000000000000000000000000000
	- Notifica						e unen or	ranspor	etion			
Ø EPA Ø Ir		11011		Street								
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	nergenc		uding			NJ 09625						
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100	TICE NO TIC			Luis								
				FACIL	LITY	INFORMATION						
Name of Facility Where Abateme	int is lak	ang Pi	ace (3)				Type of Fa	cility (4)				
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3 Terri Lane						Street Address 1123 BEAVER	CTCFFF					
City, State, Zip Code		-			$\dashv$	City, State, Zip Cod						
Burlington, NJ 08016					- 1	BRISTOL, PA		15	15.2			
Project Manager for Monitoring Firm			Telent	one No.	-		15007					
John Lutz				386-8800	- 1	Telephone No.		License	No.			
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10 / 19 / 15	0		HOLE		"			50				
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TO BE ABATED  IN Facility		intena todial	Staff?	(i.e.,	them	mal systems insulat	ion,	(Specify	Removal	Repair	Encapsula	
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(Ry (Print or Type)   Title	-				6:-	noture.	-1					

DEC - 8 2016

# State of New Jersey APPROVE D: TOM VOARHEESTON ASBESTOS ABATEMENT ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Na	me of	Ruilding	Owner/Opera	/ /2		WHO	, ,	
10 /	96	/	15	5	itate	of New	lamau Par	etor (2)				-
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□ DCA □	] Emerg	ency (i	ncluding			n, NJ ogi	525					
(NJAC 5:23-8)	justifica	etion)		Nam	e of C	ontact				7-1-1		
	Cancel	lation		Lu	is Lin	no				Telephone Numb	per	
				FAI	CILIT	YIMFOR	MATION				The state of the control of	
Name of Facility Where Abate	ment is	Taking	Place (	(3)		, act of	CIEIR IIUIC	T				
Route 7 Bridge								Type of Fac	ility (4)	)		
Street Address								School (	(-12)			
Rt 7										Other than K-12) te and commercia		
City (5)										ne and commercia	al buildings,	
Kearny								Square Feet	前	of Floors	Dida for	_
											Bldg. Age	
County (6)				County	Code	(7)(STATE	USE ONLY)	Current Use (F	Prior if i	being demolished		
Bergen								,	1101 111	being bemolished	)	
lame of Monitoring Firm Hired b	y Buildir	ig Owr	er (8)	ASCM No.		Name	of Abatemer	ni Contractor (9	1			
Cardno ATC						BRIS	STOL FWV	IROHMENTA	) * ****			
freet Address							ddress	TOTAL TE	L, INC	J		
3 Terri Lane							BEAVER !	STEPP				-
ly, State, Zip Code												
Surlington, NJ 08016						f :-	te, Zip Code					
ject Manager for Monitoring Firm	,		Train				POL, PA 18	3007				1
ohn Lutz			1 .	phone No.		Telephor			Licer	nse No.		4
	101			9-386-8800			8-6040		1	508		1
1 Date (10)				on Date (11)	1	Hame of (	OSKA Monite	or				
10 / 19 / 15	1	1 /	28	/15		BRIST	DL ERVIRO	DAMENTAL,	INC.		1	
pancy Status During Abatement	(Check	only o	ne)		Is	freet Add			nc.		1	
cility Closed/Vacated During Ent	ire Peri	od of A	bateme	กร์	1		AVER STI	555				
atement Performed Outside of N	ormal F	acility	Hours -	Describe				KEET			1	
ne of Abatement:AM	PM/		PM	AM	1		Zip Code					
of Work (Check all that apply)			2000		1	SKISTO	., PA 1900	7				
of Front (Oneck all that apply)						D = "	• • •					
for≥3 ff		Reno	vation			M Mini	Containmer -Enclosure	it with Negative	Pressu	ure	- 1	
sf or <u>&gt;</u> 260 lf	$\boxtimes$	Demo	lition			DO Glov	ebso Proces	Kure			1	
		7 .				⊠ Non-	Exempted (*	') and Non-Friat	le Pro	Cadura	1	
	1	Is Loc							101			
Location of stos-Containing Material (ACM)	l u	Nom	lely by	1	1	Descriptic	n of	1		Abateme		
TO BE ABATED	1 1	fainten	ance/	Asbes	tos Co	ontaining	Material (AC	(M) A	mount	Repair	m [m]	
IN Facility	Cu		Staff?	(1.6.,	SUF	iai systen facing, VA	ns insulation	1 (0,	pecify	Repair	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
(13)	-	(12)	1	-	other	miscellar	neous)	SF	or LF)	Val T	Enclosure	
	Yes	No	N/A				,	1			6	
e of bridge piers			M	Sheet pac	kina							
		=	=		8			2800	SF			
										InInin	To !	
								1		12/11/1		
			=+									
informal 16/part - 11 - 1					Cean L					Ininini		
istered Waste Hauler			EP Wa	1000		rds of	Name of R	Registered Landf	itt			
TRANSPORT GROUP, INC.		1	ler ID N 1880	o. Was	ste			A LANDFILL				
		- 26	888	Disn	osalI	Date	City, State					
- MOTO - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1			ony, otele				_	

WAYKESBURG ON ALEGO

TLE, DE 19720

#### State of New Jersey

NOT (Pu

TIFICATION OF ASBESTOS ABATEMENT irsuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)	DECEIVEN
uilding Owner/Operator (2) npany	U DEC -8 2016 U
ress: Iunter Avenue	ACDIOTO
Zip Code:	ASSESTOS CONTROL &

Date of Notification (1): Name of Building Owner/Oper 12/02/2016 Stepan Company					Owner/Operator (2)	perator (2) DEC -8 201							2016				
Agencies	Type Notificat	tion	Stepan Con Street Addr						1 14 12				2010				
Notified	15 Initial	lion	100 West F		venue												
EPA	□ Amended		City, State,		(A.   D.   C.   C.   C.   C.   C.   C.   C				-1	SBE	STOS	CO	NTRO				
□ DEP	Amendment#:		Maywood,						1		LICE	NSIN	VG				
₽⁄DOL	□ Emergency		Name of Co					Telephone	e Number:								
- 60m	(including justification		John Ostros	iki													
DOH □ DCA	☐ Cancellation																
					FACILITY IN	FORM	ATION										
Name of F	acility Stepar	n B78				Ту	pe of Facility	(4):	501		-10-000-0						
100 West I	Hunter Avenue	3					School (K-12)	Out and a 12	12)								
City/ (5)		County	(6).	Cour	nty Code (7):	- 2	Subchapter 8 (0	other than K	-12) ercial buildings,	hames	ete l						
Maywood			County	0760				ate & comm			etc.)						
				3.0.5.5.5		Sq	uare Feet:	2	# of Flo	ors:							
						Ble	dg. Age										
							rrent Use: O	ffice									
	Ionitoring Firn			Owner:	ASCM No.:	Na	me of Abate	ment Contra	actor (9):		- 51						
M2M Envi	ronmental Ser	vice Co	rp.			Ar	ex Develop	ment Inc	c								
Street Add	ress:						eet Address:	ment, m	с.	275.77							
202 Hunte	erdon Street 2	2 <sup>nd</sup> Floo	or			511	cet Address.										
						658 Rutgers Place											
City, State,	Zip Code:					City, State, Zip Code:											
Newark, N	1. 100						ramus, NJ										
	nager for Mon	itoring l	Firm:		Telephone No.:		ephone No.:	0/032	License No.:								
Gloria Pete					862-452-9874		7										
Start Date (	10):	So	heduled Con	nlation	Data (11):		3) 350-0101	N /	01215								
12/16/16	10).		/23/16	іріспоп	Date (11):	100000000000000000000000000000000000000	me of OSHA tro Analytica		ries								
Occupancy S	Status During Ab	3,502.9		ne)			eet Address:	n Daooratoi	1103								
12	osed/vacated Du						West 36th S	treet Suite	203								
☐ Abatement	Performed Outs	side of N	formal Facility	Hours	L				C 203								
Describe:			7			City, State, Zip Code: New York, New York, 10018											
□ Other									010								
Describe:																	
Scope of Wo	rk (Check all tha	at apply):															
$\square \ge 3 \text{ sf or } \ge$	3 1f			Reno				□ Full Co	ontainment with	Nega	tive Pr	essure	e				
₽ 160 sf c	$\text{or} \ge 260 \text{ lf}$			□ Demo				■ Mini-E □ Gloveb	anciosure ag Procedure								
								□-Non-Ex	empted (*) and	Non-Fr	iable F	roced	ure				
La	ti		Is Locati		D	escript	ion of					emen	t				
	cation of ontaining Mate	orial	Normal Used Solel		Asbestos Con	taining	Material (	ACM)			1 )	уре					
	ACM)	211211	Maintenar		Asbestos Con (i.e., therm	al syst	ems insulati	on,		-21		(II)	T I				
	E ABATED		Custodia	al/			VAT, or		Amount	en	Re	nca	nc				
IN	Facility		Staff?		otner	misce	llaneous)		(Specify	Removal	Repair	Encapsulat	Enclosure				
	(13)		(12) Yes No	N/A					SF or LF)	2		ılat	пе				
1 <sup>ST</sup> FLOO	R		X	18/24	FLOOR '	THES	:	4,000 SF	*	+							
									4,000 51	1	-		-				
Name of Re	gistered Waste	Hauler		NJDF	P Waste Hauler ID	No ·	Cubic Yar	ds	Nama of Dani	ctored	lander	1.					
	RNE TRUCKI		*	19551			of Waste:		Name of Regis MINERVA E				c				
City, State:			Dispo	sal Date	•		City, State		2000	11111	CIGOE	, 11N					
Bronx, NY 10474  Completed By  Title:					0.		rg, OH 446										
Completed By Title: Sylvester Oraegbunam President					Signature: Date: 12/02/2016												

							F	C F	I W /15	1		
Date of No	otification 11/29/	16	Name Institu	of Building O	wner / Operator ( anced Study	(2)				The state of the s		
	d Type of Notifi	cation		Address	-			DEC - 8	2016	Total Land		
EPA	X Emerg	gency Notification	n 1 Eins	tein Drive				110 0	2010	-		
DEP	Initial I	Notification	City, S	tate & Zip Co	ode							
X DOL	Amen	ded Notification	Prince	eton, NJ 08	540		ASBE	STOS C	ONTROL	. &		
X DOH	Cance	ellation	Name	of Contact				LTeleph	none Num	her		
DCA			Richa	rd Frazier								
			FA	CILITY INF	ORMATION							
Name of Facility	Where Abatem	ent is Taking Pla	ace (3)		Type of Facility							
Street Address	Exterior Lot-	Kitchen Expa	nsion		School (K-		17.70					
Street Address	1 Ein	stein Drive			X Other (i.e.,		ommercial bu					
City (E)	1/	2	0 1 0		Square Feet	# of Flo	oors	Bldg. A	.ge			
City (5)		County (6)	County Co	ode (7)	10,000		1		+08			
Princ	eton	Mercer			Current Use (P	rior if being o	demolished)					
					Commercial							
Name of Monito <b>TTI Environm</b>	ring Firm Hired bental Inc.	y Building Owne	er (8)	ASCM No. N/A	Name of Abate							
Street Address					Street Address							
253 North Cl	nurch Street				443 Schoolho	ouse Road						
City, State & Zip					City, State & Zip	o Code						
Noorestown,	NJ 08057				Monroe Town		08831					
	for Monitoring F	irm Te	lephone N	lumber	Telephone Num			e Number				
/like Stocku			6-840-88		732-605-9062		1100.00	007	714			
Scheduled Start 12/2/	(III) - (1) (III) - (III) (III) - (IIII) - (III) - (II	cheduled Comple 1:	etion Date 2/8/16	(11)	Name of OSHA Global Abate		ices. LLC					
Occupancy State Facility Cle	us During Abater osed/Vacated Du	ment (Check only	y one) od of Abate	ement	Street Address 443 Schoolho							
	t Performed Outs				City, State & Zip							
Describe:				80T	Monroe Town		12231					
X Other - De	scribe: Exte	rior Pipe			I I I I I I I I I I I I I I I I I I I	13111p, 140 0	10001					
cope of Work (	Check all that ap											
X Demolition		Renovation			Eull (	Containmon	t with Negativ	o Droos				
Large Proje		removation				Enclosure	t with Negativ	re Pressur	е			
	≥3 SF or≥ 3 LI	E A CM					d					
	≥ 160 SF or ≥ 2					ebag Proced						
Qualitity 15	Location of		1-1			r: Cut and						
M	estos-Containing aterial (ACM) DE ABATED in Facility (13)	No Ma	Is Location ormally Us Solely by aintenance estodial Sta (12)	ed or one of the	Description of Asbestos-Contain Material (ACM (i.e., thermal syst sulation, surfacing r other miscelland	ning I) ems g, VAT	Amount (Specify Square Fee Linear Fee	t or et) End	atement T ecify: Rem Repair, capsulation Enclosure	oval, n or		
	Steam Pit		N/A		Pipe insulation	on	110 LF		Removal			
Kitch	en MER tunne	el	N/A		Pipe insulation	on	2.5 LF	Removal				
ame of Register	red Waste Haule	r NJE		e Hauler ID # 8693	to the second of	Waste	Name of Registered Landfill Cumberland County					
ty, State	<u> </u>		•		Disposal Da		City, State	u couiit	У			
Freehold, I	NJ					9/16	Newburg, I	ΡΑ				
ompleted By (P		Title			Signature	7710	itewbuig,	^	IDet-			
Dominick Tr		Manager			Signature				Date 11/29	)/16		

CK1734

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

DEC - 8 2016

4-10-11-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			(, ,			0.00 and 12.12	,	In the	3.7					
Date of Notification (1) 12/1/1	6					ng Owner/Operator	(2)							
					arles Ros			ASBES				IOL		
Agencies Notified	Type Notific	ation		Stre	et Address				ICE	VSII	iG_			
EPA DEP	X Initial Amende	d												
DOL	Amendm			12000	State, Zip									
N POU	Emerger	ncy (includi	ng	_	oe May, l									
DOH DCA	justifica Cancella				ne of Cor	ntact		Telephone Nur	nber					
L Box	L Caricella	uon		Ken	Blanda									
				FA	CILITY IN	FORMATION								
Name of Facility Where	Abatement is	Taking Plac	ce (3)				Type of Facility	/ (4)						
Residence				A DATE OF THE REAL PROPERTY.			School (K-1							
Street Address	·							8 (Other than K-	522					
							Other (i.e., homes, etc	private 8 commerc	al bui	Idings	, ,			
City (s)							Square Feet	# of Floors	E	Bldg.	Age	8		
Cape May, NJ							300 SF	1	_ 5	0 yr	S			
County (6)				Cou	inty Code	(7) (STATE		rior if being demol	ished)					
Cape May				USI	E ÓNLY)		Residence							
Name of Monitoring Firm	n Hired by Buil	ding Owner		ASCM	No.	Name of Abatem	nent Contractor (9	9)						
(8)				S <u>orano e</u>	<u> </u>	AEi2, LLC								
Street Address						Street Address	ss							
						361 E. Flemin	eming Pike							
City, State, Zip Code						City, State, Zip	Code							
						Hammonton,	NJ 08037							
Project Manager for M	Monitoring Fir	m	Tel	ephone	No.	Telephone No.		License No.						
			_			609-481-212	2	00689						
Start Date (10)	1 5	Scheduled (	Compl	etion Da	ate (11)	Name of OSHA N	Monitor							
12/10/16	1	2/18/16				AEi2, LLC								
Occupancy Status Durin	g Abatement (	Check only	y one)			Street Address								
						361 E. Flemi								
Abatement Performed	d Outside of No	ormal Facili	ty Hou	Irs		City, State, Zip C								
Other - Describe:						Hammonton,	NJ 08037							
Scope of Work (Check a	ll that apply)					Full Cor	ntainment with N	egative Pressure						
□>3 sf or >3 If		ПR	enova	tion		☐ Mini-End	closure							
≥160 sf or ≥260 lf		⊠ Ď	emoliti	on			g Procedure							
						Non-Ex	empted (*) and N	on-Friable Proced	$\overline{}$					
		140000	Locati Iormall						1 '	Abate Ty		Ž.		
Location		Use	d Sole	ly by		Description of			-	1 7	7			
Asbestos-Containing M	(5) (5)		ntenar			tos Containing Mate thermal systems in		Amount (Specify	Re	R	n o	E n		
TO BE ABAT IN Facility		100	Staff?		(1.6.,	surfacing, VAT,		SF or LF)	m	e p	8 2	1 0		
(13)			(12)			other miscellaneo	us)	12.0	0	a	s	s		
				N/A					a 1	r	1	r e		
Garage Yes No					Terr	Ch:1		CONCE	1000	-	t			
Garage		_		X	Transite	Shingles		680SF	X			<u></u>		
									1					
Name of Registered Was	te Hauler			JDEP I		Cubic Yards	Name of Regis	stered Landfill			Ollino y			
AEi2, LLC			10.22	lauler [[ .1376	J No.	of Waste	TBD							
City, State			1	13/0		Disposal Date /	City, State	NS00						
Hammonton, NJ						TBD //	TBD	12						
Completed By Title						Signature	47	Date				=		
Wm. Minnick Program Mgr.						an	Monne	12/1/10	5					
	1	0				11011								

In.	E	G	E		$\mathbb{V}$	E	M
							On the second
		DEC	-	8	2016		

1100				**		=			111	DEC	-	0 6	Ulb	
Date of Notification (1)		1	100000000000000000000000000000000000000	Building O		erator (2)								-
Agencies Notified Type Notification		5	Street Ad	dress		<i>5</i> 56	×	ESSE	70-	ASBEST				JL &
☐ EPA ☐ Initial ☐ DEP ☐ Amended										10,00	( ,		_	_
DOL Amendment #		_   '	1	550	wie	NJ		088	30					
DOH Emergency (in justification)	ncluding	1	Name of		_					phone Numbe	r			
□ DCA □ Cancellation			JA	NED	(202	0			1					1
20 11 117 Al	(2)		FACII	LITY INFO	RMATI	ON	Timoo	f Facility (4	· · ·					
Name of Facility Where Abatement is Taking Pl	ace (3)			24			50							
Street Address								chool (K-12 ubchapter 8	(Other	han K-12)				
25 MIDDUESE	Y ES	SEY	CT	URNE	KE					commercial b			-	tc.)
City (5)							Square 106	Feet ), 000		Floors 3		dg. A		ars
County (6)			County C				Сигтеп	t Use (Prior	if being	demolished)			-	
MIDD LESEY		(		SE ONLY)		$-\bot$				CE LA	BS			_
Name of Monitoring Firm Hired by Building Ov	vner (8)	٠, ١	ASCN	1 No.				ment Contra	500.0					
GARDEN STATE ENVIR	212 MER	7410	<u> </u>			Street A		noval Ir	ıc		-			
SSS BROAD S		201	, ATE	1				th River	Stra	at .				
City, State, Zip Code						City, Sta			Suc					
GLEN ROCK.	DG.	0	745	52		Hacl	censa	ick, NJ (	7601					
Project Manager for Monitoring Firm			Telephon	e No. 52-11	,0	Telephor 2		29-7444		License No. 003	88			
Start Date (10)	Scheduled				11		0.00	Monitor						
12/7/16		120				Om	ega l	Environi	nenta	.1				
Occupancy Status During Abatement (Check On	ly One)	•		- **		Street A	ddress						-	
☐ Facility Closed/Vacated During Entire Peri								yler Stre	et					
Other – Describe: 7:00 AN 70	acility Ho	urs Do P	N		<u> </u>	City, Sta	ite, Zip uth F	Lode Iackensa	ack, N	IJ 07606				
Scope of Work (Check All That Apply)							100000							
_≥3 sf or ≥3 lf	R	enovati	on			Ø	Full	Containmer	it with I	legative Press	шге			
≥160 sf or ≥260 lf		Demoliti	on				1000000	i-Enclosure rebag Proce	dure					
				0/2009/04/2019						Non-Friable P	roced	ure		
	Is	Locatio	n									Abate Ty	ment	
Location of		Normally d Solely				cription o						1 9	pc	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	aintenan	ce/			ining Ma ms insula				mount pecify	R	-	Enc	ᄪ
In Facility	Cust	todial Si (12)	taff?	(1.6. 0.6.	\	VAT, or				or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			Г		other m	niscellane	ous)			**	/al	4	late	ure
	Yes	No	N/A								~		-	
LAB 62 63, 64, 65					VA					50 SF	7	27.74		
LAB 62, 63, 60, 65				LAG 6		-	708	5		80SF	×			
LAB 62, 63, 64, 65	-			TRANS				- 1		25 SF	9			
LAB 62, 63,64,65			(	THERMA	Syste	IM IN	zy lat	Name of R		104F	7			
Name of Registered Waste Hauler		20000	IDEP Wa	1.55	Cubic Y of Wast									
Best Removal Inc			1710			400	-7			va Enterp	orise	s, L	LC	
City, State					Disposa		1-	City, State		o OII	1600	,		
Hackensack, NJ 07601  Completed by	Title					Zo/I gnature	0	wayn	esbu	g, OH 44		•		
J. Maiorano	5-000000	stima	tor		31	gracute	P.	مہ دا۔	سم	\ Dan	12	15	16	2
V. ATAMANANA	L	ouilla	.01			$\overline{\lambda}$	1					10	, \	
ASB-41 (R-06-08)						(A)	Do not	use this for	n for asi	estos licensu	re exe	mpted	activ	ities.

Agency Notified Type Netfleation Type of Facility Type of Facility Netfleation Type of Facility Type of Facilit	Date of Notification (1)			Na	me of	Building	Owner/Operator	(2)	1 L	U	2010		-		
Agency Notified    PAR	Date of Modification (1)	128/16											Ц		
DEPA DAMPS Amendment & DAMPS A			-		reet Ad	dress			ASBESTO	\$ 601	VTRO	)L 8	3		
Depth   Dep		-			25	, MI	DO LESE)	x ssse	4 TOIG	GNAIN	<u> </u>				
Amendment & Demorphism (Including Justification)   Demorphism (Controllation DCA)   Demorphism (Controllation DCA)   Demorphism (Controllation DCA)   Demorphism (Controllation DCA)   Description of Active (Controllation DCA)   Description of Active (Controllation DCA)   Description of Active (Controllation DCA)   Demorphism (Controllation Dca)   Description of Active (Controllation Controllation Dca)   Description of Active (Controllation Dca)   Description Dca)   Dca)   Dca)   Dca)				Ci	L. 04-4	- 7- C	ada								
POCH   Lemmigracy universality   Lempisons of Control   TALE   Cozco   Lespinone number   Leading   Lead	DOOL				15	SELL	N. W.	2. 08,	130						
DCA   DCAncellation   SACLUTY INFORMATION   Type of Facility (4)   DSAcol (Micro)   DSAco			g	Na	ame of	Contact			Telephone Numb	ber		_			
Name of Facility Where Abatement is Taking Pface (3)  The ASE  Street Address  Z S MINDLESEK ESSEX TURN PILE  Street Address  Z S MINDLESEK ESSEX TURN PILE  CRY (5)  Location of Monitoring Firm Hired by Building Owner  Street Address  GALTA NT OFF1  Street Address  Street Address  28 Huyler St  GRY State, Date Address  GRY State, Date Address  GRY State, Date Address  Address  GALTA NT OFF1  Address  GALTA NT OFF1  Address  GA					JA	NED	Rozc	0				4	_		
Name of Facility Where Abatement is Taking Pface (3)  The SF  Street Address  2	<b>2</b> DON								<del></del>						
Street Address  Z N I NOUTSEX ESSEX TO RN PICE  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes, etc.)  Square Feet Software (i.e. private & commercial buildings. homes of Floors Buildings. homes (i.e. private & commercial buildings. homes of Floors Buildings. homes of Floors Buildings. homes (i.e. private & commercial buildings. homes of Floors Buildings. homes (i.e. private & commercial buildings. ho	Name of English Where	Abatement is Taking Place	ze (3)					Type of Facility	(4)						
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Street Address  Z S MINDUESEX ESSEX TO RN PICE  Require Feet  Square Feet  For Floors  Floor Floor  Floor Floors  Floor  Floor		OF						☐ Subchapter 8	(Other than K-12)						
County (6)   SELLA   County Code (7) (STATE USE   Current Uso (Prior if being demolshed)	Street Address	/	714			.(45		DOther (i.e. pri	vate & commercial	l building	s,				
County (6)   SELLA   County Code (7) (STATE USE   Current Uso (Prior if being demolshed)	25 7,00	USEK ESSE	XT	101	-W &	nee				Bldg. A	Age		$\neg$		
Country (6)  Country (7)  Country (8)  Country (8)  Country (9)  Country (1)  Count	City (5) -									61	IEN	es			
Name of Monitoring Firm Hired by Building Owner (9)  Rest Removal Inc  Street Address  655 WEST SHORE TRACC  City, State, Zip Code  Street Address  655 WEST SHORE TRACC  City, State, Zip Code  Street Address  655 WEST SHORE TRACC  City, State, Zip Code  Street Address  655 WEST SHORE TRACC  City, State, Zip Code  Street Address  655 WEST SHORE TRACC  City, State, Zip Code  Street Address  650 South River St  City, State, Zip Code  Star Date (10)  17 / 10 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  17 / 20 DOSHUEU  Project Manager for Monitoring Firm  Project Manager for Monitoring Firm  Project Manager for Monitoring Monitorin	155	Cin				6 1		700,000.	ior if boing demolis	shed)		_	$\dashv$		
Name of Monitoring Firm Hired by Building Owner (8) EH\ Street Address  Street	County (6)					Code (7)	(STATE USE	Current Use (F)	of a Benig Conton	AB S	2				
Rest Removal Inc					111/	•.				1710 -			$\dashv$		
Street Address  6 S N S T SHO (E TRACL  6 S N Suth River St  6 S N S N S SHO (E TRACL  7 S State Zip Code  1 S State Zip Code  2 S S Huyler St  2	Name of Monitoring Firm	n Hired by Building Owne	r AS	SCM N	lo.										
Street Address  Start Date (10)  1	(8) EH 1						Best Re	moval In	c				-		
City, State, Zip Code  S/A/CTA, NJ. 07871  Project Manager for Monibring Firm  Telephone No.  1 Telephone No.  973-729-5649  Start Date (10)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  1 Z / Z / I/b  Scheduled Completion Date (11)  Scheduled Completed by Mainerance (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled	Street Address						Street Address	*							
City, State, Zip Code  SCACTA, NJ. 07871  Project Manager for Monibring Firm  J. VON DOENCEU  Scheduled Completion Date (11)  12/7/16  Scheduled Completion Properties Properties No. J. 07606  Start Date (10)  Scheduled Completion Properties Properties No. J. 07606  Start Date (10)  Scheduled Completion Properties No. J. 07606  Start Date (10)  Scheduled Completion Properties No. J. 07606  Start Date (10)  Scheduled Completion Properties No. J. 07606  Start Date (10)  Scheduled Completion Properties No. J. 07606  Start Date (10)  Scheduled Completion Properties No. J. 07606  Start Date (10)  Scheduled Completion Properties No. J. 07606  Start Date (10)  Start Date (10)  Scheduled Completion Properties No. J. 07606  Start Date (10)  Start Address  Start Address  Start Address  Start Address  Start Address  Start Address  Start Add	655 WES	ST SHORE TO	RALL	_					St				_		
Project Manager for Monitoring Firm   Telephone No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   201 - 329 - 7444   00388															
Telephone No.   Telephone No	SPARTA	NJ. 07	1871	j											
Start Date (10)   Scheduled Completion Date (11)   Name of CoSHA Monitor	Project Manager for Mo	nitoring Firm	Tele	phone	No.			•.							
Start Date (10)  12/7/16    Completion Date (11)   Completed by   Location of Asbetson-Containing Material (ACM) To EABTED IN Facility (13)    Location of Asbetson-Containing Material (ACM) To EABTED IN Facility (13)    Location of Asbetson-Containing Material (ACM) To EABTED IN Facility (13)    Location of Asbetson-Containing Material (ACM) To EABTED IN Facility (13)    Location of Asbetson-Containing Material (ACM) To EABTED IN Facility (13)    Location of Asbetson-Containing Material (ACM) To EABTED IN Facility (13)    Location of Asbetson-Containing Material (ACM) To EABTED IN Facility (13)    Location of Asbetson-Containing Material (ACM) To EABTED IN Facility (13)    Location of Asbetson-Containing Material (ACM) Easter Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT. or other miscellaneous)    Location of Asbetson-Containing Material (ACM) Amount (Specify Type In Easter) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	TO HON DO	einen	197	3-7	29-9	5649		9-7444   00388							
Occupancy Statuts During Abatement (Check only one)    Facility Closed/vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     City, State, Zip Code     S. Hackensack , N. J. 07606     Scope of Work (Check all that apply)	Start Date (10)	Scheduled Co		n Date (11) Name of OSHA Monitor											
Coccupancy Status During Abatement (Check only one)   Street Address   280 Huyler St		12/	20/	/ b Omega Environmental									_		
Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   Zicky, State, Zip Code   S. Hackensack, N. J. 07606	Occupancy Status Duris	ng Abatement (Check on	y one)				Street Address								
Description of Asbestos-Containing Material (ACM)  IN Facility  (13)  LAB G2, G3, G4, G5  Name of Registered Waste Hauler Best Removal Inc  City, State  Hackensack , N. J. 07601  S. Hackensack , N. J. 07606  S. Hackensack , N. J. 07606  S. H	1						280 H	uyler St					_		
Scope of Work (Check all that apply)  □ ≥ 3 sf or ≥ 3 lf □ □ Demolition  □ Description of Asbestos-Containing Material (ACM) (Specify (Speci	☐ Facility Closed/Vacat	ted During Entire Period of A Outside of Normal Faci	lity Hour	nen S			City, State, Zip	Code			÷				
Scope of Work (Check all that apply)  □≥3 sf or ≥ 3 if □≥160 sf or ≥ 260 if  □≥3 sf or ≥ 3 if □≥160 sf or ≥ 260 if  □≥3 sf or ≥ 3 if □≥160 sf or ≥ 260 if  □≥4 section □□ Demolition □□ Description of Asbestos Containing Material (ACM) (specify (Spec	D'Other - Describe:	":00 AM TO S.	SOP	M	~		S. Ha	ckensack	,N.J. 07	606					
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  LACID G2, G3, G4, G5  LACID G2, G4, G5	7						DE M	Commont with	Negative Pressur	'e					
Location of Asbestos-Containing Material (ACM)  ID BE ABATED  IN Facility (13)  Yes No N/A  LAB 62,63,64,65				_	Reno	ovation	☐ Mini	-Enclosure	, nogume .	•					
Secretarion of   Asbestos-Containing Material (ACM)   Secription of   Asbestos Containing Material (ACM)   Secrity				Ę	⊒ Dem	olition	Z Glov	vebag Procedure	d Non-Eriable Proc	cedure					
Normally Used Solely by Maintenance/ Custodial Staff? (12)   NA DENCH OTORS   SECTIF   SECTIF   SECTIF   SUBJECT   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Sectify (13)   Staff? (12)   Staff? (12)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section (Specify SF or LF)   Section of Asbestos Containing Material (ACM) (Specify SF or LF)   Section (Specify SF or LF)							Jernon	-Exempled ( ) an	U HOIP! HEDIC! I'V	30447	Abai	eme	ent		
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ASATED  IN Facility (13)  Yes No N/A  LAB 62,63,64,65  LAB 62,63,64,6			1000000		- 1	12					T	уре	$\vdash$		
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  LAT 62,63,64,65  LAT 62,63,64,	Locat	tion of				- 5	Description	of			1	_			
Yes No N/A  LAB 62,63,64,65  THERMIN STE HOODS  AOLF X  Name of Registered Waste Hauler Best Removal Inc  NJDEP Waste Hauler ID No.  17109  Name of Registered Landfill Waste Hackensack, N.J. 07601  City, State Hackensack, N.J. 07601  Completed by  J. Majorano  Estimator  Title  J. Majorano  Title  J. Majorano  Estimator	Asbestos-Contain	ing Material (ACM)				Asbe	stos Containing N	Material (ACM)			2 2	nce	Enc		
Yes No N/A  LAB 62,63,64,65  THENHUS PSTEMBINSU MATION AOLF X  Name of Registered Waste Hauler Best Removal Inc  NJDEP Waste Hauler ID No. 17109  Name of Registered Landfill Waste Hackensack, N.J. 07601  City, State Hackensack, N.J. 07601  Completed by  J. Majorano  Estimator  Title  J. Majorano  Estimator			1		al	€1.€	surfacing, VA	T, of			mo	pau	los		
LAB G2, G3, G4, G5  LAB BENCH TOPS 580 SF X  LAB G2, G3, G4, G5  LAB BENCH TOPS 580 SF X  LAB G2, G3, G4, G5  THERMAL SPSTENDIAL DATION 40LF X  Name of Registered Waste Hauler Best Removal Inc  NJDEP Waste Hauler ID No. 17109  Disposal Date 1220 16  Waynesburg, Oh, 44688  Completed by  J. Majorano  Estimator  Date 1128 16			1				other miscellar	neous)	200		\a_   =	late	ure		
LAB G2, G3, G4, G5  LAB BENCH TOPS 580 SF X  LAB G2, G3, G4, G5  LAB BENCH TOPS 580 SF X  LAB G2, G3, G4, G5  THERMAL SPSTENDIAL DATION 40LF X  Name of Registered Waste Hauler Best Removal Inc  NJDEP Waste Hauler ID No. 17109  Disposal Date 1220 16  Waynesburg, Oh, 44688  Completed by  J. Majorano  Estimator  Date 1128 16									C+C			1			
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LAIS 62,63,64,65  LAIS 62,63,64,65  THAN SITE HOODS 2255F X  LAIS 62,63,64,65  THERMAN SITE HOODS ACTION  AOUF X  Name of Registered Landfill  Minerva Enterprises , LLC  City. State  Hackensack , N.J. 07601  City. State  Hackensack , N.J. 07601  Completed by  J. Majorano  Estimator  THAN SITE HOODS 2255F X  Disposal Date City. State  12/20/16  Waynesburg, 0h,44688  Date  12/20/16  Date  11/28/16	LAB 62, 8	3,64,65						125000			×	+			
Name of Registered Waste Hauler Best Removal Inc  City. State Hackensack, N.J. 07601  Completed by  J. Majorano  Hackensack  LAS 62, C3, C4, C5  THERMUL SPSTEWOINSU MATION  AOLF X  Cubic Yards of Waste  Cubic Yards of Waste  Minerva Enterprises, LLC  City. State  12/20/16  Waynesburg, Oh, 44688  Date  12/20/16  Signature  Date  11/28/16	LAB 62,63	, 64,65						14.1042			X	+	+		
Name of Registered Waste Hauler Best Removal Inc  NJDEP Waste Hauler ID No. 17109  City. State Hackensack, N.J. 07601  Completed by  J. Majorano  LAG 62,63,64,65  THERMIL SPSTEWS IN SUBSTINES WAT TOWN  Waste Cubic Yards of Waste Minerva Enterprises, LLC  City. State 12/20/16  Waynesburg, Oh,44688  Date 11/28/16	LAD 62,6	3,64,65					•		101			+	+		
Name of Registered Waste Hauler Best Removal Inc  NJDEP Waste Hauler ID No.  17109  City. State Hackensack, N.J. 07601  Completed by  J. Majorano  Estimator  Cubic Yards of Waste Minerva Enterprises, LLC  City. State 12/20/16  Waynesburg, 0h, 44688  Date 12/20/16  Signature  Date 11/28/16	LAB 62,6	3,64,65.						MSO IATION		-1	10		1		
Best Removal Inc 17109 1000 Minerva Enterprises, BEC 17109 1000 Minerva Enterprises, BEC 17109 15000 Minerva Enterprises, BEC 17109 15000 Minerva Enterprises, BEC 17109 15000 Minerva Enterprises, BEC 17109 Minerva Ent	Name of Registered W	laste Hauler			Vaste H	lauler		A THE RESIDENCE OF THE PROPERTY.		7.	-		. 1		
City, State Hackensack, N.J. 07601  Completed by J. Majorano Estimator  Disposal Date 12/20/16 Waynesburg, Oh, 44688  Date 12/20/16 Vaynesburg, Oh, 44688	Best Rem	oval Inc	IDI		100			,   Minerv	a Enterpr	cises	, I	ı L C	i		
Hackensack, N.J. 07601    12/20 16   Waynesburg, Oh, 44688     Completed by   Title   Signature   Date   1/28 16     J. Majorano   Estimator   J. Majorano   Estimator   Signature   Signa				1/.	109		1								
Completed by Title Signature Signature 11/28/16		1 27 7 0.5	7601						chure Or	1 446	88				
J. Majorano Estimator Vascous 11/28/16			001				1 1	wayne	SDULE, UI		1	4			
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Date of Notification (1)			Name of I	Building O				Part State Company	port 1					
12/5/16			_	BA	SF	•				DEC-	2	201	C	
Agencies Notified Type Notification			Street Ad	dress		0		. 1		ULU	U	20	U	-
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DOL Amendment #		-	O I	4121	7 . 8	17.	070	85		LIC	ENS	NG		
DOH justification)	icidding		Name of (	Contact					Tele	phone Numb	er		700	-
□ DCA □ Cancellation		1				EUA	2							
	(2)		FACIL	ITY INFO	DRMAT		Type of Fa	acility (A	,					
Name of Facility Where Abatement is Taking Pl	ace (3)						Type of Fa	acinty (4	)					
BASE				+-			□ Scho			than K-12)				
Street Address	"	.1 -				i	Othe	er (i.e. pr	ivate &	commercial b	uildin	gs, hor	nes, et	tc.)
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	mas (9)		ASCM			Name of	Abatemen							
Name of Monitoring Firm Hired by Building Ov	viiei (8)		ASCIM	INU.		HUNGUODON CONT.	t Remo							
ÉH \ Street Address						Street Ac		val II	10					
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655 WEST SHORE T	ICALC						South te, Zip Co		r Stre	et	-3111-011			
City, State, Zip Code  SPAR A . NJ .	0787	) /					ensack		07601	Ĺ				
	2181		Telephone	o No		Telephor		1, 113	0700	License No.				
Project Manager for Monitoring Firm		100		6517	2041	20	01-329	-7444		003				
JPVON DOEHREN  Start Date (10)	Scheduled (				4011		OSHA M							_
12-19-16		85	S			980600000000000	ega En		ments	1				
Occupancy Status During Abatement (Check On	ly One)		- 22	/ b		Street Ac		VIIOII	illolla	¢1				***
	1 31 52 51						Huyle	er Str	eet				~.~	
☐ Facility Closed/Vacated During Entire Peri ☐ Abatement Performed Outside of Normal I							te, Zip Co							
Other - Describe: 7:30 AK TO	5:00	PM				Sou	uth Ha	ckens	ack, l	NJ 07606				
Scope of Work (Check All That Apply)			•		``							-		
□ ≥3 sf or ≥3 lf	Rer	novat	ion			A	Full Co	ntainme	nt with 1	Negative Pres	sure			
≥ 160 sf or ≥260 lf		molit					Mini-E	nclosure						
							Gloveb	ag Proce	dure	Non-Friable l	Proced	ure		
	7,550	678					NON-LA	Cimpical	( ) шіс	HOIL THEOLO	1		ement	
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Location of Asbestos-Containing Material (ACM)	Used			Aches		scription o aining Mat		M)	А	mount				
TO BE ABATED	Mair Custo	ntenai			mal syste	ems insulat			(5	pecify	Rei	R	Encapsulate	Enc
In Facility		(12)	otali:			VAT, or miscellane	oue)		SF	or LF)	Removal	Repair	psul	Enclosure
(13)	-		T		Other	imscenario	003)				2	7	ate	re
	Yes	No	N/A											_
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Name of Registered Waste Hauler		0.000	IJDEP Wa Iauler ID 1		Cubic of Was	ste								
Best Removal Inc			1710			100	4	N	[inve	va Enter	prise	s, L	LC	
City, State					Dispos	sal Date	C	ity, State	:					MISSINES 605
Hackensack, NJ 07601					12	- 22	16	Wayı	nesbu	rg, OH 4	4688	3		
Completed by	Title				S	Signature	1	)		Dat	100	1		
J. Maiorano	Est	ima	itor			\	VT	ou's	مهم	2	12/	S	16	
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ASB-41 (R-06-08)						* (	onot use	this for	m for as	bestos licensi	ire exe	mpted	activi	ities.

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Date of Notification (1) 12/5/16					f Building Ov Cabral	vner/Operator	(2)		The state of the s	L.	H = 4	ų.	LUI	B		
Agencies Notified Type	e Notification		-	Street A					- -	1000	OTO	2.00		01.7		
□ EPA 🗵	Initial								- constant	ASBE	LICE			OL 8		
DEP D	Amended	D. P. C.			ate, Zip Code				-	- Himman						
DOL DOL	Amendment Emergency		-		nfield, NJ (	7003										
DOH DCA	justification) Cancellation	2,74			f Contact Cabral				Tel	ephone N	lumber					
	Cancellation			0.2020.910.10	LITY INFOR	MATION						_				
Name of Facility Where Abater	ment is Takin	g Place (3	5)	FACI	LITT INFOR	WATION	Тур	e of Facility (4	1)							
Private House							П	School (K-12	2)							
Street Address								Subchapter	8 (Othe	er than K-	-12)					
							×	Other (i.e. pretc.)	rivate 8	& commer	rcial bu	ildings	, home	es,		
City (5)							Squ	are Feet	# of	Floors		Bldg.	Age			
Bloomfield																
County (6) Essex					Code (7) USE ONLY)		Cur	rent Use (Prio	r if bei	ng demoli	ished)					
Name of Monitoring Firm Hired	by Building	Owner (8)		ASCN	1 No.	Name	of Al-	patement Conf	tractor	(9)						
Competent Supervisor	,	(0)				1		y Construct		20 50						
Street Address						Street										
								46 West Su	ite 14							
City, State, Zip Code								Zip Code								
							980	NJ 07512			2711					
Project Manager for Monitoring	Firm			Telepho	ne No.	Teleph		No. -4244		License						
Start Date (10)		Schodule	ad Con	nnletion	Date (11)	837.576.075.00		SHA Monitor		01155						
12/15/16		12/22/		npietion	Date (11)			above								
Occupancy Status During Abat	ement (Chec	k Only On	e)			Street										
Facility Closed/Vacated D Abatement Performed Out	uring Entire F	Period of A	Abaten													
Abatement Performed Our Other – Describe:	tside of Norm	nal Facility	Hours	5		City, S	Zip Code									
Scope of Work (Check All That	Apply)															
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≥3 St or ≥3 If ≥160 sf or ≥260 If		-	lenova emolit				N	ull Containme lini-Enclosure		Negative	Press	ure				
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		1-	1 0				1 10	on-Exempled	() and	I NOH-FIR	able Pi		re tement			
Location of		100	Locati Iormal			Description	of						уре			
Asbestos-Containing Mater	ial (ACM)		d Sole intenar			Containing M	1ateri		Α	mount			т	_		
TO BE ABATED In Facility		0.000	odial S			ermal systems surfacing, VA				pecify or LF)	Ren	Re	ncap	Encl		
(13)		Contract of the Contract	(12)			ther miscellan			O.	01 21 /	Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A							=		ate	(D)		
Basement				X	F	Pipe Insulat	tion		3	5 LF	X		X			
Name of Registered Waste Hau			1,0000	IJDEP W lauler ID	100 mm	Cubic Yards of Waste		8 550	ne of Registered Landfill							
Academy Construction Inc.					Hauler ID No. of Was 034422 3			GROWS	WS Landfill							
City, State					Disposal Date			City, State				-71/2000				
Totowa, NJ					TBD			Tullytow			evalues e					
Completed by Title					Sign			· A · D	0 1		Date					
Filip Geleski Supervise							Signature Date 12/5/16									

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			9.			0.00 0		,		111		DEC		8 2	016		
Date of Notification (1) 12/03/2016				Name of Erin K	f Building ouch	Owner/C	Operator	(2)		Fire Comment	L	020		U L	.0.10	-	
	Type Notification			Street A	ddress						ASE	ESTO LIC		CON SIN		)L &	
× EPA × DEP × DOL	Amended Amendment				ate, Zip Co wood, N		10	=									
DOH DCA	Emergency justification) Cancellation			Name of	f Contact ouch					Te	elephon	e Numi	oer	_			
Name of Facility Where At	natement is Takir	ng Place (*	3)	FACI	LITY INFO	ORMATI	ON	Type of	Facility (4	1)	*:-						
House	atomont to Takii	ig i idoc (i	-)						thool (K-12	150 200							
Street Address									ibchapter i her (i.e. pr c.)					dings,	home	es,	
City (5) Maplewood								Square N/A	Feet	# N	of Floor /A	S	722	ldg. A	(ge		
County (6) Essex					Code (7) USE ONLY,			Current	Use (Prio	r if be	eing der	molishe	d)				
Name of Monitoring Firm F N/A	lired by Building	Owner (8)		ASCN	/ No.		100 C (00) Sept.		ment Cont nent, Inc		or (9)						
Street Address								Address osengr	en Aven	ue							
City, State, Zip Code	• The first one of the first of							tate, Zip va, NJ									
Project Manager for Monito	oject Manager for Monitoring Firm							one No. 345-868	35		Licer 013	nse No. 11					
Start Date (10) 12/15/2016		Schedul 12/16/2		mpletion I	Date (11)				Monitor nent, Inc	).							
Occupancy Status During		78		Street Address 11 Rosengren						Avenue							
Facility Closed/Vacate Abatement Performed Other – Describe: Oc	Outside of Norn				Code 07512	-											
Scope of Work (Check All	That Apply)						Control of the state of the sta										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				×	Mini-l Glove	Containme Enclosure ebag Proce Exempted	edure	;				e		
		11	Locat	310						( )	1011	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Abate	ement pe		
Location o Asbestos-Containing M		Use	Norma d Sole	ely by	Ashes	Des	scription aining M		ACM)		Amount			, y			
TO BE ABAT In Facility (13)	ED		intena todial ( (12)			thermal surfac		insulation T, or			Specify F or LF		Removal	Repair	Encapsulate	Enclosure	
		Yes	No X	N/A							10.1.5				Ф		
garage						pipe	insulat	ion			40 LF		X				
Name of Registered Waste	Hauler		I	NJDEP W	/aste	Cubic `	Yards	1	Name of R	legist	ered La	andfill					
D&S Abatement, Inc.				tauler ID 0996	No.	of Was	ste	1	Waste N	lana	ageme	nt of I	PA				
City, State Totowa, NJ						Dispos TBD	al Date		City, State Tullytow		A						
Completed by Title Oliver Hegedis Project M				anager		S	ignature	PC	1	_		Date 12/0		016			

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This work of	j			to NJAC					200		r.c		3 0	110	
Date of Notification (1) 12/03/2016				f Building Rayborr		Operator	(2)				EC	- (	5 6	110	
Agencies Notified  Type Notification  X EPA X DEP X DOL  Amended Amendment	#			Address ate, Zip Co bridge, N		195			To the same and th	ASBE	STOS LICE	S C Ni	ON SIM	TRC	L 8
Emergency ( justification)  DCA  Cancellation	including		Name o	f Contact Rayborr					Tel	ephone N	lumbe				
				ILITY INFO		ION			,			-			
Name of Facility Where Abatement is Taking House Street Address	g Place (C	3)					Type	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			ıildi	ngs,	nome	es,
City (5) Woodbridge							_	etc.) are Feet	# o	f Floors		Blo N/	dg. Ag	je	
County (6) Middlesex				Code (7) USE ONLY)		20	Curr	ent Use (Prid JSE	or if be	ng demol	ished)				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCN	M No.				atement Con tement, In		(9)					
Street Address							osen	gren Aver	nue						
City, State, Zip Code						Toto	wa, N	Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telepho			Teleph 973-	345-8	3685		License 01311	No.				
Start Date (10) 12/14/2016	Schedul 12/15/2		npletion	Date (11)		1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		HA Monitor tement, In	C.						
Occupancy Status During Abatement (Check	Only Or	ne)	Street Address 11 Rosengren A												
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied			ment						iue						
Scope of Work (Check All That Apply)							01.07.11 <u>0</u>								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Tonas Contract	Renova Demoli				×	Mi GI	III Containme ni-Enclosure ovebag Proc on-Exempted	e cedure						
	5000	Locat										A	Abate Typ		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norma ed Sole intena todial ( (12)	elý by nce/		tos Con thermal surfa	scription taining N systems cing, VA miscellar	Materia s insul .T, or		(8	mount Specify F or LF)	Kemoval		Repair	Encapsulate	Enclosure	
	Yes	No	N/A		oviess.									(D	
basement	X			duct	insula	tion		6	0 SF	X					
									i agg						
Name of Registered Waste Hauler	1	N	JDEP W	/aste		Yards		Name of F	Registe	red Land	fill				
D&S Abatement, Inc.		1.000	lauler ID 0996	No.	of Wa			Waste N	163	gement	of PA	١			
City, State Totowa, NJ		Disposal TBD				LA	City, State								
Completed by Oliver Hegedis	ect Ma	anager		5	Signature				Date 12/03/2016						

11	und
Ch	1128

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

H 1128	NC	(Pur	Suar	on OF A	JAC 8:60	and 12:12	20)	-141	7	IN			-	-001	C	production of the second
ate of Notification (1)		Name of Building Owner/Operator (2)  Christine Mancini									201	0	Towns of the last			
2-04-2014 Type Noti		ASBESTOS CONTROL									8					
CHOICE TTE									ar que sa		ASBE	LIG	INS	NG	,0=	
EPA Initia	l nded				ip Code		1									
DOI Ame	endment #		Dumont NJ 07628							Tolon	hone N	umber				
	ergency (including fication)			of Cor			Telephone Number									
	cellation	,	Janet Maniscalco  FACILITY INFORMATION													
	. = 1: Place (2)		FA	CILITY	INFORM	IATION	Т	Type of F	acility (4)							
ame of Facility Where Abatement	is Taking Place (3)							0.7001/20	ool (K-12)							
PRivate Dwelling							7	Sub	shanter 8	(Other	than K	-12)	uildine	is ho	mes	
treet Address								Othe etc.)	er (i.e. priv	rate &	comme	(Clai b				
							1	Square F			Floors		2000	. Age		
ity (5) Dover NJ 07628			n/A N/A									N/A			_	
PARTIES CONTRACTOR CON			County Code (7) Current Use								g demo	lished	)			
County (6) Morris			(STATE USE ONLY) Private													_
Name of Monitoring Firm Hired by	Building Owner (8)		ASCM No. Name o						me of Abatement Contractor (9)							
Bioterra Slution			Amax Contracting LLC											_		
Street Address			Street Address PO BOX 734													
1130 W Chestnut St						24 2										
City, State, Zip Code						City	City, State, Zip Code Woodland Park NJ 07424									
Union NJ 07083					N	100000	Telephone No. License No.									
Project Manager for Monitoring Fi		Telephone No. 973-494-3762				973-692-6298 01266										
RICK EUSTAQUIO							Name of OSHA Monitor									
Start Date (10)	lion Da	ie (11)		Amax Contracting LLC												
12-14-2016 12-17-2016							Street Address									
Occupancy Status During Abatement (Check Only One)								BOX 73								
<ul> <li>Facility Closed/Vacated Duri</li> <li>Abatement Performed Outsi</li> </ul>	ng Entire Period of de of Normal Facilit	y Hour	lours					City, State, Zip Code								
Other – Describe:		-				- V	Woodland Park NJ 07424									
Scope of Work (Check All That A	pply)						r	=								
x ≥3 sf or ≥3 lf	×	Renov					-	Full (	Containme Enclosure	ent with	n Negati	ive Pre	essure			
≥160 sf or ≥260 lf		Demol	lition					X Clay	ahan Proc	edure	T.K.L.	Calable	Droo	odure	,	
							1	Non-	Exempted	ted (*) and Non-Friable Proc			Abatement			
		ls Loca	ocation									Туре				
Location of	116	Norm							ial (ACM) Amount					ш	-	
Asbestos-Containing Materia	I (ACM)	lainten	ance	e/	Aspesto (i.e. t	hermal sys	rmal systems insulation, surfacing, VAT, or her miscellaneous)			(Specify			Rer	Re	Encapsulate	Liciosais
TO BE ABATED In Facility	Ci	stodiai (12		ff?	***************************************	surfacino				5	F or LF	)	Remova	Repair	suk	000
(13)		(12)			othermis			cellarieous)					<u>a</u>		ate	(
	Yes	No	0	N/A		590					0015		Х	-5-06-0		
Basement						pipe in	su	lation			80 LF		Λ			
																-
																L
		-	-												P.	
NJDEP Waste							ards	S	Name of	Regis	stered L	andfill				
Name of Registered Waste Hau	ler		Hai	uler ID	No.	of Waste		12	Grows	;						
Amax Contracting LLC			003	36184		3 cy	1.5	ato	City, Sta						-	
City, State						Disposal			Morris		PA					
Woodland Park NJ 07424						The second second		ture //	1		1	Da	ite			
Completed by	Title		Mar	nagar		Sig	, ia	~//	le	1		13	2-04-	201	6	
Tome Maslarkov	Pr	uject	ividi	nager				1/0			^					

Print Form

Date of Notification (1) 12/05/16		of Building O		IN EGET VE											
Agencies Notified Type Notification	on		Street A			DEC - 8 2016									
DEP Amended Amendme	ent #	City, State, Zip Code Warren, NJ 07059							<u>L</u>	IEU .	- 0	2010	1		
Emergence justification DCA Cancellati			Name o	of Contact ichael Che				Tele	ephone N	lumber	-00	VIH	UL &		
Name of Facility Where Abatement is Tal	ILITY INFOR	RMATION	1-	, F. 30	7.10										
Commercial Building	ang Place (	3)				Тур	e of Facility School (K-	2 20							
Street Address 1691 Springfield Avenue			×	Subchapte Other (i.e. etc.)				ldings	, hom	es,					
City (5) Maplewood						Sept. 1980.00	Square Feet # of Floors 2,000 + 2				Bldg. Age 50 +				
County (6) Essex		Code (7) USE ONLY)		Curi	rent Use (Pri	ior if beir	ng demol	ished)							
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASC	И No.			atement Co tracting &			al Con	Consulting, Inc.				
Street Address						et Addre									
City, State, Zip Code			50,000		Zip Code NJ 07470										
Project Manager for Monitoring Firm						hone No. License No. 628-9200 00408									
Start Date (10) 12/15/16	npletion	Date (11)	SHA Monitor sion Consultants, Inc.												
Occupancy Status During Abatement (Ch	eck Only Or	ne)			Street Address										
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	nent		City,	20-21 Wagaraw Road, Bldg. #35E  City, State, Zip Code  Fair Lawn, NJ 07410											
Scope of Work (Check All That Apply)					- I al	I Lawi	1, 145 074	10							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure									
	Is	Locati	on				14011-1116	I I	Abatement						
Location of		lormali d Sole			Description						Type				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	intenar odial S (12)	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)					Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
Hallway	Yes		N/A X		Lenolei	um		200 SF		X	-	1000			
Roof	· · · · · · · · · · · · · · · · · · ·						Lenoleum Roofing								
						.5			75 SF	X					
Name of Registered Waste Hauler		N	JDEP W	aste /	Cubic Yards		Namo of	Dogisto	od Land						
J.R. Contracting & Environmental	No.	of Waste													
City, State Wayne, New Jersey		Disposal Dat	te	City, State		nnsylva	nia								
Completed by Jerry Bijelonic	Title Proje	ct Ma	nager		Signatu	re	e Date 12/05/16								

Date of Notification (1) 12/05/16					of Building		Operato	r (2)	-			6	5	TO	T IS				
Agencies Notified	Type Notification			Elite Properties Street Address							71 11								
EPA DEB	× Initial		P.O. Box 4449							i i de la constitución de la con	1	DEC	- 8	201	6				
DEP X DOL	Amended Amendment		City, State, Zip Code Warren, NJ 07059									ACDECATOR OF LEGIS							
DOH DCA	Emergency justification) Cancellation				of Contact ichael Ch	Tele	Telephone Number NSING												
					ILITY INFO		W			_		-							
Name of Facility Where Commercial Buildir		g Place (	3)						of Facility School (K-	ALCOROL COROLOR									
Street Address		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,																	
1701 Springfield Av	renue							etc.)  Square Feet # of Floors Bldg. Age											
Maplewood								2,000 + 2					50 +						
County (6) County (STATE II								Curre	nt Use (Pri	ior if beir	ng demo	lished)							
Name of Monitoring Firm	ASC	M No.				tement Co acting &			al Con	sulti	ng, Ir	1C.							
Street Address	: HE						5777	Addres	-					500000					
City, State, Zip Code								State, Zi	p Code J 07470										
Project Manager for Monitoring Firm					10 10 10 10 10 10 10 10 10 10 10 10 10 1				none No. License No. 628-9200 00408										
Start Date (10) Scheduled Completion 12/15/16 12/31/16								Name of OSHA Monitor Enviro Vision Consultants, inc.											
Occupancy Status During Abatement (Check Only One)							Street Address												
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of a	Abatem / Hours	nent		-	City, S	0-21 Wagaraw Road, Bldg. #35E ty, State, Zip Code											
Scope of Work (Check A	Il That Apply)						Fair	Lawn,	NJ 074	10									
≥3 sf or ≥3 If × ≥160 sf or ≥260 If	44,7	_	Renova Demolit		83		×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
		Is	Locati	on		1000		1 10011	i-Exemple	u (*) and	NON-FII	able Pr	Transition !	re emen	t				
Location Ashestos-Containing			Normalled Sole	ally Description of									Type						
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Osed So Mainter Custodia (12)						insulation, (S		Amount Specify F or LF)		Repair	Encapsulate	Enclosure							
Th		Yes	No	N/A								X		fe					
Through Roof				X	FI	Ottown Barry	ile and Mastic				1,720 SF 1,225 SF								
1,001				^			oofing			1,22	20 SF	X							
Name of Decistered W.	to Haules		1	IDES :				,											
Name of Registered Waste Hauler  J.R. Contracting & Environmental Consul., Inc. 17819  NJDEP Waste Hauler ID No. 17819							Yards te		Name of Grand (	2000 07 1									
City, State Wayne, New Jersey			±41			Dispos	al Date		City, State	//	nnsylva	ania							
Completed by Jerry Bijelonic	mpleted by Title						gnature		Date 12/05/16										